ANNUAL REPORT
AND GUIDE TO DOCTORS & SERVICES

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www.onslow.org
Achieving our mission in the healthcare-reform era

I welcome you to our 2010 Annual Report & Guide to Doctors and Services. This annual report is provided to inform our community about our hospital, outlying services, and medical staff. I ask that you share this report and call us if you have any questions or suggestions to improve our services.

In the coming years, we will be embracing The Patient Protection and Affordable Care Act, better known as the healthcare reform law, signed on March 23, 2010. As we all face the impact of this historic law, along with the social, political, and economic challenges before us, our dedicated Authority Board, staff and I will do all we can to ensure that we live up to our mission of providing quality medical care in a friendly, safe, and caring environment.

Critical to our culture is our Service Improvement Program, which is guiding us in Sensing Others’ Needs. In the year since implementing our Service Improvement Program led by Mrs. Erin Tallman, Vice President, Patient Advocacy and Service Improvement, we have experienced a significant positive change to our culture and improvement in patient-care services. We here at Onslow Memorial Hospital, along with the staff in our outlying services, are working every day to ensure trust, ethical conduct, and safe clinical care for everyone.

I express my pride and thanks to our professional staff; and I thank our community for your support and trust in us as we continue our journey to become better.

Sincerely,

Ed Piper, Ph.D., FACHE
President & Chief Executive Officer

About this publication

We hope our 2010 Annual Report & Guide to Doctors and Services will serve as a handy resource for you in the months to come.

Pages 2 to 14 serve as our organization’s Annual Report. In this portion, you will find information about our hospital leadership; achievements in clinical quality and technology; our comprehensive online services; an update on the new Radiation Oncology Center and the exciting activities of our vibrant OMH Foundation; details on the fine work done by the OMH Auxiliary; and a report on Onslow’s financial health.

Page 4 includes a brief guide to healthcare services available at OMH. For more information about these and other services, please visit www.onslow.org.

Pages 16 to 27 serve as our annual physician directory. On these pages you will find contact information for many of the dedicated local doctors who serve our community in a wide variety of specialties. We are proud of our physician partners and we encourage you to keep this directory with your phone book as a resource to assist you in meeting the healthcare needs of your family.

As always, thank you for the opportunity to become our community’s choice for healthcare. We are proud to serve you, our neighbors and friends here in Onslow County.
LEADERSHIP

Onslow County Hospital Authority

Vanessa Ervin
Jean Hawley
Allen “Ed” Catrett
S. Patrick Alford
Elizabeth Pace Britt
Susan Edwards

Jamie D. McGlaughon
Richard A. McIntosh
Joseph P. Normandeau
Kenneth Scarborough
Sarah Wiltgen

OMH Foundation Board

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Grant Sparks, Vice Chair
Rod Martin, Treasurer
Budda Howard, Secretary
LaRue Hambrick, Radiation Oncology Project Chair
Jeff Clark
Dr. Carol Johnston
John Kopka
Lee Ann Thomas
Tim Strickland, Executive Director

OMH Auxiliary Officers

Martha Danford, President
Beth Farmer, Vice President
Ada Vorpagel, Treasurer
Shirley Pittman, Recording Secretary
Elizabeth Krentz, Corresponding Secretary

Executive Team

Ed Piper, Ph.D., FACHE
President and Chief Executive Officer

Penney Burlingame, DHA, RN, FACHE
Senior Vice President Nursing and Clinical Services

Crystal Hayden, RN, MSN
Senior Vice President Chief Nursing Officer

Roy Smith, MBA
Senior Vice President Chief Financial Officer

Tim Strickland, MMC, FACHE, APR
Director, Public Relations/Marketing

Daniel T. Waller, MBA, FACHE
Senior Vice President Support Services

Erin Tallman, OTR/L
Vice President Patient Advocacy and Service Improvement
MISSION

Onslow Memorial Hospital 2010

Hospital Services Directory

The following is a partial telephone directory of hospital services. The hospital's main number is (910)577-2345. For more information about OMH or these services, please visit www.onslow.org.

Admitting
Inpatients 577-2908
Outpatients 577-2221

Anesthesiology 577-2471
Auxiliary/Volunteers 577-2341
Billing 577-4703
Cancer Registry 577-2874
Cardiac Cath Lab 577-2580
Cardiac Rehab 577-2852
Cardiology 577-2827
Construction 577-2410
Discharge Planning 577-2311
Education 577-2581
Emergency 577-2240
Endoscopy 577-2377
Foundation 577-4736
Gift Shop 577-2547
Guest Services 577-2836
Heartburn Center 577-2615
Human Resources 577-2291
Job Line 577-2250
Information 577-2345
Inpatient Services/Stations
2 South 577-2261
3 North 577-2086
3 South 577-2395
4 North 577-2420
4 South 577-2401
4 West 577-2201
Dialysis 577-2468
ICU 577-2351
INCU 577-2508
Labor & Delivery 577-2231
Nursery/Neonatal ICU 577-2236
Pediatrics 577-2401
Pharmacy 577-2300
Wound Care 577-2579
Laboratory 577-2239
Onslow Diagnostics 577-2900
Lactation Specialist 577-2325
Lithotripsy 577-2877
Marketing/PR 577-4736
Medical Records 577-2500
Medicaid Specialist 577-2387
Medical Records 577-2509
Minor Emergency Care 577-2875
Onslow Diagnostics 577-2900
Pathology 577-2286
Patient Advocate 577-4731
Purchasing 577-2378
Radiology 577-2274
Imaging Center for Women 577-2600
Rehabilitation Services 577-2862
Cardiac Rehab 577-2862
Occupational Therapy 577-2372
Physical Therapy 577-2372
Speech Therapy 577-2372
Respiratory 577-2600
Security 577-2300
Sleep Lab (Before 4 p.m.) 577-2536
Sleep Lab (After 4 p.m.) 577-2621
Surgical Services 577-2225
Ambulatory Surgery (5th Floor) 577-2405
Endoscopy 577-2377
Main OR (1st Floor) 577-2225
Post-op Recovery 577-2228
Surgical Services 577-2225

The Vision, innovation lead to major progress at Onslow

By Jennifer Mackenzie | Contributing Writer

In the following section, we feature some of the innovative ways OMH is fulfilling our mission to provide the people of our community with quality medical services delivered in a friendly, safe, and caring environment. As we continue to expand our physical facilities and our resources, we acknowledge that every great achievement begins with a clear and passionate vision.

We invite you to take a few minutes to read a few highlights from our effective — and ongoing — journey toward excellence.

Quality scores are on the rise

By Keryn Thompson-Kolar, Contributing Writer

THE VISION: “Our goal is to be a national leader in all that we do — in every aspect of clinical quality, and in every aspect of patient satisfaction.”

— Tim Strickland, Senior Vice President & Director of PR/Marketing

Optimal care scores at Onslow are on the rise, reflecting the diligent work of numerous quality-improvement teams.

In its recent assessment, the North Carolina Hospital Quality Performance Report dealt with four specific quality measures: heart attack treatment, heart failure treatment, pneumonia treatment, and surgical care improvement. At Onslow, each of those areas showed considerable improvement over the past 18 months, said Jo Malfitano, OMH Performance Improvement and Accreditation Manager.

“A hospital’s optimal care score covers all of the interventions combined,” in an effort to determine whether each patient received all of the recommended treatment for which he or she was eligible, Malfitano said.

“I’m very proud of everything Onslow has accomplished,” she said. “It’s always a team effort — this does not happen in isolation.”

She cited participation in healthcare collaboratives as a major factor in the hospital’s quality improvements. Onslow teams try to individualize ideas that are shared at the collaborative gatherings, in an effort to make them work for OMH just as they have elsewhere.

“The collaboratives are an opportunity to network, to have benchmarks, and not try to reinvent the wheel,” Malfitano said. “We’re constantly sharing information (with other hospitals). It’s an exciting, exciting opportunity — I love it.”

One example is the North Carolina Surgical Care Improvement Project Collaborative, which Onslow has been part of since the program’s
inception in 2007. At the end of its second year of involvement, OMH was recognized by the Carolinas Center for Medical Excellence for consistent improvement in SCIP optimal care, which encompasses three infection-prevention measures and two measures to prevent blood clots.

More kudos came in April, when the Hospital Quality Performance Report named OMH as one of the state’s most improved hospitals in terms of its Surgical Care Score. It reported on its website that Onslow’s optimal care score has gone up by 30 percentage points since spring 2008.

“This is evidence that what we’re doing is making a difference,” said Tim Strickland, Senior Vice President and Director of PR/Marketing. “It’s the result of effective leadership, teamwork and professional dedication. I’m happy to offer congratulations to everyone involved.”

THE ROAD AHEAD: “A steady rise in quality indicators that holds up over time is most definitely the goal. When you sustain the gains, you validate everything. It means that the process is imprinted into the system, so you can feel confident that improvement will continue.”

