

# IN TOUCH



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## Assessment results: Obesity and substance abuse to be targeted

In the spring of 2014, Southeastern Health and the Robeson County Department of Public Health began the implementation of a Community Health Needs Assessment (CHNA) for Robeson County. The assessment allows community members to better understand the health concerns in their community.

The assessment process includes four steps: (1) determine the health status of the community, (2) evaluate risk factors, (3) identify resources available to address identified problems, and (4) establish health priorities and appropriate interventions. The CHNA serves as a basis for improving and promoting the health of Robeson County residents and is used as a planning tool to determine the focus and direction in addressing health and community concerns through 2017.

The CHNA Opinion Survey was distributed throughout the county to collect primary data. Over 800 surveys were returned out of 1,200 which were issued either by paper copy or online.

After analyzing the results, health priorities were established to focus on specific targeted areas. Our focus is centered on "Chronic Disease Management and Prevention" to include: (1) Obesity and (2) Substance Misuse and Abuse.

Our community objective will be to increase the rate of physical activity in Robeson County. Specifically, by 2017, increase by 5 percent the number of adults in Robeson County to participate in any physical activity or exercise. We will address disparities related to the community objective by impacting 4.26 percent of the 25 or older population who are not high school graduates.

Our 3-year implementation strategy to encourage physical activity will be the development of community trails (walking and bicycling) and promoting their use throughout Robeson County. The Healthy Robeson Taskforce will lead this initiative. We predict that the environmental impact from the trails will reduce barriers to physical activity.

An additional priority for Robeson County is limiting the use of prescription drugs, illicit drugs, and alcohol consumption. Specifically, our aim is to reduce by 5 percent the abuse of prescription drugs. With higher drug prevalence in youth today, we plan to broadly focus on youth, ages 25 and younger, with ongoing substance abuse and misuse initiatives. The Substance Abuse Coalition will be the lead agency for these interventions.

We plan to utilize medical providers, insurance companies, and local law enforcement to tackle the misuse of prescription drugs and eliminate inappropriate uses of opioid prescriptions. Overall, if we can reduce the amount of medications in our homes and our streets, we can prevent prescription drug abuse in Robeson County.

*Brandon Rivera is the Healthy Robeson Project Specialist for SeHealth's Community Health Services department. He can be reached at (910) 272-1186.*



Brandon Rivera



Walking trails have recently opened at Southeastern Health Park in Lumberton, at left, and in Red Springs near Southeastern Lifestyle Center Red Springs and Southeastern Medical Clinic Red Springs, shown above.

## From the president

### Our Vision

*To be the health system of choice by advancing the health of our communities through partnerships, learning, and providing high quality and compassionate care.*




Joann Anderson,  
President/CEO

A key component in our vision for Southeastern Health is the concept of “learning.” A learning organization is one where all members of an organization are continually involved in the learning process and where learning and working are seamlessly intertwined. The concept of learning organization comes from Peter Senge in his book *The Fifth Discipline: The Art and Practice of the Learning Organization*. According to Senge:

*Real learning gets to the heart of what it means to be human. Through learning we re-create ourselves. Through learning we become able to do something we never were able to do. Through learning we re-perceive the world and our relationship to it. Through learning we extend our capacity to create, to be part of the generative process of life. There is within each of us a deep hunger for this type of learning.*

*Learning by individuals within an organization happens through activities such as: training, increasing skills, work experience, and formal education. But individual learning, even continuous learning throughout a person’s career, is not the same as organizational learning. Simply summing individual learning is inadequate to model organizational learning. The following definition outlines the essential difference between the two: A learning organization actively creates, captures, transfers, and mobilizes knowledge to enable it to adapt to a changing environment. Thus, the key aspect of organizational learning is the interaction that takes place among individuals.*

Throughout 2015, I am going to focus on our journey to becoming a learning organization. I challenge each of you to think how you and your teammates create a learning environment. I look forward to the transformation for us and the difference it will make to those we serve.

