

McLeod

Volume 29, Issue 3, 2014

magazine

HEALING AND HOPE:
MCLEOD HEALTH

Ralph King Anderson, Jr.

Views



Rob Colones

As we look forward to a New Year, McLeod Health remains committed to advancements in treatment, research, technology and specialized services, offering medical excellence to all those who entrust us with their care.

We consider it a privilege to improve the health of our communities, providing access to exceptional service and clinical excellence. Our physicians, patient care providers and healthcare professionals are dedicated to meeting the needs of the whole person on their journey to recovery.

Creating authentic relationships with those receiving care as well as with their families is an integral part of our mission. We strive daily to improve the patient experience, understanding that those who seek us deserve the best medicine, compassion and comfort.

In each issue of the *McLeod Magazine*, which celebrates its 30th year of publication in 2015, we recognize and pay tribute to remarkable challenges, outcomes and victories by listening to the voices and hearts of our patients. Thank you for joining us and making our McLeod family a part of yours.

Robert L. Colones

Rob Colones,
President, McLeod Health



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VOICES OF HOPE:

Listen to these individuals share their personal experiences about compassionate and exceptional care at McLeod.



Thom Anderson



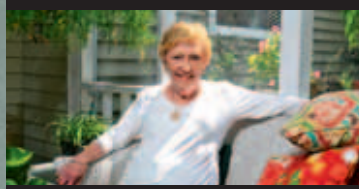
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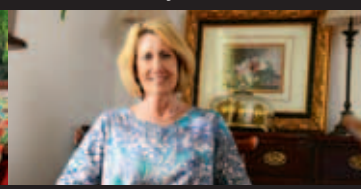
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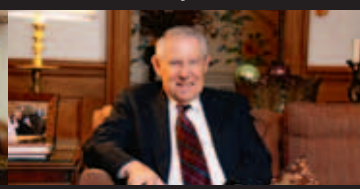
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Miriam Swiler



Dr. Ray Thomas



Scan the QR code to
watch each touching story

On the Cover:

The Honorable Ralph King Anderson, Jr., a retired SC Appellate Court Judge and a cancer survivor, expresses his appreciation to McLeod caregivers. Join him and others in these testimonials of healing and hope.

Cover Photography: Doug Fraser

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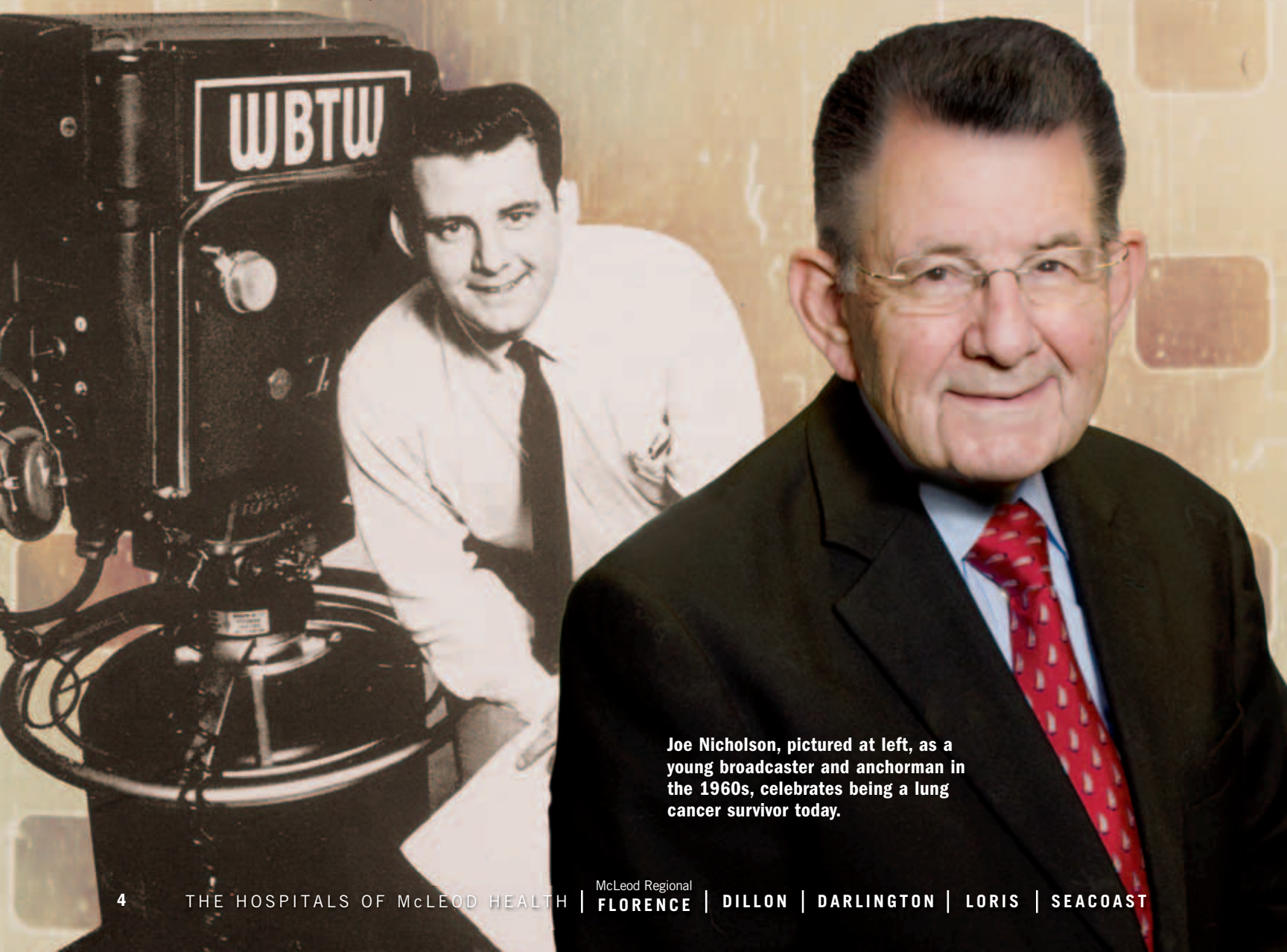


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TO BE CONTINUED...

by Shaw Thompson

Joe Nicholson spent the morning of Sunday, July 22, 2014 the same way he has for much of the last 50 years, attending Sunday School and worshiping at First Baptist Church of Florence. Joe performed his regular commitment as lectionary reader, filling the sanctuary with scripture in the same way his familiar baritone voice and presence did as a radio announcer and television broadcaster for WBTW. After lunch with his wife Judy, the couple returned to their home unaware of just how different this Sunday would become from their normal routine.