– Jo Malfitano, Performance Improvement and Accreditation Manager

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**LEGEND**

- Blue = Heart attack treatment optimal care score
- Green = Heart failure treatment optimal care score
- Red = Pneumonia treatment optimal care score
- Yellow = Surgical care improvement optimal care score
OMH acquires Stroke Capable Hospital Designation
By Jennifer Mackenzie, Contributing Writer

THE VISION: “We want our community to know that we’re making strides to impact their lives in a positive way, to show them that they have choices that can reduce their risk for stroke, and that we are their primary resource for stroke prevention and treatment.”
– Norman E. Taylor II, BSN, Stroke Nurse Coordinator

On March 1, Onslow was designated a Stroke Capable Hospital by the North Carolina Stroke Association and Brain Attack Coalition, becoming part of the North Carolina Stroke EMS Triage and Destination Plan.

For OMH, the road toward this important designation began in March 2008, when initial grant funds were secured through the hard work of Jo Malfitano, Performance Improvement and Accreditation Manager, who wrote the OMH stroke grant.

For OMH Stroke Nurse Coordinator Norman E. Taylor II, who has spent the last year steering the Stroke Capable process to its successful completion, the journey of serving those affected by stroke began many years ago, when he was just 14 and living with his family in Hubert. “In 1978,” said Taylor, “my father had a stroke. All of a sudden we didn’t have the dad we used to have, my mother didn’t have the husband she’d had – everything changed for all of us in that one single moment.”

The experience of having been there has given Taylor the empathy to embrace the mission of elevating the standard of care for stroke patients. “I do this work because I love it, and I know we’re making a difference,” Taylor said.

Stroke is the third-leading cause of death in the United States, and the leading cause of serious, long-term disability. Defined as a sudden interruption in the blood supply to the brain, a stroke is also called a brain attack because it occurs rapidly and requires immediate emergency medical treatment. Most strokes are clot-related, caused by an abrupt blockage of arteries leading to the brain (ischemic stroke). Other strokes are caused by a blood vessel that bursts and bleeds into brain tissue (hemorrhagic stroke). The effects of a stroke depend on which part of the brain is injured, and how severely it is damaged.

Living inside the Stroke Belt

According to the Eastern North Carolina Stroke Network (ENCSN), North Carolina is part of the Stroke Belt, a multistate region that historically has had substantially higher stroke death rates than the rest of the nation. The eastern counties of North Carolina, known as the Buckle of the Stroke Belt, have had the highest stroke death rates in the nation for at least the past 30 years.

Common risk factors for stroke include hypertension, diabetes, tobacco use, heart disease, obesity, elevated cholesterol, a high-fat diet, physical inactivity and excessive alcohol use.

“I’m from North Carolina,” Taylor said, “so I do think, with folks that have lived here most of their lives, there’s way too much emphasis placed on food – especially high-fat food. And now, with our young people, food has become very quick, very easy, and they’re paying the price. It’s predicted that by 2011, 30 percent of our school-age youth are going to be obese.”

Alarmingly, the results of risk factors gone unchecked are already showing up in the Emergency Department, as stroke patients are younger than ever before. “It used to be a disease for people in their 60s and even 70s,” Taylor said, “and now we’re seeing people in their 50s, 40s and even younger.”

The good news is that OMH is improving the quality of outcomes for stroke patients, and those at risk for stroke, on two fronts: by fulfilling its commitment to be a Stroke Capable Hospital, and by providing free screening tests and increased educational outreach.

Becoming a Stroke Capable Hospital

As defined by the North Carolina Stroke EMS Triage and Destination Plan, a Stroke Capable Hospital is a one that provides emergency care with a commitment to stroke and has the following capabilities:

• CT availability with in-house technician availability 24/7/365.
• Ability to rapidly evaluate an acute stroke patient to identify patients who would benefit from thrombolytic administration.
• Ability and willingness to administer thrombolytic agents to eligible acute stroke patients.
• Accepts all patients regardless of bed availability.
• Provides outcome and performance-measure feedback to EMS, including case review.

“Most critically,” said Taylor, “there are time constraints that we have to perform all these functions under. If a hospital cannot meet these time standards, it cannot acquire this status – because with every minute that passes, brain tissue is dying. “The clock starts to tick the second a stroke patient enters our Emergency Department. We have just 45 minutes to identify someone as a stroke victim, do an initial assessment, get a CT scan [which generates a computerized cross-section of the brain, used as the primary method in determining whether a stroke is ischemic or hemorrhagic], get the CT report to a physician, and draw blood for the lab – all while maintaining the patient’s safety and formulating their plan of care.”

For a detailed explanation of stroke signs and symptoms, visit www.onslow.org and click on Stroke Awareness at the bottom of the page.
A total group commitment

“The past year has been an amazing journey,” Taylor said. “And the Stroke Capable designation happened because we were able to take our facility and our tools; come together with energetic and passionate people, especially the support of [CEO and President] Dr. Ed Piper and our Executive Team, our dedicated Emergency Department, Jo Malfitano, our Emergency Clinical Care Coordinator Nancy Pate, Dr. Jay Garrett, all our physicians, nurses and CT technicians; and look at all the things we needed to do to improve our commitment toward stroke patients — and bring this to fruition, all within a year. It’s been a total group commitment.”

THE ROAD AHEAD: “We want our community to know that we’re making strides to impact their lives in a positive way, to show them that they have choices that can reduce their risk for stroke, and that we are their primary resource for stroke prevention and treatment.”

– Norman E. Taylor II

OMH Auxiliary wins Five Star Award

By Jennifer Mackenzie, Contributing Writer

THE VISION: “We are aiming for another Five Star Award from the North Carolina Hospital Volunteers — which represents to our volunteers that we are contributing in every way we can to the care of our patients at OMH.”

– Kay Brandon, OMH Auxiliary President

The Five Star Award is given to hospital auxiliaries who succeed in accomplishing a variety of criteria to improve volunteer service to their hospital. It is the highest award presented to hospital auxiliaries by the North Carolina Hospital Volunteers, and most importantly, said Kay Brandon, who recently completed two terms as OMH Auxiliary President, it provides her group of volunteers with essential feedback.

“Winning the Five Star Award again this year was a great honor,” said Brandon. “It shows we’re really participating and establishing ourselves as a very active volunteer program.”

Currently with 82 members, the Auxiliary wholeheartedly embraces the hospital’s new Service Improvement Program (see related story, page 12) by striving to make a positive first impression on all OMH patients and guests. In 2010, that first impression starts even before you enter the front door.

“This year, we were able to allocate $5,000 for gorgeous new landscaping in front of the hospital,” Brandon said. After the Engineering Department assisted with the removal of a cedar tree that had reached the end of its life span, the Auxiliary employed a Jacksonville landscaper to procure and plant a new Tree of Hope – a Nellie R. Stevens holly, flanked on either side by two Foster hollies.

According to Celtic lore, the holly tree symbolizes holiness, consecration, prosperity, beauty, peace, goodwill and health. What better tree to grace the grounds leading to OMH?

“I see this as a tranquil place for patients and families to sit between treatments,” Brandon said. “It will just be a short walk from the new Radiation Oncology Center, so it will be a very peaceful place to relax.”

In addition to the magnificent holly trees, the Auxiliary also purchased three benches to complete the area with seating. “We are really thrilled about this,” Brandon said, “because it’s a very visible way for us to show how much we care about our patients.”

Inside the hospital, volunteers are often the first to greet and escort new patients and guests to their destinations. “We really stress to all our new volunteers that a first impression is so important,” Brandon said. Whether a volunteer is 74 or 14, courtesy is the highest priority.

DeBorah Boyce, coordinator for the hospital’s youth Volunteer program, couldn’t agree more. Known by her students as simply “Miss B,” Boyce maintains a watchful eye over each group of young people who come to the hospital seeking community service hours over the summer months. Not only does their service provide high school students with a competitive edge when applying to college, but Boyce added that it also gives them a sense of meaning and connection with others.

“I teach our Volunteers about responsibility and that they have to have people skills when they go out into the world,” said Boyce. “I always tell them that their attitude will take them a long way in life.

“Before they go into a patient’s room, that person might be feeling bad, they might not want to talk, but the communication everybody knows is a smile. Our Volunteers know I expect to see them smiling when they go into a patient’s room!”

“It’s that personal touch that makes all the difference,” said Brandon. “That’s why we do this work.”

THE ROAD AHEAD: “I’d like to see a year-round Volunteer Program, because that would help out some of the kids in our community who can’t work here at the hospital in the summer.”

– DeBorah Boyce, Volunteer Coordinator & OMH Sleep Lab Technician
The Vision: “We could not find it acceptable that local cancer patients would have to travel out of county to receive radiation therapy. We had to do something about it.”