  
Joann Anderson, MSN, FACHE  
President/CEO

## BECKER'S Hospital Review

# 50 Rural Hospital CEOs to Know

## **Anderson named one of “50 rural hospital CEO’s to know in 2015” by Becker’s Hospital Review**

Southeastern Health President and CEO **Joann Anderson** has been named to Becker’s Hospital Review’s 2015 list of “50 Rural Hospital CEOs to Know.”

The list features some of the most impressive leaders dedicated to advancing healthcare in small towns and rural communities.

The listing includes the following biography of Anderson:

- President and CEO of Southeastern Health (Lumberton, N.C.). Mrs. Anderson joined Southeastern Health, a nonprofit system with a 452-bed hospital, as president and CEO in May 2007. Mrs. Anderson chairs the American Hospital Association’s Section for Small or Rural Hospitals. She holds a master’s degree in nursing from Bellarmine College in Louisville, Ky., and Southeastern Health is Magnet-recognized for nursing excellence by the American Nurses Credentialing Center.

Individuals featured on the list include CEOs and administrators of hospitals located outside of major metropolitan areas or healthcare hubs. This is the second edition of the “Rural Hospital CEOs to Know” list.

The Becker’s Hospital Review editorial team selected leaders through an editorial review process where a number of factors were considered, including awards received; local, regional and national leadership positions held; and their organizations’ recent performance. Nominations were also considered.

To see the full list, logon to: <http://www.beckershospitalreview.com/lists/50-rural-hospitals-ceos-to-know-2015.html>

## SeHealth board elects two new members



Joseph E. Roberts, Jr. M.D.



Kenneth Rust

**Joann Anderson**, president and CEO of Southeastern Health (SeHealth), and Board Chairman **Michael “Bo” Stone** have announced the election of two new members to the SeHealth Board of Trustees—**Joseph E. Roberts Jr., M.D.**, and **Kenneth Rust**.

“I am pleased to have two new members that bring both a medical and a business perspective to the Board,” said Anderson. “Each have a great interest in health care, Southeastern Health and this region. We are fortunate to have them and their commitment to the health care future for our area.”

A long-time resident of Lumberton, Rust, along with his wife, Lisa, is owner/operator of seven McDonald’s restaurants in both Robeson and Columbus counties. Rust earned a master’s degree in computer engineering from N.C. State University and has worked as a computer and software engineer in Research Triangle Park, N.C., prior to his affiliation with McDonald’s. He and his wife have two grown sons, James and Jordan.

A native of Robeson County, Dr. Roberts is affiliated with Lumber River Family Practice in Lumberton. He earned his undergraduate degree from Davidson College and medical degree from UNC Chapel Hill. He completed residency training at Moses Cone Memorial Hospital. He has served on the medical staff of Southeastern Health since 1994 and held a number of leadership positions including medical staff president and practitioner performance committee chairman. He currently serves as chairman of the credentials committee as well as medical director of GlenFlora and Community Hospice. He and his wife, Jamie, live in Pembroke. He has three children and two step-children.

Other members of the SeHealth Board in addition to Stone, Dr. Roberts and Rust are: **Kenny Biggs**, Chancellor **Kyle Carter**, **Faye Caton**, **Larry Chavis**, **Danny Cook**, **Dennis Hempstead**, **Jerry Johnson**, **Randall Jones**, **Wayland Lennon**, **Alphonzo McRae, Jr.**, **Jan Spell**, and **W. C. Washington**.

## People



Southeastern Hospice Medical Director Dr. **Godfrey Onime**, Southeastern Home Care Services Director **Vickie Atkinson**, SeHealth Board Member **Faye Caton**, President/CEO **Joann Anderson**, Marketing Coordinator **Ann McLean**, and Foundation Board Member **W.C. Washington** celebrate as the ribbon was cut to open the 29th Festival of Trees. The event was held Dec. 7-9 and raised more than \$30,000 for the non-profit Southeastern Hospice and for Camp Care, a breavement camp for children ages 8-16.

OB/GYN Dr. **Brandon Locklear** of Southeastern Women’s Healthcare presented a program on cervical cancer during the January 20 “Breakfast at Biggs Park Mall” event which was co-sponsored by SeHealth’s Community Health Education Center (CHEC). Cardiothoracic Surgeon Dr. **Terry Lowry** of Southeastern Health Heart and Vascular spoke during the February breakfast on heart health and managing heart disease. For information on future CHEC events, call (910) 671-9393.