Joe Nicholson, pictured at left, as a young broadcaster and anchorman in the 1960s, celebrates being a lung cancer survivor today.

“After arriving home from church, I felt a sudden pain in my chest and back that I could not ignore. I was afraid it might be a heart attack, and since it was on a Sunday, we headed to the McLeod ER,” said Joe. “The Emergency Department staff ran X-rays and then a CT scan to rule out an aneurysm or heart issue. The tests came back indicating my heart was fine, but there was something in my lung.”

That “something in my lung” turned out to be lung cancer, the same diagnosis that led to the death of Joe’s father at the age of 63. “My father was a heavy smoker, and I was a smoker years ago,” said Joe. “I figured I’d had a good, full life. A marriage of 52 years, children, grandchildren, and a meaningful career. I figured ‘well, this is it’ and that cancer was just the way it would end. But, I guess my story wasn’t done.”

Joe’s prognosis turned out to be much different than his father’s, thanks to a coordinated effort of physicians and treatment options. This effort began after a serendipitous encounter with someone intimately aware of a diagnosis like Joe’s.

Following his tests in the Emergency Department, Joe was admitted to the hospital and his care transferred to the supervision of McLeod Hospitalist **Dr. William Hazelwood**.

“The moment I saw the chest scan, I told Joe that I suspected the mass was lung cancer, and that it appeared to be the same type of tumor I myself had survived. We ordered a needle biopsy to confirm the diagnosis. While a cancer diagnosis is always frightening, I tried to assure him that my standing there talking to him was proof he had a chance to survive it,” said Dr. Hazelwood.

Once home from the hospital, the Nicholsons followed up with their family physician, **Dr. Ernie Connor**, at McLeod Family Medicine Center.

Dr. Connor had received the results of the biopsy and confirmed the diagnosis of lung cancer. He then referred them to **Dr. Rajesh Bajaj** at McLeod Oncology and Hematology Associates.

“Joe had a common type of lung cancer, Adenocarcinoma,” said Dr. Bajaj. “The standard preferred treatment for this diagnosis and stage, if lung functions are acceptable, is surgery to remove the right upper lobe of the lung.”

Since surgery was the best option for treatment, Joe’s next appointment was with McLeod Cardiothoracic Surgeon **Dr. Greg Jones**.

“I first met Joe in my office for consultation at the request of Dr. Bajaj,” said Dr. Jones. “He had recently received the results of his lung biopsy which confirmed the diagnosis of lung cancer.”

“He was also highly motivated to explore his surgical options. All of Joe’s questions were well organized and asked in a way I could tell came from one who had been drawn into a fight he did not ask for, but was now determined to understand and defeat his adversary.”

After hearing his options from Dr. Jones, Joe was prepared to take action and in his mind, “the sooner the better.” Surgery was scheduled for the next day.

“The surgery Joe underwent is a VATS (video-assisted thoracic surgical)

right upper lobectomy with mediastinal lymphadenectomy for a complete resection of his lung cancer,” explained Dr. Jones. “This surgery means that the entire region of the lung containing the tumor was removed along with the lymph nodes in the chest to treat and accurately stage the cancer.”

Dr. Bajaj said the stage of Joe’s cancer was significant. “All of the lymph nodes were free of cancer and his tumor stage was 1A, which means the tumor is very small and has not spread to other areas of the lung or parts of the body. Around sixty (60%) percent of patients with Stage 1A disease remain cured at five years. Joe smoked in the distant past, but had not smoked in 50 years. This factor probably helped keep his lung function acceptable for surgery. He also did not require radiation or chemotherapy.”

After a week of recovering at home, Joe followed up with Dr. Bajaj to see what the treatment plan was after his surgery. The news that he would need no further treatment was beyond his expectations, to say the least.

“I believe in miracles, but I never expected to receive one. I could not believe how lucky I was, and how blessed,” said Joe. “I was blessed to have this diagnosis at an early stage and this wonderful team of physicians to provide my care. I was so lucky -- I should have bought lottery tickets!”

“I believe in miracles, but I never expected to receive one. I could not believe how lucky I was, and how blessed. I was blessed to have this diagnosis at an early stage and this wonderful team of physicians to provide my care.”

– Joe Nicholson

The word “lucky” comes up often when Joe describes his journey with cancer, but good fortune is only part of story. As the saying goes, “you make your own luck -- luck is when preparation meets opportunity.” The key to Joe’s successful treatment lies in the early detection of his tumor, his choice to seek prompt treatment for the pain he could not explain and the tests that led the physicians to his diagnosis.

“There is never a good time to have a cancer diagnosis, but early in its course is obviously best,” said Dr. Jones. “Joe had no symptoms, which is usually the case with early stage lung cancer.

“In fact, Joe’s tumor was found quite incidentally when he had a chest CT scan for an unrelated complaint. This may sound unusual to most people, but

in my experience it is actually common to see patients with small lung tumors found by X-rays taken for other reasons.”

Joe’s awareness and resolve in dealing with his cancer contributed to the effectiveness of his treatment, and impressed Dr. Jones as well. “I continue to be humbled and inspired by patients like Joe. It is a tremendous test of their character and fortitude to be confronted with a major illness like lung cancer and not to quit or run away but to turn and run toward the fight.”

Just a few weeks following his diagnosis and surgery, Joe returned to full activities and work. Since leaving radio and television broadcasting in the

1990s, Joe has enjoyed a successful career as an insurance representative. Seated at his desk at John Floyd Insurance, he reflects on a story that has a new relevance to his own life:

“Broadcasting was my first love and always will be. I remember once doing a story for television about the Cancer Survivors Celebration at McLeod. One by one the folks in the room were asked to stand as one-year survivors, two-year survivors, five-year survivors, and so forth. Finally, they got around to one lady who was a twenty-year survivor and she received a standing ovation. At the time I didn’t fully appreciate what the people in that room had experienced. Now, I’m a member of the club.”

Surrounded by Dr. Rajesh Bajaj, at left, and Dr. Greg Jones, at right, Joe Nicholson believes he was placed in the best hands when he received his diagnosis of lung cancer.



McLEOD OFFERS LUNG CANCER SCREENING PROGRAM



McLeod Pulmonologist Dr. Vinod Jona directs patients to Lung Nurse Navigator Summer Bryant-Cook to review their appropriateness for the Lung Cancer Screening Program.

Lung cancer is the leading cause of cancer-related deaths in the United States, causing more deaths than breast, prostate, and colorectal cancers combined. Results of the National Lung Cancer Screening Trial indicated that current and former heavy smokers who received a low-dose CT scan over a three-year period reduced their risk of dying from lung cancer by 20 percent.