— Tim Strickland, Senior Vice President & Director of PR/Marketing

Before the leaves turn their autumn colors in 2010, Onslow’s new Radiation Oncology Center will open its doors. The much-needed, long-anticipated facility will finally be a reality – and not a day too soon for local cancer patients.

“There are people who would say this project’s been a long time in coming,” said Tim Strickland, Senior Vice President and Director of PR/Marketing. “It took a significant amount of time for us to convince the state to grant the Certificate of Need, giving us permission to construct the facility. However, because that process took so long, we were very well-organized and prepared. As soon as the green light was given by the state, we hit the ground running.”

Up until the opening of the new Radiation Oncology Center, cancer patients in need of radiation therapy have to travel significant distances to other North Carolina radiation treatment centers – which often becomes an obstacle to receiving those critical services.

Penney Burlingame, Senior Vice President, Nursing and Clinical Services, said past data showed that local cancer patients requiring radiation therapy were being grossly underserved.

“In 2004,” she said, “only 25 percent of OMH cancer patients received radiation therapy – less than half of the national average.”

In 2006, armed with this and other supporting data, OMH filed for a Certificate of Need (CON) from the North Carolina Department of Health and Human Services. When the CON was granted in May 2008, OMH was ready to move forward.

“It’s been an extremely gratifying experience to see this Radiation Oncology Center progress from concept to state approval, to active fund-raising, to ground-breaking, to opening later this year,” said Strickland.

“How tremendously exciting to see the realization of this dream for Onslow cancer patients.”

“The new Radiation Oncology Center building will open by early September,” said Danny Waller, Senior Vice President, Support Services. “It’s a beautiful building and I think the community is going to be very pleased.”

The nearly 10,000-square-foot building will include a Siemens ONCOR Expression Linear Accelerator, considered by many in the healthcare field to be unparalleled. The ONCOR model delivers both image-guided radiation therapy (IGRT) and intensity-modulated radiation therapy (IMRT).

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Artist’s rendering for the Radiation Oncology Center

OMH Foundation boogies past fund-raising goal

Key West Island Fest partygoers may not have broken any hula hoop records, but they certainly boogied past the OMH Foundation’s fund-raising goal by generating more than $120,000 for the new Radiation Oncology Center in 2010. In the past two years, the Foundation has raised over $325,000 toward the much-needed treatment center.

“Cancer can strike anyone at any time,” said Tim Strickland, Foundation Executive Director. “There are few people who will not be affected by cancer in their lifetime, either directly or indirectly. I am just so deeply appreciative for the countless hours and endless compassion those in our community and our hospital have shown in coming together to raise funds and raise awareness. They’ve made this Radiation Oncology Center a reality.”

On Feb. 27, about 600 guests filled Jacksonville’s American Legion Hall. Outside, it was a cold night. But indoors, it was a tropical oasis of Caribbean-themed fun, beginning with the sand-filled entry that led to an artfully decorated tiki bar offering an array of frozen beverages suitable for any “Margaritaville.” From grass skirts on the ladies (and a few men) to those loud Hawaiian shirts wives cringe over, guests came ready to enjoy the night while uniting in a common cause benefitting all of Onslow County.

“This year’s event would not have been possible without the efforts of the OMH Foundation Board, chaired by Rik Pugh, and the Events Committee, headed up by LaRue Hambrick,” Strickland said. “The esprit de corps among these groups has been a source of joy for all of us.”

~ Jennifer Mackenzie ~
“Image-guided radiation therapy,” Burlingame explained, “acknowledges that a tumor can shift positions from one treatment to the next – perhaps very minute changes in position, but those changes can translate into significant unnecessary exposure to radiation. The benefit of IGRT is that you can have an updated determination of tumor position for each treatment session, and then deliver a pinpointed, specific dose of radiation therapy directly to the tumor without damaging healthy tissue.”

As well as state-of-the-art equipment, Burlingame said the Radiation Oncology Center will offer cancer patients the very best in internationally recognized medical services.

“We are partnering with the Brody School of Medicine in the provision of medical services to the Radiation Oncology Center,” she said. “We’ll have a dedicated physician here in Jacksonville, as well as the benefit of the Brody School of Medicine’s vast amount of knowledge and experience in this field.

“The Radiation Oncology Center is going to represent a multidisciplinary approach to cancer treatment. The fact that we’ve got a partnership with a renowned academic medical center will assist our hospital as we look into the future at both traditional and nontraditional cancer therapies.”

THE ROAD AHEAD: “I don’t think there’s anyone in Onslow County who hasn’t been touched by cancer in one way, shape or form. That’s why I would like to see Onslow Memorial Hospital turn into a total cancer resource for Onslow County.”

– Penney Burlingame, Senior Vice President, Nursing & Clinical Services
MISSION

THE VISION: “As our community’s healthcare leader, it is important to become a meaningful part of the lives of our neighbors here in Onslow County. One way to accomplish this is by engaging in social media, which offer an outstanding array of interpersonal communication tools.”

– Tim Strickland, Senior Vice President & Director of PR/Marketing

Onslow Memorial Hospital now has a number of high-tech, online allies in its efforts to promote health and wellness.

Computer users all over North Carolina have discovered the entertainment and information value of such online media outlets as YouTube, Facebook, Twitter, and blogs. Now they can use these sites to increase their health awareness … and even make some friends along the way.

One such opportunity, found on the hospital’s main website at www.onslow.org, is an online community for parents called MomTalk. This free service allows participants to join in group discussions and read what health experts and other parents have to say about the ups and downs of childrearing.

“MomTalk is an exciting innovation,” said Tim Strickland, Senior Vice President and Director of PR/Marketing. “It gives area mothers the opportunity to share with and learn from each other.”

Essays and discussions cover all aspects of parenting, from pregnancy to the teen years. The site is monitored to be sure all content is appropriate, and OMH experts such as Suzie McCabe, Maternal Child Case Manager, can be found weighing in with practical tips.

Some of the bloggers are volunteers, while others receive a small stipend for their writing work.

“It’s a very small investment to provide what we hope is a very meaningful outcome for parents and children,” Strickland said.

As blogger Kelly Mulder said in a recent interview: “Moms tell their stories, share their input, learn from experts on child health, get advice and support, and tell and hear funny stories.”

New parents especially can benefit from the chance to connect with each other, and to get feedback before making decisions about their children’s welfare. MomTalk is “a safe place to ask questions, offer encouragement, and normalize the stresses of parenthood,” Mulder said. “Why be alone?”

Social media bring real benefits to community

By Keryn Thompson-Kolar, Contributing Writer
From the hospital’s standpoint, MomTalk is a great way to reach out to each family’s healthcare decision-maker, providing real-life parenting expertise while also showing how OMH can be of help to their families.

But why stop at the printed word? Interviews, hospital updates and medical success stories also are available in video form at Onslow’s new YouTube channel.

The goal here is education, but also relationship building. “We want to help people recognize that they can trust their community hospital, because of the advances and achievements that we see regularly at OMH,” Strickland said.

People who enjoy e-chatting with their pals on Facebook can get the latest health tips and medical news, as well as wellness and diet features, by becoming fans of OMH through that social media outlet. And those who have a Twitter account can get the same type of information, in shorter bursts, by becoming followers of @OnslowHospital.

Most Facebook and Twitter updates come directly from the rich content found on Onslow’s O’Healthy web portal. Now in its third year, O’Healthy is one of the most effective community benefits the hospital offers, Strickland said.

“It’s a great place to look up symptoms to determine whether to seek medical attention, and also to check the possible side effects of medications. It’s a fantastic resource,” he said.

“It’s not designed to replace a physician visit, but it does a great job of helping people manage and understand their illnesses, conditions and injuries.”

So, if you could use some support in your efforts to lead a healthy lifestyle, keep an eye on www.onslow.org and its array of online services. More innovations will be forthcoming.

THE ROAD AHEAD: “Onslow’s next major social-media service will be unveiled in late 2010 or early 2011. Lighten Up Onslow will be an internet community designed to help area residents lose weight and lead healthier lifestyles.”

– Tim Strickland, Senior Vice President & Director of PR/Marketing
The Vision: “I am not bound to win, but I’m bound to be true. I’m not bound to succeed, but I’m bound to live up to what light I have.”

— Abraham Lincoln

“Everyone here at Onslow Memorial Hospital has — or should have — a common understanding that you have to be selfless in this profession, that’s it’s not about us. As soon as we step through the doors of this hospital, we make the choice to put the needs of others first.”

As stated by Erin Tallman, Vice President and Director of Patient Advocacy and Service Improvement, this is the essential message of the new OMH Service Improvement Program, aptly named Sensing Others’ Needs.

The new program places the highest priority on fostering emotional and social intelligence, in balance with clinical knowledge and expertise, in order to build a culture that has fully integrated the realization of what it means to put the needs of others first.

