

FINDING A BETTER WAY

After a devastating accident, opioids weren't an option for Adam Willingham. Jerry Jones, MD found a better way to treat his pain.

Adam Willingham remembers working in his yard September 8, clearing a dead tree near where his wife parks; he'd worried it would fall and hurt her.

He remembers his dad Jack yelling to him, then leaning over him, telling him not to move. Then, it gets foggy.

A 250-pound branch had struck him, fracturing his lower back, breaking 10 ribs, shattering his clavicle and shredding tendons and ligaments in his knee.

Adam's injuries were so devastating he was airlifted to the Elvis Presley Trauma Center from Olive Branch.

"I remember little pieces: My dad yelling, 'Watch out!' as the branch came down; him saying, 'Don't move' after it hit me. I don't remember the helicopter ride to the hospital."

He'd stay seven weeks, undergoing multiple surgeries. The difficult time was



Adam Willingham (left) suffered severe injuries, but with the help of Regional One Health, he expects a full recovery.

made harder by another struggle: "I had a drinking problem, so I was on a shot that blocks you from feeling drunk. The thing is, it also blocks the opioid response, so pain medication wasn't working."

It was excruciating. The ribs were the worst: breathing or coughing sent pain ricocheting across his chest. He worried

nothing could be done.

But "nothing can be done" are words Jerry Jones, MD, Division Chief of Regional Anesthesia and Acute Pain Medicine, refused to accept.

Kenneth Spart, Acute Pain Service Nurse Practitioner, was the first person Adam talked to. "I told him the medicine

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wasn't working, and we talked about why," Adam said. "Kenny collaborated with Dr. Jones, and everything started to change."

Dr. Jones is a pioneer in using Continuous Peripheral Nerve Blocks, which numb nerves that control pain in the affected area. They can be used on virtually any part of the body for injuries, surgery and even recurring conditions like wounds from sickle cell crisis.

Using ultrasound, doctors guide a needle to the location needed to reach the nerves and turn off the pain sensation. They insert a tiny catheter to supply anesthetic for continuous relief during the acute pain period, often delivered from a disposable pump so patients go home sooner.

It makes pain manageable and keeps patients alert. For Adam, "It didn't take it from a 10 to a zero; it made it tolerable. It let me get out of bed and start walking."

That helped him complete the rehabilitation he needed to get home in mid-October. Today, "I'm very fortunate. I can walk, I don't have any bags hooked up to me, my dad is here to help. I expect to recover 100 percent."

Adam continues physical therapy, and in free time works on projects: "I can still take care of things around the house. My thinking is once I can reach it, I'm going to work on it."

And he hasn't lost his sense of humor. Describing

his goals, he jokes, "I won't be a leg model anymore," and said he's eager to regain full independence.

He thanks Dr. Jones for finding a way to help. "I was in the Army for 13 years and had a lot of surgeries. They'd prescribe Percocet or Oxy. What's incredible at Regional One Health is you have another way of doing it. I hope more people go that extra step so patients get relief without becoming addicted."

That's precisely Dr. Jones' goal.

Years ago, he said, patients suffered too much pain, so liberal opioid prescription became standard. Now, the

“Just giving people tons of narcotics, that system is no longer sustainable. It is dangerous, it doesn't work, and it is much more expensive than people realize.”



— JERRY JONES, MD

medications are everywhere. Dr. Jones recalls a gathering where someone complained about a backache; six different people offered him six different pills. "You don't want to run into the ditch to the right, so you swerve. We overcorrected, and ran into the ditch to the left," he said. "The status quo is not sustainable. There are too many negative consequences."

Opioid side effects include respiratory depression, nausea and over-sedation, and the epidemic of addiction is undeniable. Patients prescribed under a week of opioids for the first time are more likely to be long-term users in a year. For patients with preexisting addiction, "I don't want them to take a single pill, because that could be the trigger," Dr. Jones said.

Nerve blocks aren't addicting and speed recovery, shortening hospital stays and saving money: "If patients are alert, they're

not hurting, they're not nauseous, they're happy," Dr. Jones said.

Still, he faces enemies like resource constraints, providers who feel nerve blocks require more work, lack of familiarity. He hopes victory lies in education, new protocols and impressing upon leaders that the financial and human cost of opioids is too steep.

"We have a huge opportunity at Regional One Health," Dr. Jones said. "We're fighting an uphill battle with the opioid epidemic, but one that's absolutely necessary."