The McLeod Lung Cancer Screening Program is a new service that uses low-dose CT scans to screen high-risk individuals for lung cancer. A lung CT scan can detect tiny spots or nodules on your lungs years before they may be seen on a regular chest X-ray.

According to the National Comprehensive Cancer Network, you should consider a lung cancer screening program if you:

- are between 55 to 74 years of age and you have smoked a pack of cigarettes a day for 30 years or two packs per day for 15 years
- do not currently exhibit any symptoms of lung cancer
- are currently smoking or have quit smoking within the last 15 years
- are interested in being screened for lung cancer

The McLeod Lung Nurse Navigator will contact those interested in the Lung Cancer Screening Program to review their medical history and any symptoms they may be experiencing.

Participants in the McLeod Lung Cancer Screening Program will receive:

- a low-dose CT scan*
- a professional reading and interpretation of findings by a McLeod Radiologist who will either recommend a one year follow-up or further testing
- free smoking cessation counseling
- results sent to your primary care physician
- a letter informing you if your scan was normal or a follow-up call from the Lung Nurse Navigator
- referrals to a pulmonologist or cardiothoracic surgeon if anything of concern is detected on the scan

** Please note that CT scans to screen a person without symptoms for lung cancer are not covered by Medicare or most insurance companies. The cost of the screening CT scan is \$200.*

If you are interested in learning more about the McLeod Lung Cancer Screening Program, please contact McLeod Lung Nurse Navigator, Summer Bryant-Cook, at (843) 777-5640.

FAMILY TIME SAVED MY LIFE

by Tracy H. Stanton

Marilyn McDonald believes spending quality time with her family saved her life.

As a nurse, Marilyn McDonald of Hartsville understood the importance of annual mammograms and breast self-exams. She even preached it to other women during Go Pink Sunday events at her church during Breast Cancer Awareness Month. However, after two clear mammograms Marilyn relaxed a bit and said she slacked off on her monthly self-exams.

“I would love to say that my yearly mammogram or monthly breast self-exams, saved my life,” explained Marilyn.

“Being a registered nurse, I’ve always been an advocate of mammograms and self-exams. In March of 2013, I underwent my second mammogram. I received my results and they were normal. I breathed a sigh of relief and returned to my busy routine. Having two normal mammogram results under my belt gave me a false sense of security to skip my monthly breast self-exams.”

Marilyn also vividly recalls speaking to women in her congregation in October 2013 on Go Pink Sunday about the importance of breast self-exams. Although, she admits that she was only occasionally performing her own.

confirmed Marilyn had breast cancer, she traveled to Florence for an appointment with McLeod Oncologist **Dr. Sreenivas Rao**.

“After that first day when I learned I had breast cancer, I didn’t cry anymore -- I chose to live. When I came to all of my appointments I made sure I dressed up, heels and all. I was determined that I was not going to look like what I was facing.”

Marilyn learned at her first appointment with Dr. Rao that her diagnosis was Stage 2B breast cancer with metastasis to the lymph nodes. “Dr. Rao explained that I had a fast growing cancer and a mammogram would not have detected it because of the thickness of my breast tissue.

“Today, breast cancer treatment now includes a focus on oncoplastic breast surgery,” explained Dr. Murrell. “The purpose being to perform an excellent cancer operation, but at the same time ensuring as good of a cosmetic result as can be achieved.

“The best candidate for this surgery is a woman with a single tumor which is relatively small and who has a moderate to large size breast. It also depends on the features of the cancer as well as the size and shape of a woman’s breast.

“I perform this surgery with **Dr. Gerald Conner**, a McLeod Plastic Surgeon. We pre-operatively plan how to best approach the tumor removal as well as the reconstruction of the breasts,” Dr. Murrell said.

“This experience has made my family and I stronger, and it made me step back and truly realize what matters most in life -- family time.”

– Marilyn McDonald

In December of 2013, a week or so before Christmas, Marilyn said she was enjoying quality time with her family. “This is the time of year when I step back, slow down and relax. While many people become entangled in the hustle and bustle of the holidays, I focus primarily on my family and friends. I was sitting with my family at the dinner table, not eating but actually talking, laughing and listening. While leaning on the dinner table, I suddenly felt a lump in my right breast.

“In my mind I wanted to enjoy my family time. I didn’t have time to worry about a lump. However, if I had not taken the time to enjoy my family on that day, I don’t know how long it would have been before I would have discovered the lump in my breast,” said Marilyn.

After the holidays, Marilyn followed up with her family physician regarding the lump in her breast. After a biopsy

He recommended that I see McLeod General Surgeon **Dr. Amy Murrell** for surgery because he thought she would be a good fit for me.”

Marilyn first met Dr. Murrell prior to starting chemotherapy. Following an examination and review of Marilyn’s test results, Dr. Murrell explained to Marilyn that she was performing a new breast surgical technique and Marilyn was a good candidate.

“The first goal is to do an operation that removes the breast cancer,” said Dr. Murrell. “The second goal is to give the patient a good cosmetic outcome that leaves the breast looking as good as it can and as much like it did before the surgery or even better in some cases.”

The new procedure Dr. Murrell recommended to Marilyn is a Bilateral Therapeutic Reduction Mammoplasty. During a lumpectomy, a breast surgeon and plastic surgeon perform a breast lift and reduction, providing the patient with a better cosmetic outcome.

Dr. Conner explained, “With this procedure, we are able to remove the tumor while reconstructing a new breast size and reducing the other breast to make them symmetrical.” He adds that it normally takes six months for women to see the full effect of the reconstruction.

“Recovery is more involved than a standard lumpectomy, but much less than a mastectomy. Patients usually spend one night in the hospital and go home the following morning. They typically fully recover in four to six weeks,” added Dr. Murrell.

Dr. Murrell recommended this procedure to Marilyn who said she didn’t think twice about it. “Dr. Murrell was awesome. She and Dr. Conner explained everything thoroughly and prepared me for what to expect after surgery.”

Marilyn said the surgery in May of 2014 took her from a 44DD breast size to a 40C. “The surgery not only removed the cancer, but it also enhanced my appearance.”



McLeod Plastic Surgeon Dr. Gerald Connor and McLeod Breast Surgeon Dr. Amy Murrell perform a new breast surgery to provide patients with better cosmetic outcomes.

Four weeks later Marilyn and her husband Trevor went away on a cruise. When they returned she met with McLeod Radiation Oncologist **Dr. Rhett Spencer** to begin the final phase of her cancer journey -- 34 radiation treatments.