“The Service Improvement Program,” said Ed Piper, Ph.D., President and Chief Executive Officer, “strongly emphasizes what we call the human touch. That is, our human interaction with our patients and their families — how we take care of people not only clinically, but how we take care of people psychologically, socially and spiritually.”

MISSION

SHHH . . . turn that food cart down!

By Jennifer Mackenzie, Contributing Writer

Is that a food cart or a Harley-Davidson rolling down the hall to that patient’s room?

For anyone trying to rest and recover, there may be very little difference in noise decibel levels between the two — especially when those hard rubber wheels (on the food cart) are traveling over a slightly textured floor.

As part of Onslow’s Service Improvement Program, a new initiative called Silent Hospitals Help Healing, or SHHH, is responsible for quite literally taking the wheels off the rolling culprits — and replacing them with softer, quieter wheels.

The idea to turn the volume down, hospital-wide, came from the Service Improvement Program’s Spiritual- ity and Wellness committee, chaired by Nancy Schuemen, Nuclear Medicine Technician, and facilitated by Danny Waller, Senior Vice President, Support Services.

“I stumbled across the concept when looking through articles in the American College of Healthcare Executives, then brought it forward to the committee, and they ran with it,” Waller said.

The World Health Organization recommends that noise levels in hospitals not exceed 35 decibels in patients’ rooms, especially at night.

“Our goal is to get down to that level,” Waller said. “The committee looked at what other hospitals across the country, particularly Stanford University, were doing to make their environments less noisy. Stanford had implemented the SHHH program, and after researching it further, we decided it was something we should attempt.”

Assisted by Property Management and Maintenance, the committee collected data on noise levels on every nursing floor, in patient rooms, and in various key locations throughout the hospital over 24-hour periods.

“They, said Waller, “we color-coded the noise level charts so people could easily look at them and compare.”

The results? Not exactly what your mother would call your inside voice. Decibel levels at OMH ranged from 36 to a piercing 82. “When I was a kid,” Waller said, “you had to be quiet even walking by a hospital.”

Take note of the adorable photographs of employees’ and volunteers’ children and grandchildren promoting the SHHH program via posters strategically placed throughout the hospital. The goal, Waller explained, “is to minimize the noise level dramatically.”

Once the disruptive noises are minimized, the next step might be to add sound — of the therapeutic kind.

“That’s another thing we’ve been investigating,” Waller said. “There are channels the hospital can subscribe to that bring in special healing and meditative music. The one we’re taking a look at is called Healing Healthcare Systems.”

Founded in 1992 by classical musicians Susan Mazer and Dallas Smith, Healing Healthcare Systems is credited for pioneering the use of music as environmental design in healthcare facilities.

“The SHHH program is going to require a change of behavior on everyone’s part,” said Waller, “but it’ll be well worth it for our patients. They are here to heal and get some rest, and we need to do everything we can to make that easier for them.”

THE VISION: “I am not bound to win, but I’m bound to be true. I’m not bound to succeed, but I’m bound to live up to what light I have.”
How Sensing Others’ Needs is structured — and why

The objective of Sensing Others’ Needs is certainly a familiar one at OMH. After all, “Sense the needs of others before they ask” has been a key component of the hospital’s Missions and Values statement for several years. But it was just a little over a year ago when the idea to create a comprehensive program based on the philosophy took hold.

“This is a journey to become better,” said Tallman. “It’s all about renewing the passion of why we chose to be in healthcare in the first place.”

The program addresses systems (clinical, technical) and behaviors (interpersonal communications) throughout the hospital. Tallman said that although the program may have what sounds like a simple objective, reassessing every system and every behavior in an organization of over 1,000 employees makes implementation anything but simple.

“It takes a program with established committees to structure change in a positive way,” Dr. Piper said.

A key component of the program is that the initiatives are generated by the staff, rather than imposed upon the staff. “Truly all of the committees are run by front-line staff,” Tallman said, “because they are the ones in the thick of it.” Each of the six committees includes one member of the Executive Team, available to help facilitate the initiatives proposed by the employees.

In addition to the committees, the program established a Patient Advisory Council, which includes eight past patients of OMH in addition to hospital Board members, an Auxiliary representative, a physician, employee representatives and members of the Executive Team.

“The Patient Advisory Council is how we look through the eyes of the patient, hear the voice of the patient,” explained Tallman. “It’s a very, very important part of keeping an open dialogue with our community.”

Rolling out the program

“In this beginning phase,” said Tallman, “as far as behaviors, we’re focusing on all the many ways we make a first impression. For instance, we’re looking at how we greet a patient or guest, the way our hospital looks and even smells to others. We’re looking at our appearance – meaning, is our name badge on? Are we smiling? Then, are we walking people to their destinations rather than just pointing? How do we sound when we answer the telephone? These may seem like little things, but really they’re so important because truly a first impression is going to set the tone for everything that comes after.

“Since last July, we’ve started implementing initiatives that came directly from our committees, and many of the initiatives are very creative.” (For an example, see the story in the blue box at left.)

Being true to your calling

While Sensing Others’ Needs gets its ideas from front-line staff, it’s the vision of the Chief Executive Officer that provides the guiding force.

“This has to be the mindset of the CEO,” said Dr. Piper. “If the CEO doesn’t get it, or doesn’t care about it, the program can’t go any further.

“The mindset of the CEO is summed up, for me, by something I heard President Barack Obama say when he was addressing the House of Representatives. He quoted Abraham Lincoln, saying, ‘I am not bound to win, but I’m bound to be true. I’m not bound to succeed, but I’m bound to live up to what light I have.’

“This is about being true to your calling. As Chief Executive Officer, I need to be true to my calling, my passion. And my passion is making our hospital a better place. Whether we succeed or not, it’s about being true to what you know is right. This Service Improvement Program is not driven to cut down on complaints. It’s not driven to improve patient-satisfaction scores. It’s driven by the insight that it’s the right human thing to do.”

THE ROAD AHEAD: “The road ahead is very challenging, and it’s going to take time. Our patient-satisfaction scores will be a reflection of how we’re doing, but not why we’re doing it. I will be satisfied when everybody — everybody — in our organization gets the importance of how we interact with the patient and the patient’s family.”

– Ed Piper, Ph.D., President and CEO
Despite economic perils, hospital finances healthy

By Keryn Thompson-Kolar, Contributing Writer

THE VISION: “Obviously the role of hospital leadership is to provide innovative healthcare advancement combined with prudent financial management for long-term viability.”

– Tim Strickland, Senior Vice President & Director of PR/Marketing

It was just a year ago that the new Emergency Services and Surgical Pavilion opened, tripling capacity and making state-of-the-art care more available than ever to those in Onslow County. How has all of this affected the bottom line for the bigger-and-better Onslow Memorial Hospital?

According to the Annual Combined Statement of Revenues and Expenses, the hospital expansion led to a rise in costs, but an even greater rise in revenue for fiscal year 2009.

“We’ve seen a tremendous increase in expenses associated with the new addition, but there has been a corresponding increase in revenue … largely attributed to our ability to handle more patients,” said Roy Smith, Chief Financial Officer for the Onslow County Hospital Authority. “It’s been better than had been anticipated.”

So, how does OMH’s financial picture compare with the previous year’s?

• Fiscal 2009 saw higher uncollectible amounts — the total went from $22.9 million in 2008 to $26.8 million in 2009. Smith cited a combination of factors, including “the impact from the nation’s economic downturn, an increase in the charity care we provide to our citizens, and a growth in the volume of ER patients” who lack insurance coverage.

• Charity care — hospital services provided to uninsured and under-insured patients — increased 25 percent over last year. Although this may negatively affect the hospital’s bottom line, it’s seen as a positive thing by those who believe in Onslow’s vital role in the community. “It means we’re fulfilling our mission,” Smith said. “We exist to serve that need.” Onslow is a 501(c)3 nonprofit hospital, with revenues coming solely from patient care, not tax dollars. But it is also a public hospital that will not turn indigent patients away, according to Tim Strickland, Senior Vice President and Director of PR/Marketing. “We have a strong commitment and mandate to serve our community in that way,” he said.

• The recently completed second phase of the hospital expansion has involved the renovation of areas previously occupied by the OR and ER. The hospital’s Pharmacy, Cardiac Rehabilitation, Information/Technology Services, Human Resources and other departments have been expanded and/or relocated, which comes at a cost. “There were $5 million to $6 million in expenses in 2009 that we didn’t have in 2008 because of that project,” Smith said. “The great thing is that we have been able to weather that,” and the improved facility has been resoundingly praised by patients and by visiting medical professionals.