## Heart month

Every minute in the United States, someone's wife, mother, daughter or sister dies from heart disease, stroke, or another form of cardiovascular disease (CVD). More than one in three women is living with CVD, including nearly half of all African American women and 34 percent of Caucasian women. Although heart disease death rates among men have declined steadily over the last 25 years, rates among women have fallen at a much slower rate.

Coronary artery disease (CAD) is the most common form of heart disease. It is a disorder of the blood vessels of the heart in which a waxy substance called plaque builds up in the heart arteries. This condition is called atherosclerosis and can lead to a heart attack. A heart attack usually happens when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. If blood flow isn't restored quickly, the section of heart muscle begins to die.

Another type of heart disease is coronary microvascular disease, known more commonly as "small vessel disease," which affects the smallest coronary arteries. In this condition, the walls of the heart's tiny arteries are damaged or diseased. Studies have shown that women are more likely than men to have small vessel disease due to a drop in estrogen levels during menopause combined with traditional heart disease risk factors. Both men and women who have small vessel disease often have diabetes or high blood pressure.

Unfortunately, once you are diagnosed with heart disease, you will always have it. The condition of your blood vessels will steadily worsen unless you make lifestyle changes. In order to control heart disease, prevent a heart attack, and increase the chance of a long and vital life, there are several things that you can do.

If you already have heart disease, you will need to work especially hard to control your risk factors. There are two types of heart disease risk factors – those you cannot change and those that you can control.

Risk factors that cannot be changed include family history, especially having a close family member with heart disease diagnosed at an early age (for women, age becomes a risk factor at age 55). Others include menopause and preeclampsia, which is a condition that can occur during pregnancy and is linked to an increased lifetime risk for heart disease,

## Women and the fight against heart disease

including CAD, heart attack, heart failure, and high blood pressure.

On the other hand, the risk factors for heart disease that you can do something about are: tobacco use (particularly cigarette smoking), high blood pressure, high blood cholesterol, obesity, lack of physical activity, unhealthy diet, pre-diabetes/diabetes, metabolic syndrome, and use of some medications (hormone replacement, for example).

Other conditions and factors may also contribute to heart disease including sleep apnea, stress and alcohol. To protect your heart health, it is important to find out your personal risk for heart disease. Be aware that every risk factor counts. If you have even one risk factor, you are much more likely to develop heart disease, with its many serious consequences. Having more than one risk factor is especially serious because risk factors tend to "gang up" and worsen each other's effects.

To learn more, visit the website of the American Heart Association at [www.heart.org](http://www.heart.org) or speak with your trusted healthcare provider.



Brien Lewis, D.N.P.

*Marla Brien Lewis, DNP, NP-C, is an acute care nurse practitioner at Duke Cardiology of Lumberton and is affiliated with Southeastern Health Heart and Vascular, which is managed by Duke Medicine and located on the campus of Southeastern Regional Medical Center.*

## Young mother saved from sudden cardiac death by defibrillator 'vest'

Southeastern Regional Medical Center (SRMC) is using a novel technology to protect heart patients at risk for sudden death. Tiera Fulton, 20, recently suffered a life-threatening sudden cardiac arrest (SCA) while she was spending an afternoon in her Lumberton home with her sister and two children.

SCA claims the lives of 350,000 Americans each year, but she was saved because she had been prescribed with a wearable defibrillator called the "LifeVest." The device automatically detected her SCA and delivered a treatment shock that saved her life.

Fulton had been prescribed with the LifeVest three weeks earlier, after she was diagnosed with peripartum cardiomyopathy (PPCM), a rare condition of unknown cause that results in a deterioration in heart function during the last month of pregnancy. Her cardiac function was so low that Interventional Cardiologist Dr. **Christopher Walters** of Duke Cardiology of Lumberton and Southeastern Health Heart and Vascular was concerned she was at risk for sudden cardiac death.