Dr. Murrell is pleased with Marilyn's surgical outcome. "Reaction to this procedure from our patients has been very positive. Women who had very large breasts prior to surgery have reported a significant decrease in back and neck pain and tell me that their clothes now fit better. They call this surgery the silver lining to their diagnosis of breast cancer," Dr. Murrell said.

"God graced me with the opportunity to discover the lump in my breast as I was enjoying time with my family," said Marilyn. "He has graced me to enjoy more family time. Prior to my diagnosis, I was so busy that I was not enjoying life and family to the fullest. I always knew that family was and always will be important, but this process illuminated the fact that family is a gift from God. Now I am taking the time to cherish each smile, each hug, each silly little quirk."

"This experience has made my family and me stronger, and it made me step back and truly realize what matters most in life -- family time," added Marilyn. She credits her whole family for supporting her through her journey,

especially Trevor and their three daughters.

Marilyn recently turned 43. She and Trevor celebrated their 20-year wedding anniversary on October 22, 2014, with a second cruise after she completed her radiation treatments. She also gave her Go Pink speech this year to young people, including the staff and students of Lee County Pee Dee Math/Science & Technology Academy where she serves as the school nurse.

"I can't say enough about my wonderful medical team of physicians and nurses. Dr. Rao, Dr. Murrell, Dr. Conner and Dr. Spencer were all great -- taking time to sit down and answer all of our questions. Everyone treated me like family and that meant so much."

McLEOD CENTER FOR CANCER TREATMENT & RESEARCH

2014 McLeod Health Cancer Report

OUR MISSION

The mission of McLeod Cancer Services is to provide holistic, high-quality and service-oriented care, education and research to oncology patients and their families in a safe and efficient manner.

OUR PHILOSOPHY

We believe that each person is a unique individual, entitled to clarity, dignity, honesty and respect. As part of our commitment to quality, we conduct clinical research and reach out to the community we serve. We recognize the intricacies of a cancer diagnosis, and understand that an individual with cancer is not only being treated for the disease itself, but is a complex human being whose diagnosis impacts the whole person, physically, emotionally and spiritually, as well as the entire family and support system. Our goal is to provide care, education, and avenues of support to address these complex needs in a professional, yet comforting, environment. We are dedicated to compassionately serving all those who come to us and believe not only in the power of knowledge, but also in the power of perseverance and hope.



LETTER FROM THE CHAIRMAN OF THE McLEOD CANCER COMMITTEE



Rajesh Bajaj, MD

The McLeod Cancer Center is fully-accredited by the American College of Surgeons' Commission on Cancer as a Comprehensive Community Cancer Program. We are also one of ten accredited breast cancer centers in the state by the National Accreditation Program for Breast Centers and the only one in our immediate region. Every year, we publish a Cancer Report designed to build community awareness of our cancer services. This report provides an overview of the cancer program, as well as specific data on one of our top five cancer tumor sites.

As you explore the information included in our Cancer Report on the various aspects of our cancer program, you'll quickly discover that McLeod offers a level of technology and medical expertise that rivals nearly any "big city" cancer center. But, what patients also experience here is a deep-rooted and personal level of commitment and compassion that we challenge any other hospital to match. This is what sets us apart --

advanced cancer care provided by specialists who are as skilled at treating the person as they are at treating the disease.

In 2013, we diagnosed and treated a record number of patients with cancer at McLeod -- 1,384. The top five sites diagnosed include cancers of the Breast, Lung, Prostate, Colorectal and Urinary System.

Learning you have cancer can trigger an avalanche of emotions and questions. Our highly skilled team of professionals and ancillary staff are here to partner with our patients on their journey. We offer research-based care as well as a team approach, allowing our patients to receive state-of-the-art compassionate treatment close to their family and support systems.

I would also like to acknowledge the hard work and generosity of the staff and volunteers at McLeod. They are dedicated to improving the lives of our patients and their families. Programmatic growth and new facilities are essential to maintain the vibrancy of this institution, however it is the people who ensure its vitality and future. And, it is our patients who provide the inspiration for everything we do.

At the Center of Hope

The McLeod Center for Cancer Treatment & Research is the region's only center approved as a Comprehensive Community Cancer Program by the Commission on Cancer of the American College of Surgeons. This is a distinction that McLeod has maintained for more than 35 years.

In addition, the McLeod Breast Health Center is accredited by the National Accreditation Program of Breast Centers (NAPBC). The McLeod Radiation Oncology department also earned national approval of its program by the American College of Radiology (ACR) in 2013.

Annually, the McLeod Cancer Registry Department produces a Cancer Report containing up-to-date statistics of various cancers diagnosed at McLeod Regional Medical Center

during the previous year. This data provides the Cancer Center with invaluable information to track and trend outcomes for patients and the public.

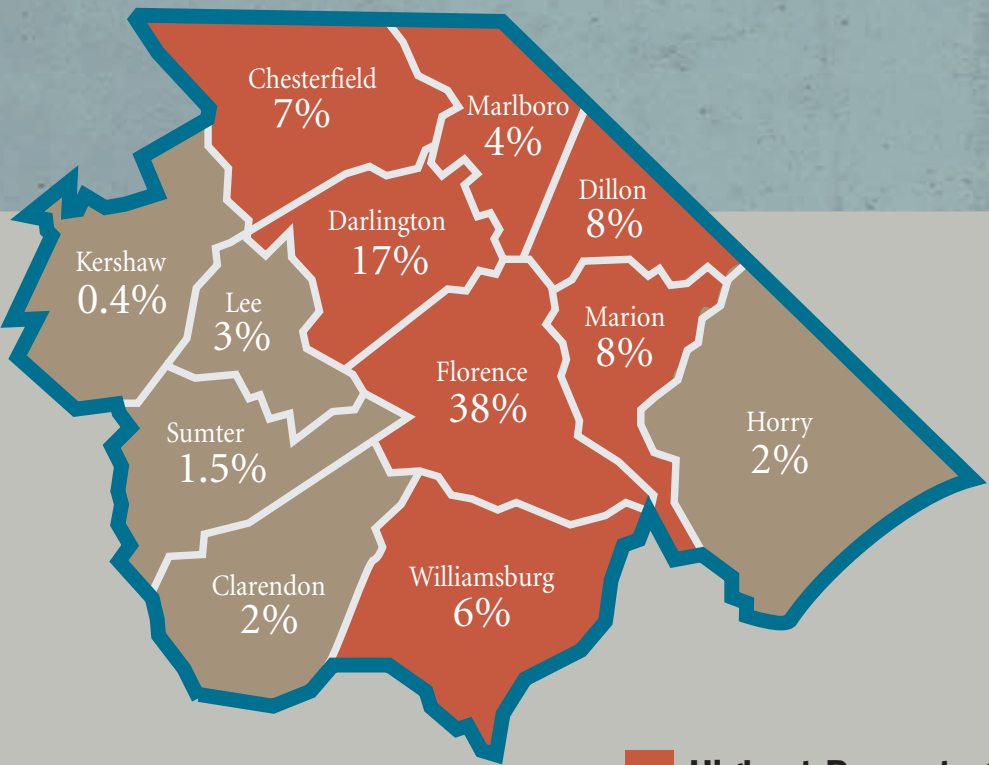
In 2013, more than 1,300 new cancer cases were diagnosed at McLeod. Cancers of the breast, lung, prostate, colorectal areas and urinary system accounted for more than 70% of all cancer cases diagnosed in 2013.