• Significant savings were achieved last year by the hiring of full-time employees to staff the new hospital wing. When the new wing initially opened, the hospital had to rely on more-expensive contract labor — traveling nurses and technicians — until recruitment efforts could commence that would fill the positions that had been created. The hospital paid more in 2009 for salaries and benefits than it did in the previous year, of course, but the amount for purchased services decreased by around $1 million.

• A turnaround in the financial markets led to a major boost in Onslow’s investment income. “The Authority Board monitored the markets very closely for many months and made a few changes,” Smith said. “It’s important to adjust as needed to market conditions.”

THE ROAD AHEAD: “Despite these turbulent economic times, your hospital continues to be guided by wise and prudent leaders at the board and executive levels. The hospital is positioned to thrive for decades to come.”

– Tim Strickland, Senior Vice President & Director of PR/Marketing
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<th>Cardiology</th>
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<td><strong>George Chekan, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2471&lt;br&gt;Medical School: University of Maryland&lt;br&gt;Internship: Washington Hospital Center&lt;br&gt;Residency: George Washington University</td>
<td><strong>Lakshmi Narasimhan, MD</strong>&lt;br&gt;231 Memorial Drive&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 455-7001&lt;br&gt;Medical School: Mysore Medical College&lt;br&gt;Internship: Bon Secours Hospital&lt;br&gt;Fellowship: Saint Barnabas Medical Center</td>
<td><strong>Marshall Frink, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2240&lt;br&gt;Medical School: Bowman Gray School of Medicine&lt;br&gt;Internship: Orlando Regional Medical Center</td>
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<td><strong>Jenni Neighbors, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2240&lt;br&gt;Medical School: University of Tennessee College of Medicine&lt;br&gt;Internship: University of North Carolina Hospitals&lt;br&gt;Residency: University of North Carolina Hospitals</td>
<td><strong>Garrett Rogers, MD</strong>&lt;br&gt;29 Office Park Drive&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 353-3000&lt;br&gt;Medical School: University of Texas Medical School at Houston&lt;br&gt;Internship: Duke University Hospital&lt;br&gt;Residency: Duke University Hospital</td>
<td><strong>James Garrett, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2240&lt;br&gt;Medical School: Medical University of South Carolina&lt;br&gt;Internship: Norfolk General Hospital&lt;br&gt;Residency: Norfolk General Hospital</td>
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<td><strong>Hemant Sheth, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2471&lt;br&gt;Medical School: TN Medical College of Nair Hospital&lt;br&gt;Internship: Conemaugh Memorial Medical Center&lt;br&gt;Residency: Conemaugh Memorial Medical Center</td>
<td><strong>Andre Tse, MD</strong>&lt;br&gt;158 Memorial Court&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 353-5111&lt;br&gt;Medical School: University of Hong Kong&lt;br&gt;Internship: University of Hong Kong&lt;br&gt;Residency: University of Medicine and Dentistry of New Jersey University Hospital&lt;br&gt;Fellowship: University of Manitoba, Winnipeg, Canada</td>
<td><strong>John Gudger, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2240&lt;br&gt;Medical School: University of North Carolina at Chapel Hill School of Medicine&lt;br&gt;Internship: University of Tennessee Memorial Hospital&lt;br&gt;Residency: University of Tennessee Memorial Hospital</td>
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<td><strong>Jenni Neighbors, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2471&lt;br&gt;Medical School: University of Tennessee College of Medicine&lt;br&gt;Internship: University of North Carolina Hospitals&lt;br&gt;Residency: University of North Carolina Hospitals</td>
<td><strong>Jenni Neighbors, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2471&lt;br&gt;Medical School: University of Tennessee College of Medicine&lt;br&gt;Internship: University of North Carolina Hospitals&lt;br&gt;Residency: University of North Carolina Hospitals</td>
<td><strong>Lawrence Linett, MD</strong>&lt;br&gt;317 Western Boulevard&lt;br&gt;Jacksonville, NC 28546&lt;br&gt;(910) 577-2345&lt;br&gt;Medical School: Albany Medical College of Union University&lt;br&gt;Internship: North Carolina Baptist Hospital&lt;br&gt;Residency: North Carolina Baptist Hospital</td>
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**Anesthesia/Pain Management**

**Scott Johnston, MD**<br>12 Office Park Drive<br>Jacksonville, NC 28546<br>(910) 353-4414<br>Medical School: University of Rochester School of Medicine<br>Internship: Health Science Center University Hospital<br>Residency: Duke University Hospital, Health Science Center University Hospital

**Dermatology**

**Daniel Abraham, DO**<br>215-B Station Street<br>Jacksonville, NC 28546<br>(910) 577-2334<br>Medical School: Michigan State University School of Osteopathic Medicine<br>Internship: Pontiac (Michigan) Osteopathic Medical Center<br>Residency: Pontiac (Michigan) Osteopathic Medical Center
Family Practice

Yvette Longoria, MD
317 Western Boulevard
Jacksonville, NC 28546
(910) 577-2240

Medical School: Universidad de Monterrey
Internship: Regina General Hospital
Residency: Charleston (West Virginia) Area Medical Center

Evelyn Brown, MD
25 Office Park Drive
Jacksonville, NC 28546
(910) 353-4878

Medical School: Rosalyn University School of Medicine
Residency: SUNY Downstate Medical Center
Residency: Brooklyn Hospital Center

Robert Krause, MD
11 Office Park Drive
Jacksonville, NC 28546
(910) 353-9906

Medical School: Duke University
Internship: Duke University
Residency: Pitt County Memorial Hospital

Electra Martin, MD
317 Western Boulevard
Jacksonville, NC 28546
(910) 577-2240

Medical School: State University of New York at Buffalo
Internship: Upstate Medical University Hospital
Residency: Upstate Medical University Hospital

Hong Chung, MD
231 Memorial Drive
Jacksonville, NC 28546
(910) 353-2800

Medical School: Medical College of Korea
Internship: Perth Amboy General
Residency: St. Luke's Hospital

Mark Pace, DO
2587 Henderson Drive Extension
Jacksonville, NC 28546
(910) 938-3200

Medical School: Kansas City College of Osteopathic Medicine
Internship: Metropolitan Hospital Springfield Division

John Miller, MD
317 Western Boulevard
Jacksonville, NC 28546
(910) 577-2240

Medical School: Bowman Gray School of Medicine
Internship: North Carolina Baptist Hospital
Residency: North Carolina Baptist Hospital

Ruth Guyer, MD
217 Station Street
Jacksonville, NC 28546
(910) 353-4991

Medical School: Bowman Gray School of Medicine, Wake Forest University
Internship: Naval Hospital Jacksonville
Residency: Moses Cone Memorial Hospital

Swetang Patel, MD
2587 Henderson Drive Extension
Jacksonville, NC 28546
(910) 938-3200

Medical School: Baroda Medical College
Internship: Shri Sayajir General Hospital
Residency: Mid-Michigan Regional Medical Center, Sound Shore Medical Center of Westchester

Holly Thompson, MD
317 Western Boulevard
Jacksonville, NC 28546
(910) 577-2240

Medical School: Pennsylvania State College of Medicine
Residency: York Hospital

Robert J. Kastner, MD
1899 North Marine Boulevard
Jacksonville, NC 28546
(910) 347-1515

Medical School: Eastern Virginia Medical School
Internship: Riverside Regional Medical Center
Residency: Sentara Virginia Beach General Hospital

Gregory Streeter, MD
200 Doctors Drive, Suite H
Jacksonville, NC 28546
(910) 353-0565

Medical School: University of North Carolina at Chapel Hill
Internship: Pitt County Memorial Hospital
Residency: Pitt County Memorial Hospital
Onslow Memorial Hospital 2010

STAFF PHYSICIANS

Family Practice

ADNAN TAJ-ELDIN, MD
200 Doctors Drive, Suite 1
Jacksonville, NC 28546
(910) 353-6327
Medical School: Damascus University School of Medicine
Internship: McKeesport Hospital
Residency: Allegheny General Hospital

WADE TURLINGTON, MD
200 Doctors Drive, Suite M
Jacksonville, NC 28546
(910) 353-8100
Medical School: University of North Carolina at Chapel Hill
Internship: Mercy Hospital
Residency: Moses Cone Memorial Hospital

MAHMOUD ISSA, MD
224 Memorial Drive, Suite A
Jacksonville, NC 28546
(910) 353-1444
Medical School: Damascus University Medical School
Internship: Barberton, OH, Citizens Hospital
Residency: College of Medicine and Dentistry of New Jersey
Fellowship: Yale University

NARENDER D. ARCOT, MD
203 Stagecoach Dr.
Jacksonville, NC 28546
(910) 355-6696
Medical School: Gandhi Medical College
Internship: Gandhi Medical College
Residency: Bronx-Lebanon Hospital Center
Fellowship: Pitt County Memorial Hospital

Gastroenterology

PETER EWEJE, MD
4 Office Park Drive
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Ibadan College of Medicine
Internship: Nassau County Medical Center
Residency: Nassau County Medical Center