Rather than leave her unprotected outside of the hospital, Fulton was given the LifeVest wearable defibrillator. She was instructed to wear



Tiera Fulton

### Physical fitness: A critical vital sign



Ash Walker

Blood pressure, heart rate, and cholesterol levels are all good indicators of health. Each is important, playing a critical role determining your risk for health problems like heart disease. Do you know which vital sign reveals more about your health than any other? The answer is your level of physical fitness.

Thinking of physical fitness as a vital sign seems different than vitals normally assessed during a medical check-up. However, the American College of Sports Medicine and the American Medical Association formed the Exercise is Medicine initiative in 2007. One of the main goals of Exercise is Medicine is to aid your healthcare provider with including physical activity/exercise in your overall treatment plan. Research by Coleman et al. (2012) demonstrated the significance of the exercise vital sign. The findings showed those not achieving recommended amounts of exercise were burdened with greater amounts of chronic health problems.

Your level of physical fitness is directly related to your health. When you physically exert yourself, your heart and lungs have to work with many other areas of your body. An unfit person's heart and lungs will have to work harder to do the same amount of work compared to someone who is physically fit. Improving your physical fitness can reduce the risk of dying prematurely and help keep your body strong. A large amount of research has established the link between physical fitness and mortality.

Sui et al. (2007) published research that included over 2000 men and women that were followed for over 20 years. One of the major findings was that low fitness levels were a significant predictor of death from chronic disease. Another study by Brown et al. (2012) examined the fitness levels of more than 11,000 men and over 7,000 women. The research participants who possessed higher levels of physical fitness had reduced risk for your dying prematurely.

Have you ever known someone who had to wear a cast because of a broken bone? You can easily see the limb is significantly

smaller once the cast is removed. This happens because the muscles were not used while in the cast. Without regular exercise, the same effect happens to our muscles over time, which can lead to poor physical fitness. Unfortunately, most Americans do not meet American Heart Association recommendations for amounts of weekly cardiovascular exercise. You need 150 minutes of weekly cardiovascular exercise at a moderate intensity or 75 minutes at a vigorous intensity.

There is good news! Fitness levels can be improved in just a few weeks. If you are not currently exercising, I encourage you to speak to your healthcare provider about including exercise into your daily routine. Increasing your physical activity by a little is a great start. You can start by adding extra walking steps to your day. Take a break from sitting throughout the day. A good rule of thumb is to stand on your feet two minutes for every 20 minutes of sitting. Health benefits can be obtained by with simple adjustments to daily routines. Greater health benefits can be obtained by engaging in a regular exercise program. Southeastern Health has three medical fitness facilities located in Lumberton, Red Springs, and Pembroke to help get you on the right fitness path. Invest in your health with a regular exercise routine. You are worth it! For more information, logon to [www.southeasternhealth.org](http://www.southeasternhealth.org).

*Ash Walker is a clinical exercise physiologist and coordinator of the cardiopulmonary rehabilitation program at Southeastern Health. He is also a visiting faculty member at St. Andrews University and President-Elect of the North Carolina Cardiopulmonary Rehabilitation Association. Ash is passionate about helping people improve their lives with exercise and wellness education.*

the device under her clothes 24/7 so that it could monitor the heart around the clock, and take action if she experienced an issue.

Fulton returned home to be with her family, including her two-year-old and two-month-old children. There was little incident with her heart until the afternoon of January 2, 2015. She recalls feeling "uneasy" that day. She laid down to rest, and that's the last thing she remembers.

Before Fulton had a chance to call for help, she abruptly lost consciousness as she experienced a sudden cardiac arrest. Her heart spiked into a dangerous rhythm called "ventricular fibrillation," or VF. Many victims pass away quietly in their sleep, but the patient's LifeVest detected the life-threatening arrhythmia and delivered two treatment shocks that ultimately restored her normal heart rhythm and saved her life.

Fulton regained consciousness after the treatment and generally felt fine, but her sister called 911. She was transported to SRMC and admitted for follow up. She continued to wear the LifeVest for protection, and the next day, she experienced a second sudden cardiac arrest, and was again revived by the LifeVest. She later received an implantable defibrillator for long-term protection from sudden death.