The following page provides a statistical analysis of the cancer cases by distribution of the five leading analytical sites diagnosed at McLeod, distribution of incidence by county and a comparison of the ten most prevalent cancer sites diagnosed at McLeod, in South Carolina and in the United States based on the American Cancer Society's Cancer Facts and Figures 2013.

If you would like to receive a copy of the 2014 McLeod Health Cancer Report, please call the McLeod Public Information Office at (843) 777-2592.

The Theme of a River of Life

Water, the symbol of life and renewal, is an integral part of the design of our Cancer Center. It reminds us of strength, direction and hope. The motif of a gently flowing stream, with no beginning and no end, connects the radiation oncology unit with medical oncology. The infinity of the stream symbolizes the continuous journey, the ebb and flow, of cancer treatment and recovery. A break in the stream represents the sometimes rocky and challenging pathway to survivorship. Waterfalls continuously replenish the stream.

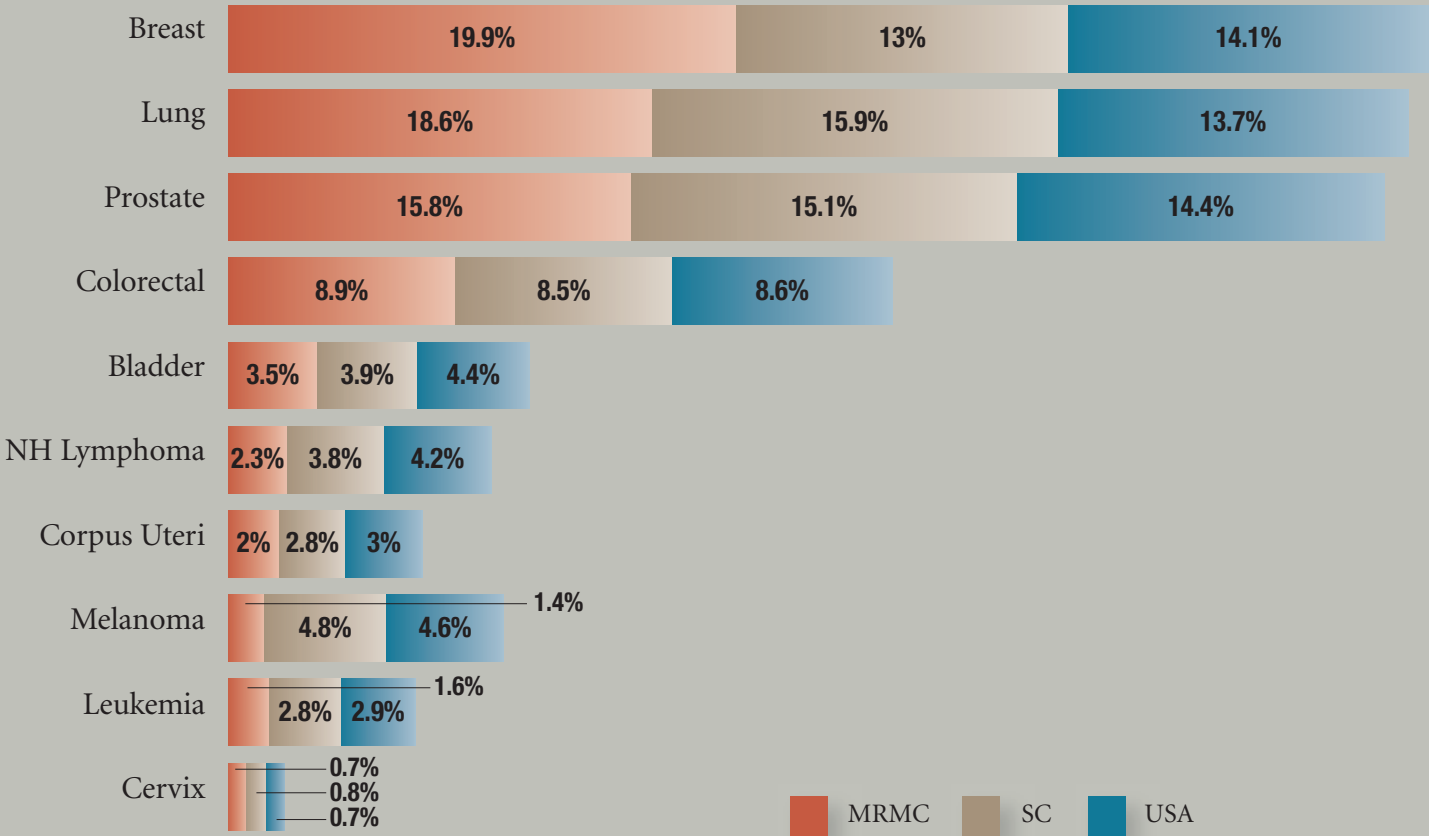


Highest Percentage of New Cases in our Service Area

Five Leading Cancer Sites	
Diagnosed at McLeod in 2013	
Site	Cases
Breast	276
Lung	258
Prostate	219
Colorectal	123
Urinary System	93
Total Cases: 969	

10 Most Prevalent Cancer Sites

Source: American Cancer Society "Cancer Facts and Figures 2013"



Another Chance at a Complete Family



Five years ago, Jim and Jill Buck began a journey to complete their family. Today, they celebrate their happy ending with the addition of their two youngest children, A.J. and Millie (front).

by Jessica Wall

In 2009, Hartsville residents Jim and Jill Buck had an inkling that something was missing in their family. Soon, they realized that “something” was a baby.

However, the decision to have a baby was more complicated for the Bucks since Jill had undergone a tubal ligation, or sterilization procedure, eight years earlier which prevented her from conceiving. Most women refer to this surgery as “having their tubes tied.”

“At the time of my tubal ligation, my husband and I had three beautiful children, our newborn Maryclair, 4-year-old Halee and 8-year-old Jay,” explains Jill. “We believed our family was complete and never expected those feelings to change, but they did.”