Edgar Batcheller, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 377-3636
Medical School: University of Virginia
Internship: Massachusetts Memorial Hospital
Residency: Boston University School of Medicine

Edgar Gallagher, MD
255 Memorial Drive
Jacksonville, NC 28546
(910) 353-7848
Medical School: University of North Carolina at Chapel Hill
Internship: North Carolina Memorial Hospital
Residency: Brooke General Hospital, Fort Sam Houston

John Westbrook, MD
255 Memorial Drive
Jacksonville, NC 28546
(910) 353-7848
Medical School: Louisiana State University School of Medicine
Internship: Naval Hospital Camp Pendleton
Residency: Baylor University Medical Center, Portsmouth Naval Hospital
Fellowship: Baylor University Medical Center

Christopher Suhr, MD
255 Memorial Drive
Jacksonville, NC 28546
(910) 353-7848
Medical School: Duke University School of Medicine
Internship: Naval Medical Center
Residency: Duke University School of Medicine

Fellowship: Maimonides Medical Center

Board Certified

Family Practice/Geriatrics

Ikechukwu Ibegbu, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Nigeria Facility of Medicine
Residency: University of Florida College of Medicine

Adnan Taj-Eldin, MD
200 Doctors Drive, Suite 1
Jacksonville, NC 28546
(910) 353-6327
Medical School: Damascus University School of Medicine
Internship: McKeesport Hospital
Residency: Allegheny General Hospital

Inekehkwu Ibegbu, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Nigeria Facility of Medicine
Residency: University of Florida College of Medicine

Ikechukwu Ibegbu, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Nigeria Facility of Medicine
Residency: University of Florida College of Medicine

General Surgery

Ikechukwu Ibegbu, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Nigeria Facility of Medicine
Residency: University of Florida College of Medicine

Ikechukwu Ibegbu, MD
2593 Henderson Drive Extension
Jacksonville, NC 28546
(910) 353-6158
Medical School: University of Nigeria Facility of Medicine
Residency: University of Florida College of Medicine

John Westbrook, MD
255 Memorial Drive
Jacksonville, NC 28546
(910) 353-7848
Medical School: Louisiana State University School of Medicine
Internship: Naval Hospital Camp Pendleton
Residency: Baylor University Medical Center, Portsmouth Naval Hospital
Fellowship: Baylor University Medical Center

Lennox Williams, MD
255 Memorial Drive
Jacksonville, NC 28546
(910) 353-7848
Medical School: University of West Indies
Internship: The Jewish Hospital and Medical Center
Residency: Interfaith Medical Center
Fellowship: Maimonides Medical Center
**Hospitalists**

**F. Michael Blackwell, MD**  
317 Western Boulevard  
Jacksonville, NC 28546  
(910) 577-2345  
Medical School: Medical University of South Carolina  
Internship: Medical University of South Carolina  
Residency: East Carolina University/Pitt County Memorial Hospital  

**Ibikunle Ojebuoboh, MD**  
22 Office Park Drive  
Jacksonville, NC 28546  
(910) 219-4070  
Medical School: University of Ibadan  
Internship: Nassau County Medical Center  
Residency: Nassau County Medical Center  

**John E. Stewart, MD**  
317 Western Boulevard  
Jacksonville, NC 28546  
(910) 577-2345  
Medical School: University of Iberoamericana, Santo Domingo  
Internship: University of Medicine and Dentistry of New Jersey  
Residency: Norwalk Hospital, Connecticut  

**Jose Ros, MD**  
3245 Henderson Drive Extension  
Jacksonville, NC 28546  
(910) 937-0008  
Medical School: Cebu Doctors’ College  
Internship: Lincoln Medical & Mental Health Center  
Residency: Lincoln Medical & Mental Health Center  

**Sitara Sunny, MD**  
317 Western Boulevard  
Jacksonville, NC 28546  
(910) 577-2345  
Medical School: Goa Medical College  
Internship: Morristown Memorial Hospital  
Residency: Morristown Memorial Hospital  

**Internal Medicine**

**Michael Josilevich, MD**  
1701 Country Club Road  
Jacksonville, NC 28546  
(910) 346-5016  
Medical School: La Sapienza, University of Rome, Italy  
Internship: St. Vincent’s Medical Center, NY  
Residency: St. Vincent’s Medical Center, NY  

**K.V. George Thomas, MD**  
200 Doctors Drive  
Jacksonville, NC 28546  
(910) 346-2263  
Medical School: Kottayam Medical College  
Internship: Kottayam Medical College  
Residency: University of Virginia  
Fellowship: University Hospitals of Cleveland  

**Nephrology**

**Milagros Cailing, MD**  
3652 Henderson Drive  
Jacksonville, NC 28546  
(910) 455-9898  
Medical School: University of The Philippines  
Internship: Cook County Hospital, Chicago  
Residency: Cook County Hospital, Chicago  
Fellowship: Cleveland Clinic Foundation  

**Neurology**

**Clarence Ballenger, MD**  
280 Memorial Drive  
Jacksonville, NC 28546  
(910) 353-0200  
Medical School: Medical University of South Carolina  
Internship: Medical College of Georgia  
Residency: Medical College of Georgia  

**Khaled Jreisat, MD**  
227 Memorial Drive  
Jacksonville, NC 28546  
(910) 353-3624  
Medical School: Medical University of Pecs  
Internship: Moses Cone Memorial Hospital  
Residency: Moses Cone Memorial Hospital, North Carolina Baptist Hospital  

**Neurosurgery**

**Sean Hsu, MD**  
215 Station Street  
Jacksonville, NC 28546  
(910) 577-4300  
Medical School: University of Michigan  
Internship: University of Washington Hospitals  
Residency: University of Washington Hospitals
## Obstetrics/Gynecology