Now back at home, the patient is focusing on getting stronger each day. She reflects back on what the experience has meant to her family. "I just want to tell them that I'm thankful," Fulton commented to Dr. Walters and her cardiac team, "because the LifeVest saved my life."

## ***Gala to fund upgrade for transport service***

Volunteers of the Southeastern Health (SeHealth) Foundation have been busy preparing for the 23rd annual Gala. This year the event, set for Friday, Feb. 27 at Southeastern Agricultural Center in Lumberton, will offer a theme of India while raising funds to upgrade SeHealth's MedCare Critical Care Transport Service.

"The transport service ensures that patients who entrust us with their care obtain a seamless transition should they

need to be transferred to another facility," said Emergency Services Director **Lera Flynn**. "Our transport team is equipped with advanced technology, medications and specially-trained critical care paramedics to ensure that the patients in our community are transported without compromising level of care."

The Critical Care program has been in existence since 2004 and averages 276 calls and 8,000 miles each month. These calls typically require trips to Duke University Medical System or UNC Chapel Hospital, but the program also transports patients to facilities in South Carolina.

"The increased mileage and number of transports has created the need to replace or 'remount' of our critical care transport ambulances," said SeHealth Chief Nursing Officer **Renae Taylor**. "The remount allows us to keep the frame of the critical care ambulance but replaces the motor and electronics—basically creating a 'like new' ambulance, allowing us to continue to provide this much needed service for our patients."

"This year we are offering a new twist to the usual gala," said event Chairwoman **Paru Patel**, of Lumberton, who has served on the SeHealth Foundation Board since 2012. "Being of Indian descent, we thought it was only fitting to have a theme where we could inject some Indian culture into the hospital experience." Patel and her husband, Prमित, moved to Lumberton in 2000 and are owners of the local Best Western hotel.

In addition to the traditional Black-Tie attire that gala attendees are accustomed to, attendees this year are invited to dress to match the theme, although it is not required.

"In order to get the gala attendees to immerse themselves more into this cultural experience, I felt that if they wore Indian attire that they would enjoy the gala experience more," added Patel. "We are going to be very colorful, so we are giving attendees an opportunity to be as vibrant as they want to be."

In keeping with the theme, four dancers affiliated with a dance academy in Raleigh will be presenting an authentic India dance performance. A live band, Liquid Pleasure, will also be performing sounds of Motown.

A mixture of both standard American and traditional Indian food will be served during the event by ThymeSavor Catering of Wilmington.

The event will also include a silent auction of eight pieces of original artwork by local artists as well as a jewelry raffle.

More than 25 gala committee members have joined Patel and the SeHealth Foundation Staff to ensure this year's event is a success.

"The annual gala, which continues into its 23rd year, is really our signature event," said SeHealth Foundation Director **Sissy Grantham**. "We encourage anyone in the community who enjoys an elegant evening out while supporting a wonderful cause to reserve their tickets now for this event."

To purchase tickets or for more information about the event, contact the SeHealth Foundation office at 671-5583 or [foundation@southeasternhealth.org](mailto:foundation@southeasternhealth.org).



SOUTHEASTERN|HEALTH

## Olivia's Dilemma

*Help thy brother's boat across,  
and lo! thine own has reached the shore.  
--Hindu Proverb*

Olivia was sitting rigidly, tightly grasping her folded hands. She was blushing and having difficulty making eye contact. Following a period of silence, she said in a soft whisper, "I am shy. I find it very difficult to talk to people, and I tell myself they can see into me. That's quite scary because I don't think they would like what they see. I have never been able to make friends easily, and I am often lonely. I have no family here. Sometimes I tell myself that I'm always going to be miserable. I just don't know what to do. Can you help?"

I indicated to Olivia that I could not wave a magic wand nor "look into her," and suggested our time together would be better spent looking for solutions to her problems. She breathed a sigh of relief and her body began to relax.