Jim and Jill consulted her Gynecologist **Dr. Charles Tatum** of McLeod OB/GYN Associates about the possibility of a tubal reversal.

“Because of the complex nature of this procedure, I counsel each of my patients considering a tubal reversal,” says Dr. Tatum. “This procedure is performed on an outpatient basis using a microsurgical technique. The microsurgery is a technical success 90 percent of the time, but has a take home baby success of only 50 to 60 percent. Patient selection and counseling are keys to success.”

Dr. Tatum also carefully reviews the patient’s health history to determine if the patient is healthy enough to carry a pregnancy as well as any previous surgical procedures performed in the abdomen. The method of prior tubal ligation affects the success of reversal.

“In some cases, too much of the woman’s fallopian tube has been destroyed,” explains Dr. Tatum.

“Also, there are certain methods of tubal sterilization, such as Essure, that cannot be reversed with microsurgery and require other options such as in vitro fertilization (IVF).”

Much to the Bucks’ delight, Jill made a great candidate for the procedure. Several factors worked in Jill’s favor, particularly her age -- she was 37 years old -- and good health.

In May 2009, Jill underwent her tubal reversal.

“This procedure lasts only a couple of hours with little down time for the patient after the surgery,” says Dr. Tatum.

The surgery itself sometimes seems the easiest part of the journey. The days and months following the procedure waiting for results often becomes the true challenge for families.

“Dr. Tatum prepared us well,” recalls Jill. “He explained that it could take some time to conceive and that we should just ‘let it happen.’”

Just two short months later, it happened.

“We were surprised, yet grateful, that we conceived so quickly,” continues Jill.

The following year, Jill gave birth to a healthy baby girl, Amelia, whom the family affectionately calls ‘Millie.’

Little did they know that they were in for another surprise -- eighteen months after the birth of Millie, Jill became pregnant with their son, A.J.

“Some couples face many obstacles after this procedure or never conceive at all, but we were blessed to conceive twice,” says Jill.

“Looking back, Jim and I are glad we began this journey, despite the risks we knew were involved. We could not imagine our lives without Millie or A.J. They make our family complete.”

“I am pleased for Jill and her family,” says Dr. Tatum. “It is always rewarding to see happy endings for my patients.”



Dr. Charles Tatum has been caring for patients in the Florence area since 1988. He is the senior member of McLeod OB/GYN Associates.

Dr. Tatum received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He also completed an Internship in Obstetrics and Gynecology at the Naval Regional Medical Center in San Diego, California as well as a Residency at the National Naval Medical Center in Bethesda, Maryland.

After his residency, Dr. Tatum continued to receive advanced training in microsurgery at the Naval Hospital Camp Lejeune in Camp Lejeune, North Carolina, where he served as Chief OB/GYN.

Dr. Tatum specializes in infertility and tubal reversals, which he has performed since 1983.

Dr. Tatum and his wife, Marilyn, have five children.

“We were surprised, yet grateful, that we conceived so quickly.”

– Jill Buck

GOLD SEAL of APPROVAL

by Kristie S. Gibbs

McLeod Regional Medical Center has earned The Joint Commission's Gold Seal of Approval for total hip and total knee replacement surgery. The certification award recognizes McLeod as a Joint Commission Center of Excellence in Hip and Knee Replacement Surgery.

Through a collaborative team effort, the staff of Orthopedics, Surgery, Rehabilitation, and Home Health, and physician champion, **Dr. Pat Denton** of Pee Dee Orthopaedic Associates, demonstrated the McLeod commitment to providing the highest level of care for joint replacement patients.

"Only three to five percent of hospitals that perform joint replacement surgery are a Joint Commission Center of Excellence," said Dr. Denton.

"We are proud of our program, our people, and the advancements we have made since our first joint-specific certification two years ago. This certification is the gold stamp of approval that we are providing safe, quality medical care for our patients."

"This is a re-certification of our recognition as a Joint Commission Center of Excellence in Hip and Knee Replacement Surgery," said Beki Cooley, Associate Vice President of McLeod Orthopedic Services.

"With Joint Commission certification, we are making a significant investment in quality on a day-to-day basis. Achieving Joint Commission certification in total hips and total knees is another step toward maintaining excellence and continually improving the care we provide at McLeod."

The teams involved were challenged to elevate the standard of care and fine-tune the clinical practices performed each day. The primary focus is on surgery and rehabilitation with an emphasis on patient education and post-surgery barriers.

The comprehensive on-site survey was performed by The Joint Commission in May of 2014. The original certification by The Joint Commission was received in June of 2012. Hospitals undergo the re-certification process every two years.

McLeod Regional Medical Center is one of nine hospitals in South Carolina certified as a Joint Commission Center of Excellence in Total Hip and Total Knee Replacement Surgery. In addition to The Joint Commission Disease-Specific Certification, McLeod Regional Medical Center is also a Blue Distinction Center for Knee & Hip Replacement and Spine Surgery.



Dr. Pat Denton of Pee Dee Orthopaedic Associates along with the McLeod teams of Orthopedic Nursing, Rehabilitation, Home Health, and Surgical Services, underwent a disease-specific re-certification survey recently by The Joint Commission. McLeod Regional Medical Center has again been recertified as a Joint Commission Center of Excellence for Total Hip and Total Knee Replacement Surgery.

GETTING PATIENTS BACK ON THEIR FEET

by Jenna Falls Cox

Cindy and Tom McLaughlin enjoy a walk along the Intracoastal Waterway after Tom's hip replacement procedure.

Tom McLaughlin moved to Calabash, North Carolina, from Syracuse, New York, to enjoy an active lifestyle of being outdoors. Having been the owner of a gunsmith business for 23 years, Tom was used to being on the go. When Tom developed rheumatoid arthritis in his right hip, he wanted a solution to ease the pain and get back on his feet.



An appointment with Orthopedic Surgeon **Dr. Eric Heimberger** with McLeod Orthopaedics Seacoast and a MRI determined the next course of action to get Tom back to being active again. His case required a total hip replacement surgery. After consulting with Dr. Heimberger, Tom and his wife Cindy learned about the Total Joint Replacement Program at McLeod Seacoast, and decided with Dr. Heimberger's guidance that this would best prepare Tom for his upcoming surgery.

"The preparation that the class provided made all the difference," said Tom. "By being a part of this program, I was prepared mentally, physically and emotionally for what to expect before and after surgery."

The Total Joint Replacement Program at McLeod Seacoast is designed to prep patients for surgery and recovery through assessment, treatment and rehabilitation. The goal is simple: to restore the normal routine for patients quickly and as safely as possible. As part of the program, patients participate in a class which prepares them for the entire process.