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<td>Teresa Alvarado, MD</td>
<td>219 Station Street</td>
<td>(910) 455-5006</td>
<td>Universidad de Monterrey</td>
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<tr>
<td>Nicole Hagedorn, DO</td>
<td>245 Memorial Drive</td>
<td>(910) 353-4333</td>
<td>Michigan State University College of Osteopathic Medicine</td>
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<tr>
<td>Julia Melanson, DO</td>
<td>250 Memorial Drive</td>
<td>(910) 353-2115</td>
<td>University of New England College of Osteopathic Medicine</td>
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<td>Wesley Hambright, MD</td>
<td>291 Huff Drive</td>
<td>(910) 577-4255</td>
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<tr>
<td>Tiffani Middleton, MD</td>
<td>245 Memorial Drive</td>
<td>(910) 353-4333</td>
<td>Medical University of South Carolina</td>
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<td>Robert Kell, MD</td>
<td>291 Huff Drive</td>
<td>(910) 577-4255</td>
<td>Wayne State College of Medicine</td>
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<td>Damain Smith, MD</td>
<td>245 Memorial Drive</td>
<td>(910) 353-4333</td>
<td>Ohio State University</td>
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<td>Franklin Dill, MD</td>
<td>124 Memorial Drive</td>
<td>(910) 353-7741</td>
<td>Cornell University Medical Center</td>
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<td>Teresa Alvarado, MD</td>
<td>219 Station Street</td>
<td>(910) 455-5006</td>
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<td>Lissette Machin, MD</td>
<td>245 Memorial Drive</td>
<td>(910) 353-4333</td>
<td>University of Medicine and Dentistry of New Jersey</td>
<td>Mount Sinai School of Medicine</td>
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<td>Charles Marshall Webb, MD</td>
<td>250 Memorial Drive</td>
<td>(910) 353-2115</td>
<td>Medical University of South Carolina</td>
<td>Richland Memorial Hospital, University of South Carolina</td>
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<td>Timothy Edwards, MD</td>
<td>245 Memorial Drive</td>
<td>(910) 353-4333</td>
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<td>Adesola Awomolo, MD</td>
<td>221 Memorial Drive, Jacksonville, NC 28546</td>
<td>(910) 455-5511</td>
<td>University of Ibadan College of Medicine</td>
<td>Harlem Hospital Center</td>
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</tr>
<tr>
<td>Kent Price, MD</td>
<td>264 Memorial Drive, Jacksonville, NC 28546</td>
<td>(910) 353-1030</td>
<td>Northeastern Ohio University College of Medicine</td>
<td>Riverside Methodist Hospital</td>
<td>University of Missouri, Kansas City</td>
</tr>
<tr>
<td>Richard Long, DDS</td>
<td>46 Office Park Drive, Jacksonville, NC 28546</td>
<td>(910) 353-3535</td>
<td>University of North Carolina School of Dentistry</td>
<td>St. Joseph's Hospital and Medical Center</td>
<td>University of Medicine and Dentistry of New Jersey</td>
</tr>
<tr>
<td>Dianna Seldomridge, MD</td>
<td>6 Office Park Drive, Jacksonville, NC 28546</td>
<td>(910) 355-3937</td>
<td>Columbia University College of Physicians and Surgeons</td>
<td>Dartmouth-Hitchcock</td>
<td>Duke University Medical Center</td>
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<tr>
<td>Brent Wilshire, MD</td>
<td>6 Office Park Drive, Jacksonville, NC 28546</td>
<td>(910) 353-3937</td>
<td>West Virginia University College of Osteopathic Medicine</td>
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</tr>
<tr>
<td>John Meadows, DDS</td>
<td>128 Memorial Drive, Jacksonville, NC 28546</td>
<td>(910) 353-3535</td>
<td>West Virginia University Dental School</td>
<td>West Virginia University Medical Center</td>
<td>University of North Carolina at Chapel Hill</td>
</tr>
<tr>
<td>Carol Johnston, MD</td>
<td>6 Office Park Drive, Jacksonville, NC 28546</td>
<td>(910) 355-3937</td>
<td>University of Rochester</td>
<td>Syracuse, NY</td>
<td>Syracuse, NY</td>
</tr>
<tr>
<td>Robert Armstrong, DMD</td>
<td>46 Office Park Drive, Jacksonville, NC 28546</td>
<td>(910) 353-3535</td>
<td>Case Western University School of Medicine</td>
<td>MetroHealth Medical Center</td>
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</tr>
<tr>
<td>Joel McClurg, MD, Ph.D.</td>
<td>237 White Street, Jacksonville, NC 28546</td>
<td>(910) 353-1437</td>
<td>Medical University of Ohio</td>
<td>Ohio State University</td>
<td>Ohio State University College of Medicine</td>
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<td>Ophthalmology</td>
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<tr>
<td>William Kelly, MD</td>
<td>317 Western Boulevard</td>
<td>(910)577-2286</td>
<td>University of Arkansas</td>
<td>Medical School at Chapel Hill, Vanderbilt University Medical Center</td>
<td>University of North Carolina at Chapel Hill</td>
</tr>
<tr>
<td>Lorraine Jarvis, MD</td>
<td>120 Memorial Drive</td>
<td>(910)353-0581</td>
<td>Albany Medical College</td>
<td>Internship: Walter Reed Army Medical Center</td>
<td>Residency: National Naval Medical Center</td>
</tr>
<tr>
<td>Anuradha Arcot, MD</td>
<td>317 Western Boulevard</td>
<td>(910)577-2286</td>
<td>Gandhi Medical College</td>
<td>Internship: Ohio State University College of Medicine</td>
<td>Fellowship: Bronx-Lebanon Hospital Center, Pitt County Memorial Hospital</td>
</tr>
<tr>
<td>John Almeida, MD</td>
<td>317 Western Boulevard</td>
<td>(910)577-2286</td>
<td>Medical University of South Carolina</td>
<td>Internship: Medical University of South Carolina</td>
<td>Residency: Naval Medical Center</td>
</tr>
<tr>
<td>James Gant, MD</td>
<td>51 Office Park Drive</td>
<td>(910)577-5199</td>
<td>University of Texas Medical Branch</td>
<td>Internship: Wilford Hall USAF Medical Center</td>
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<tr>
<td>Milton Kale, MD</td>
<td>51 Office Park Drive</td>
<td>(910)577-5199</td>
<td>Jefferson Medical College</td>
<td>Internship: Letterman Army Medical Center</td>
<td>Residency: Letterman Army Medical Center</td>
</tr>
<tr>
<td>Rita Kawatu, MD</td>
<td>120 Memorial Drive</td>
<td>(910)353-0581</td>
<td>Varan Medical Academy</td>
<td>Internship: The University Teaching Hospital</td>
<td>Residency: State University of New York</td>
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<tr>
<td>Noel Rogers, MD</td>
<td>128 Memorial Drive</td>
<td>(910)353-4500</td>
<td>Georgetown University</td>
<td>Internship: Washington Hospital Center</td>
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<td>Orthopedic Surgery</td>
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<tr>
<td>Robert Metts, MD</td>
<td>31 Office Park Drive</td>
<td>(910)353-2319</td>
<td>University of Connecticut School of Medicine</td>
<td>Internship: Naval Regional Medical Center</td>
<td>Residency: Naval Medical Center</td>
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<tr>
<td>Pathology</td>
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<tr>
<td>Adriane Eng-Osborne, DO</td>
<td>120 Memorial Drive</td>
<td>(910)533-0581</td>
<td>Midwestern University AZ College of Osteopathic Medicine</td>
<td>Internship: St. Joseph's Hospital &amp; Medical Center</td>
<td>Residency: St. Joseph's Hospital &amp; Medical Center</td>
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<tr>
<td>Milton Kale, MD</td>
<td>51 Office Park Drive</td>
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<tr>
<td>Pediatrics/Neonatology</td>
<td>Charles Martin, MD</td>
<td>2 De Witt Street, Jacksonville, NC 28546 &lt;br&gt;(910) 938-2220</td>
<td></td>
<td>Duke University</td>
<td>University of Alabama Hospital</td>
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<td></td>
<td>Arnold Olegario, MD</td>
<td>51 Office Park Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 577-5199</td>
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<td>Cebu Institute of Medicine</td>
<td>Silliman University Medical Center</td>
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<td></td>
<td>Thomas Roy, MD</td>
<td>43 Office Park Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 577-1234</td>
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<td>University of Medicine and Dentistry of New Jersey</td>
<td>UMDNJ University Hospital</td>
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<td></td>
<td>Madhur Mittal, MD</td>
<td>120 Memorial Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 353-0581</td>
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<td>University of Medicine and Dentistry of New Jersey</td>
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<td></td>
<td>Daniel Hagan, DPM</td>
<td>3701 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 346-2700</td>
<td></td>
<td>Ohio College of Podiatric Medicine</td>
<td>Gary Kaplan, DPM</td>
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<tr>
<td></td>
<td>Virgina Albano, DPM</td>
<td>3701 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 346-2700</td>
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<td>New York College of Podiatric Medicine</td>
<td>Monsignor Clement Kern Hospital</td>
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<td></td>
<td>Virginia Albano, DPM</td>
<td>3701 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 346-2700</td>
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<td>New York College of Podiatric Medicine</td>
<td>Monsignor Clement Kern Hospital</td>
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<td></td>
<td>Mojeed Akintayo, MD</td>
<td>200 Tarpon Trail, Jacksonville, NC 28546 &lt;br&gt;(910) 938-1114</td>
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<td>Patricia Lillquist, MD</td>
<td>200 Tarpon Trail, Jacksonville, NC 28546 &lt;br&gt;(910) 938-1114</td>
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<td>Robert Wood Johnson Medical School, and the University of Medicine and Dentistry of New Jersey</td>
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<td>Terrence Wolanski, MD</td>
<td>317 Western Boulevard, Jacksonville, NC 28546 &lt;br&gt;(910) 577-2345</td>
<td></td>
<td>University of Virginia</td>
<td>Rush-Presbyterian-St. Luke's</td>
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<tr>
<td>Plastic Surgery</td>
<td>Valentine Hamilton, DPM</td>
<td>3221 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 338-2200</td>
<td></td>
<td>Illinois College of Podiatric Medicine</td>
<td>J. Guiffre Medical Center</td>
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<tr>
<td></td>
<td>David Figowy, DPM</td>
<td>224 Memorial Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 577-7575</td>
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<td>Temple University School of Podiatric Medicine</td>
<td>Riverside Hospital</td>
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<td>Virginia Albano, DPM</td>
<td>3701 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 346-2700</td>
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<td>New York College of Podiatric Medicine</td>
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<tr>
<td>Podiatry</td>
<td>Valentine Hamilton, DPM</td>
<td>3221 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 338-2200</td>
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<td></td>
<td>David Figowy, DPM</td>
<td>224 Memorial Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 577-7575</td>
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<td>Temple University School of Podiatric Medicine</td>
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<tr>
<td>Pulmonology</td>
<td>Valentine Hamilton, DPM</td>
<td>3221 Henderson Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 338-2200</td>
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<td>David Figowy, DPM</td>
<td>224 Memorial Drive, Jacksonville, NC 28546 &lt;br&gt;(910) 577-7575</td>
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<td>Temple University School of Podiatric Medicine</td>
<td>Riverside Hospital</td>
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</tbody>
</table>
EUSEBIO DESUYO, MD
3652 Henderson Drive
Jacksonville, NC 28546
(910) 455-9398
Medical School: Cebu Institute of Medicine
Internship: Cook County Hospital, Chicago
Residency: Cook County Hospital, Chicago
Fellowship: Chicago Medical School Finch University of Health Sciences

DONALD JACKSON, MD
722 Newman Road
New Bern, NC 28562
(252) 633-5057
Medical School: University of Sheffield