As I listened to Olivia's story, several thoughts entered my mind: "Olivia is shy, she appears to have low self-esteem, she seems somewhat depressed, she is missing a social support system." Which of Olivia's dilemmas should she address first to alleviate some of her loneliness and misery? I concurred with Olivia's decision to focus on her support system.

Why is having a support group important? A group of researchers went to Alameda County, California and gathered data on more than 7,000 people over a nine-year period. At the end of the study, they concluded that people with social ties—regardless of their source—lived longer than people who were isolated. And people "who have a close-knit network of intimate personal ties with other people seem to be able to avoid disease, maintain higher levels of health, and in general, deal more successfully with life's difficulties." (Mind/Body Health, 1996.) For the most part, people tied closely to others are better able to stay well.

For Olivia, as well as for some of us, asking for help with forming relationships is the hardest part of developing a support system. Joining a group, asking a doctor or pastor for suggestions, or speaking to an acquaintance or co-worker can be difficult and scary for many. We may believe that we will be considered weak, or the opposite – "pushy" - if we ask for help. We may also worry that people will refuse us, or that they will feel burdened by our request.

Research indicates otherwise. The powerful urge to be helpful to another stems at least in part from the helpless infant's long and total dependency on a caretaker. As adults, we continue to depend on each other for basics like food, protection, socialization and love. More and more studies show that helping, caring relationships benefit both the caregiver and the care receiver. (The Healthy Mind, Healthy Body Handbook, 1996.)

The personal support network for many of us is composed of family, friends, a work force and a faith community. Parlay International suggests you ask yourself, "Who do you rely on (include pets) when you..."

- need a hug?
- want to learn new things?

## People

by EAP Specialist Jack Crain



Jack Crain

- want acceptance and approval?
- want to play?
- want to explore new ideas?
- want sound advice or have a problem?
- need help with your kids?
- need to share grief or sorrow?
- need emergency help?

The writers also suggest that if you need to broaden your support base and you are having trouble reaching out, ask yourself these questions:

- Who would you ask for help if you weren't afraid to?
- What fears keep you from asking?
- How would you feel if someone asked you for this same help?
- What specific things could you do to get more help and support?

Support systems can be developed on many levels and in a variety of ways. Clubs, volunteer venues, 12 Step and other support group programs, church activities, and PTAs are available almost everywhere.

With the assistance of the EAP program, Olivia found a support group for single women and is slowly enlarging the circle of people who care for her and accept her as she is. If you are interested in learning about support group resources or would like to talk about being a part of a support group at Southeastern Health, call EAP at 671-5067.

## Promotions

**Kaleena Cummings** (Care Mgmt.) - Specialist

**Amanda Forrester** (3-East) - Shift supervisor

**LeighAnn Gomez** (Operating Room) - Technical team lead

**Heather Gordon** (Operating Room) - Technical team lead

**Sierra Harkey** (Telemetry) - Monitor tech

**Felicia Hunt** (Operating Room) - Technical team lead

**Abigail Kraft** (Operating Room) - Technical team lead

**Meredith Merritt** (Financial Svcs.) - Analyst

**Miranda Oliver** (Care Mgmt.) - Specialist

**Tina Oxendine** (Environmental Svcs.) - Interim supervisor

**Myrtle Parker** (Physician Svcs.) - Interim billing manager

**Erick Parra Hernandez** (3-East) - Shift supervisor

**Kim Pittman** (Medical Imaging) - MRI supervisor

**Matthew Schmitz** (Supply Chain Mgmt.) - Mgmt. analyst

**Markida D. Spaulding** (Physician Svcs.) - Coder 1

**Shana Spencer** (Operating Room) - Technical team lead

**Angela Wilkins** (Physician Svcs.) - Credentialing specialist



**Lisa S. Floyd**  
(Employee Services) -  
Labor Pool Manager

## People

### **Bear Team customer service excellence winner**



Tammie Hunt

**Tammie Hunt** (Gibson Cancer Center) was recognized as Southeastern Health's Bear of Excellence for the month of December.

This award is presented to employees who exceed expectations. She was recognized for understanding the needs of the customer through active listening and being attentive to their concerns and needs; offering help to those who appear to need assistance; and anticipating needs and looking for ways to exceed customer expectations.