"During the class, I met the staff that would be caring for me during my stay at the hospital. From the anesthesiologists to the pharmacists, a representative from each department was available during the class for me to ask questions and to get to know them before my surgery. I also met the team of physical therapists who would be assisting me after surgery to develop my rehabilitation plan."

As part of the class, each participant is asked to bring a coach to accompany the patient through the pre-operative education and post-operative therapy sessions, as well as assist them at home as needed throughout recovery. For Tom, that person was his wife, Cindy.

"Going to the class made the experience so much easier," said Cindy.

"My therapists and the nursing staff made a personal connection with me. It made my physical therapy sessions more enjoyable, because I knew my therapists on a personal level, and they knew me."

- Tom McLaughlin



Tom McLaughlin works with Physical Therapy Assistant Hailey Hymas on hip strengthening and range of motion exercises.

"As his coach, I received information on what to expect during his recovery for my preparation. I was even shown where to report the morning of surgery, and where to wait during the surgery."

"During the class, I participated in a tour of the hospital," said Tom. "This helped ease my fears for the day of the procedure. This process also provided me with the knowledge I needed to feel comfortable about the procedure. For any questions I had, they had answers."

After successful surgery at McLeod Seacoast, Tom began his physical therapy at the hospital. His nurses and therapists knew exactly what to do to get him on the path to a quick recovery. "My therapists and the nursing staff made a personal connection with me. It made my physical therapy sessions more enjoyable, because I knew my therapists on a personal level, and they knew me."

Tom is now preparing to have his left hip replaced. During physical therapy sessions, he and his therapists not only focused on the hip that had

been replaced, but they also started planning for the second hip procedure with exercises.

"My therapists targeted each movement and helped me work to strengthen my other hip as well. They paid attention to my technique and were always very observant to ensure that I received the maximum benefit out of the exercises. I continue to do those exercises at home in preparation for the next surgery."

Tom, who has several hobbies, continues on the path to being active again and enjoying his favorite pastimes. An avid golfer, Tom is determined to start hitting the fairways sometime very soon.

"I walked two miles yesterday," he said. "I know what is in store for me with my upcoming hip replacement, and anticipate a good outcome and recovery. This program and my experience at McLeod Seacoast were amazing thanks to a team of great nurses, doctors and therapists."



Physical Therapist Shelley Szabo evaluates Tom's technique while he exercises on the stationary bike.

The McLeod Seacoast Joint Replacement Program

The McLeod Seacoast Joint Replacement Team consists of orthopedic surgeons and physicians, nurses and rehabilitation specialists, all dedicated to getting patients back on their feet through a cutting edge approach to prevention, assessment, treatment and rehabilitation. These highly trained medical professionals work together with patients and their primary care physician to develop an individualized treatment plan for each patient's specific rehabilitation needs.

THE TOTAL JOINT REPLACEMENT CLASSES INCLUDE:

- Assessing the patient's condition
- Preparing the patient and family for surgery
- Managing the patient's progress before, during and after their hospital stay

Patient education classes are free and available to total joint replacement patients. A physician referral is required.

PATIENTS WILL LEARN:

- What to expect prior to, during and after surgery
- How to manage pain after surgery
- Why rehabilitation is so important and what can be done to prepare before surgery
- How to prepare your home for the healing process

For more information on the program, please call (843) 390-8355.

The Key to Quality Care

by Rachel T. Gainey



Dr. Benjamin Mitchell, left, and Dr. Phil Wallace, right, are dedicated to improving quality care and safety at McLeod Dillon.

McLeod Medical Center Dillon has been honored as a *2013 Top Performer on Key Quality Measures®* by The Joint Commission, the leading accreditor of health care organizations in the United States. McLeod Dillon is among the top one-third of hospitals in the United States to achieve the 2013 Top Performer distinction.

McLeod Dillon was recognized for attaining and sustaining excellence in accountability measure performance for heart failure and pneumonia as part of The Joint Commission's 2014 annual report *"America's Hospitals: Improving Quality and Safety."*

"The high quality healthcare a patient receives in Dillon is equitable to any larger facility," said **Dr. Phil Wallace**, Medical Director of Clinical Effectiveness. "In fact, we stand out among other hospitals in efficiency.

"Over the past years, as evidence-based, best practices have evolved, we have implemented them at McLeod Dillon. We adopt these practices because our patients deserve the highest level of care. As a result, we achieve better outcomes, such as a decrease in mortality," continued Dr. Wallace.

"The implementation of this work must be a goal of each employee and physician. One person cannot do it. It takes everyone involved having the same genuine concern and commitment. At McLeod Dillon, our team is receptive, supportive and proud to make that commitment to each patient that we care for at our facility."

The Top Performer program recognizes hospitals for improving performance on evidence-based

interventions that increase the chances of healthy outcomes for patients with certain conditions, including heart attack, heart failure, pneumonia, surgical care, children's asthma, stroke, venous thromboembolism and perinatal care, as well as for inpatient psychiatric services and immunizations.

"Delivering the right treatment in the right way at the right time is a cornerstone of high-quality health care. I commend the efforts of McLeod Medical Center Dillon for their excellent performance on the use of evidence-based interventions," said Mark R. Chassin, M.D., FACP, M.P.P., M.P.H., president and CEO, The Joint Commission.

"We understand what matters most to patients at McLeod Dillon is the quality and safety of the care they receive. That is why we have made it a top priority to improve positive patient outcomes through evidence-based care processes," said Debbie Locklair, Administrator of McLeod Dillon.

"McLeod Dillon is proud to be named a Top Performer as it recognizes the knowledge, teamwork and dedication of our entire hospital staff.

"The pursuit of quality improvement at McLeod Dillon is unending," said Locklair.

"There is much to achieve as the staff seeks to improve the health of the people living within South Carolina and eastern North Carolina."

Dr. Michael Sutton, Orthopedic Surgeon and Chief of Staff at McLeod Dillon, commented, "At McLeod Dillon, quality is a focused, relentless pursuit to improve the delivery of care to patients and their families. I am proud to be a part of an organization that is being recognized nationally for quality. Improving the quality of life for patients is the reason physicians choose to practice medicine, and we are accomplishing that each day at McLeod Dillon."

In the healthcare improvement process, McLeod Dillon follows the McLeod Health model of quality that engages physicians, staff and leadership in processes to improve quality. Throughout the McLeod Health organization, there is a commitment to create a patient care experience that is safe, timely, patient-centered, effective, efficient and equitable for every patient, every time.