RONALD HAMMOCK, MD
200 Doctors Drive, Suite C
Jacksonville, NC 28546
(910) 353-9994
Medical School: University of Michigan
Internship: Blodgett Hospital
Residency: Blodgett Hospital, Henry Ford Hospital

ALFRED BEYER III, MD
722 Newman Road
New Bern, NC 28562
(252) 633-5057
Medical School: University of North Carolina at Chapel Hill
Residency: Kansas University Medical Center
Fellowship: University of North Carolina at Chapel Hill

JOHN SNYDER, MD
722 Newman Road
New Bern, NC 28562
(252) 633-5057
Medical School: Medical College of Virginia
Internship: Medical College of Virginia
Residency: Medical College of Virginia

RICHARD CASWELL, MD
722 Newman Road
New Bern, NC 28562
(252) 633-5057
Medical School: Univ. of Texas Med. School
Internship: Alton Ochsner Foundation Hosp.
Residency: Kansas City School of Medicine; Vanderbilt University Medical Center
Fellowship: Children's Hospital of Philadelphia; Hospital of the University of Pennsylvania

DAVID FRASER, MD
1126 B Kellum Loop Road
Jacksonville, NC 28546
(910) 577-0177
Medical School: East Carolina University
Internship: Baylor College of Medicine
Residency: Baylor College of Medicine
Fellowship: National Institutes of Health

ELIZABETH D’ANGELO, MD
722 Newman Road
New Bern, NC 28562
(252) 633-5057
Medical School: University of Virginia
Medical School
Internship: Roanoke Memorial Hospitals
Residency: University of Cincinnati Hospital
Fellowship: University of Cincinnati Hospital

SCOTT PLAYFORD, MD
31 Office Park Drive
Jacksonville, NC 28546
(910) 353-2319
Medical School: College of Medicine Medical University of South Carolina
Internship: Anderson Memorial Hospital
Residency: Anderson Memorial Hospital
Fellowship: National Capital Consortium

Sports Medicine

Radiology

Rheumatology

Pulmonology/Critical Care/Internal Medicine
Emergency Medicine

**MATTHEW SULLIVAN, MD**  
(910)577-2345  
**BOARD CERTIFIED**  
Medical School: UCLA  
Internship: Medical Center of Delaware  
Residency: Medical Center of Delaware

**DANIEL MARTINIE, MD**  
(910)577-2345  
**BOARD CERTIFIED**  
Medical School: Pennsylvania State College of Medicine  
Internship: National Capital Consortium  
Residency: University of Mississippi Medical Center

**ROBERT MOORE, MD**  
(910)343-9800  
**BOARD CERTIFIED**  
Medical School: Bowman Gray School of Medicine of Wake Forest  
Internship: North Carolina Baptist Hospital  
Residency: North Carolina Baptist Hospital  
Fellowship: North Carolina Baptist Hospital

**ERIC PIERSON, MD**  
(910)343-9800  
**BOARD CERTIFIED**  
Medical School: Eastern Virginia Medical School  
Internship: North Carolina Baptist Hospital  
Residency: North Carolina Baptist Hospital  
Fellowship: North Carolina Baptist Hospital

**DERRICK ROBINSON, MD**  
(910)343-9800  
**BOARD CERTIFIED**  
Medical School: UNC Chapel Hill  
Internship: Wake Forest University  
Residency: Wake Forest University  
Fellowship: Wake Forest University

**Ophthalmology**

**GERARD VAN RENS, MD**  
(910)254-2023  
**BOARD CERTIFIED**  
Medical School: University of Amsterdam  
Internship: Erasmus University Eye Hospital  
Residency: University of Amsterdam, Wake Forest University

**IGOR WESTRA, MD**  
(910)254-2023  
**BOARD CERTIFIED**  
Medical School: Dartmouth Medical School  
Internship: Jackson Memorial Hospital  
Residency: University of Alberta

**Pediatric Cardiology**

**DAVID HANNON, MD**  
(252)744-5601  
**BOARD CERTIFIED**  
Medical School: University of South Florida College of Medicine  
Internship: Children's Hospital Medical Center  
Residency: Children's Hospital Medical Center  
Fellowship: Children's Hospital Medical Center

**Psychiatry**

**VICTOR BARNES, MD**  
(910)455-1089  
**BOARD CERTIFIED**  
Medical School: ECU School of Medicine  
Internship: University of Florida  
Residency: University of Florida

**Oncology**

**MISBAH QADIR, MD**  
(252)899-2200  
**BOARD CERTIFIED**  
Medical School: King Edwards Medical College  
Internship: Sisters of Charity Hospital  
Fellowship: SUNY at Buffalo

**PETER WATSON, MD**  
(252)559-2200  
**BOARD CERTIFIED**  
Medical School: UNC Chapel Hill  
Internship: Medical College of Georgia  
Residency: Medical College of Georgia  
Fellowship: Medical College of Georgia

**Radiology**

**SAMUEL BUFF, MD**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: Duke University  
Residency: Duke University

**WILLIAM COREY, DO**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: Nova Southeastern University College of Osteopathic Medicine  
Internship: St. James Hospital and Health Center  
Residency: St. James Hospital and Health Center

**CATHERINE EVERETT, MD**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: UNC Chapel Hill  
Residency: University of North Carolina Hospitals

**CHRISTOPHER FLYE, MD**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: Wake Forest University  
Internship: Riverside Regional Medical Center  
Residency: University of North Carolina Hospitals  
Fellowship: University of Maryland Medical Center

**GEORGE HOWARD III, MD**  
(910)577-1171  
**BOARD CERTIFIED**  
Medical School: East Carolina University  
Internship: Youngstown Hospital Association  
Residency: Youngstown Hospital Association

**JAMES LORENTZEN, MD**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: Baylor College of Medicine  
Internship: Baylor College of Medicine  
Residency: Baylor College of Medicine  
Fellowship: University of Oklahoma

**STEPHEN SIDES, MD**  
(252)633-5057  
**BOARD CERTIFIED**  
Medical School: ECU School of Medicine  
Residency: University of Missouri St. Luke's Hospital  
Fellowship: Creighton University Medical Center
## Consulting Physicians

**Timothy Sloan, MD**  
(252) 633-5057  
**BOARD CERTIFIED**  
Medical School: Wake Forest University  
Internship: Moses Cone Memorial Hospital  
Residency: Medical University of South Carolina

**Thomas Stohrer, MD**  
(252) 633-5057  
**BOARD CERTIFIED**  
Medical School: University of Illinois  
Residency: Medical University of South Carolina

**James Tarver, MD**  
(252) 633-5057  
**BOARD CERTIFIED**  
Medical School: Edward Hebert School of Medicine  
Internship: Naval Medical Center  
Residency: Medical University of South Carolina  
Fellowship: University of Alabama Birmingham

**Garret Young, MD**  
(252) 633-5057  
**BOARD CERTIFIED**  
Medical School: East Carolina University  
Internship: Bowman Gray School of Medicine  
Residency: University of South Alabama Medical Center  
Fellowship: University of Alabama Birmingham

### Anesthesia
- Lindsay Olsen, PA  
  Johnston Pain Management

### Emergency
- Mufiya Abraham, PA  
  Onslow Memorial Hospital
- Jacqueline Augsburger, NP  
  Onslow Memorial Hospital
- Allison Cheek, NP  
  Onslow Memorial Hospital
- Trina Deal, NP  
  Onslow Memorial Hospital

### OB/GYN
- Janis Cox, CNM  
  Crist Clinic for Women
- Alisa Emmel, CMM  
  Women’s Healthcare Associates
- Peggy Jones, CNM  
  Women’s Healthcare Associates, PA
- Victoria Kell, NP  
  Jacksonville Women’s Clinic
- Mary Koho, CNM  
  Women’s Healthcare Associates, PA
- Michelle Rhude, CNM  
  Crist Clinic for Women
- Amy Wynn, CNM  
  Women’s Healthcare Associates, PA

### Pediatrics
- Sue Cefalo, NP  
  Onslow Memorial Hospital
- Kelly Durham, PA  
  Jacksonville Children’s Clinic, PA
- Susan Juarez-Leal, NP  
  Martin Pediatrics
- Kimberly Lewis, PA  
  Onslow Pediatric Associates, PA
- Debra Matters, NNP  
  Onslow Memorial Hospital
- Margaret Melton, PA  
  Jacksonville Children’s Clinic, PA
- Charlotte Weitz, PA  
  Jacksonville Children’s Clinic, PA

### Psychology
- Sharon Dresbach, Ph.D.  
  Johnston Pain Management

### Surgery
- Melissa Bolte, PA  
  Coastal Carolina Orthopaedic Surgeons, PA
- Laura Ziembka, PA  
  Coastal Carolina Orthopaedic Surgeons, PA