Adam agrees. "Their genuine care and willingness to work with their patients should be cascaded throughout all hospitals. I can't say enough about them. They did a hell of a job."

To support the work of Dr. Jones and others, donate to the Regional One Health Foundation at [Donate.RegionalOneHealthFoundation.org](https://www.regionalonehealth.org).

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— ADAM WILLINGHAM

Taking the Right Path

Jamison Davis stared down a challenging recovery in 2016. Today, he's a college graduate working at St. Jude.

There are moments in anyone's life where choices they make will have a lasting impact.

Jamison Davis encountered such a moment in 2016. The fact that he chose the right path – today he's a college graduate working at St. Jude Children's Research Hospital – is a credit to faith, determination and support from a unique program at Regional One Health.

Jamison had moved home to Memphis to finish college. He was on summer break from Lemoyne-Owen College when on July 4, 2016 he was struck by a car and dragged several feet.

His left foot crushed, Jamison was taken to the Elvis Presley Trauma Center as a "vehicular assault" victim. Those two words are important, because they brought him into the Hospital Violence Intervention Program, (HVIP) which supports young people admitted due to a violent incident.

Jamison's situation qualified, but before figuratively getting back on his feet with the help of the program, he had to do so literally with the help of his medical team. "I wasn't injured except my foot," he said, "but my second left toe actually had to be amputated."

Jamison downplays it, but anyone who's had a toe injury knows it's difficult. Toe injuries throw off the balance needed to stand. They hinder the weight-bearing needed to walk.

And, let's be clear, they hurt like crazy.

So, weeks before school, Jamison had to figure out how to walk without one of his toes, all while facing legal



issues he was struggling to resolve. He could have gone down two paths: Give in to pain and frustration and drop out, or grit his teeth and fight through to get back in

the classroom.

With HVIP's help, Jamison chose the latter. "It was an eye-opener," he said. "Sometimes things have to happen so we see what we really want in life and the goals we want to achieve."

Regional One Health started the Hospital Violence Intervention Program in 2013 based on a simple idea: some health care issues are preventable, and violence is one of them. Staff Interventionists engage with patients aged 14-24 who come in with a gunshot wound, stab wound or assault, offering guidance and connecting them to resources that reduce retaliation, help them achieve goals and reduce recidivism.

For Jamison, the support helped him realize his own role in recovery. "I thought, 'They did their part.' I was treated well and I got the proper care," he said. "I started putting pressure on my foot and trying to walk on my own, and by August I was walking pretty good."

Regaining his sense of balance came pretty easily, but the pain of putting weight on his injured foot was tough: "It was hard, but with my faith in God, I knew I couldn't let this stop me."

He speaks from experience, as it isn't the first time he had to overcome serious health problems.

As he describes his experience at Regional One Health, he mentions how an opportunity to intern at the hospital after his injury helped him later get hired at St. Jude, then remarks on the irony that he was also a patient at both places. At age 13, he was diagnosed with a form of lymphoma and treated at St. Jude for over a year, undergoing eight weeks of chemotherapy and two weeks of radiation. "I've been in remission for a while, and everything is fine with me now," he said.

Overcoming cancer taught him to persevere, a lesson he relied on after his amputation.

Come August 2016, he was back at college, cleared up his legal issues, and started the internship at Regional One Health. He'd chosen IT (Information Technology) because its constant evolution appeals to his desire to learn, and his internship let him apply those skills. "I learned a lot as far as the business side of IT and got to see how IT works in the hospital setting," he said.

Jamison started working at St. Jude in IT Logistics this June, and loves it. "We work with shipping and receiving; anything IT-related comes to us first to get it ready for the end-users," he said.

He's grateful for the support he received – so much so he wants to encourage other young people in HVIP. "If there's anything I can do to help the program move forward, for all young people and for young men in particular, I'm open to doing anything I can."

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For more, contact 901-515-HVIP or violenceintervention@regionalonehealth.org. To support HVIP, donate to the Regional One Health Foundation [Donate.RegionalOneHealthFoundation.org](https://www.regionalonehealth.org/donate).



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Congratulations to the team of Maurice Hampton, Chris Hall, Christopher Campbell and Stanley Blue who took home the title belts as this year's Orion ONE Round champions.



The Orion FCU team of Calvin Anderson (left), Kelly Mitchell (second from right) and Daniel Weickenand (right) with LPGA professional Alena Sharp (second from left).

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