Hunt went beyond her job responsibilities to order and purchase a special shirt and hat that were the color which represents the specific type of cancer that a patient was fighting, as that particular color was not available for purchase at the center. When Hunt presented the patient with the gifts, they were overwhelmed. The patient, who has since passed away, was thankful for the special attention that Hunt had paid to them during their treatment.

"The most satisfying part of my job is getting to help people by providing what they need," said Hunt, who lives in Lumberton and has worked for SeHealth for four years. "It can be depressing for patients coming to Gibson Cancer Center," added Hunt. "I try to uplift them since I am the first person they see when they arrive."

### **Speakers bureau**

**Cynthia McArthur-Kearney, DHA**, (Educational Services) spoke to the following groups: Annual Southeastern Nursing Staff Education Symposium on Oct. 9 on *Effective teaching essentials used to engage the online learner*; N.C. Nurses Association Annual Convention on Oct. 24 on *Communication 101 in the new-age technology work environment*; SeHealth Clinical Ladders ceremony on Nov. 6 on *Sowing nursing excellence and reaping excellent nurses*; Millers Chapel United Methodist Church on Nov. 9 and New Zion United Methodist Church on Nov. 16 on *Physical and spiritual self-protection: The armor of God*; and Robeson County Diabetes Community Day on Nov. 15 on *Diabetes self-care management*.

### **Achievements**

**Caroline Spaulding** (Risk Management) earned re-certification as a North Carolina Certified Paralegal by the N.C. State Bar and N.C. Supreme Court.

**Elizabeth Kirschling** (Risk Management) received Professional Healthcare Risk Management certification renewal by the American Hospital Association Certification Center.

The Coastal Carolinas Healthcare Alliance's (CCHA) In-House Recruiter Committee, led by **Joe Butler** (Physician Recruitment), was awarded the Outstanding Committee of the Year during CCHA Day held December 5. Butler participated in a 4-member panel discussion during the event on job responsibilities and alliance impact.

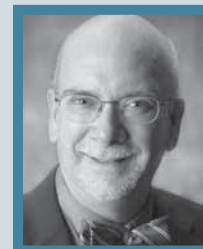
### **New directors appointed**



Anita Thurman, FNP



Kathy W. Locklear



Harry Andrews

Southeastern Health announced the following new directors: **Anita Thurman** as director of critical care services, **Kathy W. Locklear** as director of behavioral health services, and **Harry Andrews** as director of food and nutrition services.

Thurman, a Columbus County native, earned a bachelor's degree in nursing and gerontology from UNC Wilmington in 2001 and completed a post-graduate program in wound, ostomy and continence from Emory University in 2005. She also earned a master's degree in nursing with family nurse practitioner training from UNC Wilmington in 2010. She is board certified and is currently pursuing a bachelor's degree in business administration. She has worked for Southeastern Health for 14 years in a variety of roles including critical care nurse, assistant director of nursing and interim director. She lives in Whiteville with her husband, Franklin, and two children, Henry and Jonathan.

Locklear, a Lumberton native, completed an associate's degree in nursing from Robeson Community College in 1989 and a bachelor's degree in nursing from UNC Pembroke in 1999. She also completed a master's degree in nursing from The University of Phoenix in 2005 as well as a post-master's degree certificate in nursing education from UNC Chapel Hill in 2009. Locklear worked in a number of nursing roles at Southeastern Health before leaving to pursue teaching nursing at both RCC and UNCP. She lives in Lumberton with her husband, Ira and has a daughter, Katy Hardee, a step-daughter, Keenan, and a step-grandson, Cameron.

Andrews, a New Jersey native, completed a bachelor's degree in biology from Pfeiffer College in 1981 as well as a master's degree in public health from UNC Chapel Hill in 1986. He is a registered dietician and has held a number of clinical and management roles in food and nutrition services departments at North Carolina, South Carolina and Florida hospitals as well as with the N.C. Department of Corrections. He and his wife, Joy, plan to relocate to Lumberton from Monroe. They have three grown children, Jordan, Grace and Emily.