"Collectively, we take pride in this accomplishment," said **Dr. Benjamin Mitchell**, Medical Director of Hospitalists at McLeod Dillon. "It is a positive step in our quality journey, yet we recognize that you can never stop improving care for patients. Healthcare is constantly becoming more complex and challenging, but our team is committed to providing the best care possible to our patients now and in the future."

"Healthcare is constantly becoming more complex and challenging, but our team is committed to providing the best care possible to our patients now and in the future."

– Dr. Benjamin Mitchell



It's More than Just Medicine

McLeod Choice Pharmacy

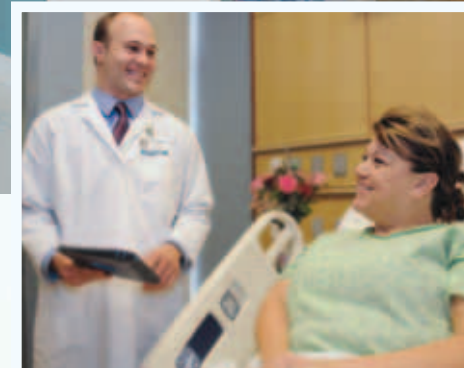
by Tammy White

After a stay in the hospital, whether long or short, there are often many instructions to guide a patient's care and recovery upon their return home. To ease the transition from hospital to home, patients of McLeod Regional Medical Center now have access to a new program, McLeod Choice Plus.

As part of the McLeod Choice Pharmacy, now open to the public on the McLeod Concourse, the McLeod Choice Plus program is available to assist all eligible patients who are being discharged home with new medications.

The program involves Transition Specialists, certified pharmacy technicians, who collaborate with physicians, nurses, case managers and pharmacists to assess the patient's discharge needs. They work with the patient to enroll them in this complimentary program and coordinate their needs for a successful recovery, once they are discharged from the hospital.

For patients whose discharge needs include medications or over-the-counter products, the Transition Specialist provides a personalized consultation to assess cost-effective solutions to the discharge instructions. They ensure patients leave McLeod with their medication order filled and in hand.



Above: The McLeod Choice Pharmacy is located on the concourse.

Left: As a Transition Specialist, Andrew Adams visits with patients in their hospital room to discuss their discharge medication needs.

Andrew Adams is a McLeod Transition Specialist, who also serves as the Site Manager for the program. "As a Transition Specialist, I'm an advocate for the patient," said Adams. "For example, if the medication the physician has prescribed is not covered by the patient's insurance, then I work with the physician to obtain another prescription that will be covered.

"Additionally, if a patient requires counseling on any of their medications, I can arrange it with one of our McLeod Pharmacists," added Adams.

Prior to the day of discharge from the hospital, the Transition Specialist visits the patient in their hospital room to discuss their medication needs. Arrangements for purchase and payment transactions can be made right at the bedside and medications are delivered to the patient's room before they leave for home.

Implementation of the McLeod Choice Plus program is occurring in phases. Phase One, which began in mid November, started with the Transition Specialist visiting the Orthopedic Unit.

"In 2015, we will roll in each of the Nursing Units, the Emergency Department and the Outpatient Surgery Services," said Sal Morana, McLeod Corporate Vice President of Pharmacy Services. "The long-term plan calls to expand components of this program to all of our five hospitals.

"We are also adding a web application and mail order for prescription re-fills," said Chuck Rozak, Director of Pharmacy for McLeod Regional Medical Center.

"Prescription re-fills will be available through the McLeod Health website and then held for pick-up at the McLeod Choice Pharmacy or mailed directly to the patient's home. This service will be available after the new year in 2015."

With the opening of the McLeod Concourse this past summer, the McLeod Choice Pharmacy moved to a new location more convenient for visitors and patients to access. It is located on the west side of the Concourse adjacent to the McLeod Center for Cancer Treatment and Research.

In its new location, the pharmacy offers a large selection of over-the-counter medications and personal care items. For convenience, designated

pharmacy parking spaces are also available near the pharmacy entrance.

In addition to offering a full service pharmacy, McLeod Pharmacists are also certified to provide immunizations. The immunizations available include: Flu, Pneumonia, Tetanus, Pertussis, Whooping Cough (Tdap), HPV, Meningitis, Shingles, and Travel Vaccines upon request.

During the months ahead, the McLeod Choice Pharmacy will also offer compounding. Compounding is preparing customized medications for patients to meet their specific needs. Patients may be allergic to preservatives, dyes, or sensitive to standard drug strengths.

With a physician's consent, the compounding pharmacist can change the strength of the medication. They can also alter the flavor of a medicine for children or the delivery system from a pill to a lozenge, lollipop, or a transdermal gel or cream that can be absorbed through the skin.

The McLeod Choice Pharmacy is open Monday through Friday, 7:00 a.m. to 8:00 p.m., and Saturday 9:00 a.m. to 1:00 p.m. Most major insurances are accepted, including the Medicare Part D plans.

GETTING TO THE HEART OF CARDIAC CARE

by Tammy White

For anyone diagnosed with heart disease, a key player in their care is the cardiologist. Understanding the significance of heart disease in this region, McLeod and Pee Dee Cardiology are dedicated to recruiting new physicians, delivering heart care close to home and using new technology to help heal the heart.

Dr. Brian Wall, Interventional Cardiologist, performs a heart catheterization.

Pee Dee Cardiology currently has four locations to serve patients: Florence, Sumter, Loris and Seacoast. However, they also recognize that for some patients in smaller communities, it is not always easy to travel to these offices.

"It is our goal to make sure patients who are in need of cardiac care have access to receive that care," said **Dr. Alan Blaker**, Pee Dee Cardiology Managing Partner and Executive Medical Director of the McLeod Heart and Vascular Institute.

"To ensure this level of care, we have partnered with other physician practices to provide care to patients in Marion, Cheraw and Sumter. Additionally, **Dr. Rajesh Malik**, an Electrophysiologist, offers a monthly clinic for electrophysiology patients at our Seacoast office in Little River, South Carolina. Starting in January of 2015,

Electrophysiologist **Dr. Prabal Guha** will also offer this same type of service in our Sumter office."

Pee Dee Cardiology also recently added three cardiologists to their group bringing the total number of caregivers to 15. The new physicians are **Dr. Brian Wall**, **Dr. John Patton** and **Dr. Dennis Lang**.

Dr. Patton is a cardiologist who cares for patients in the Florence office. "I chose cardiology as my specialty because it has a broad spectrum of treatment options and offers the opportunity for me to get to know my patients, follow them over time, and share in their victories and successes," said Dr. Patton. "I get to see them through their cardiac episode and help them resume living a full and active life."

Dr. Wall is an Interventional Cardiologist, also in the Florence office. "When a patient arrives experiencing an acute myocardial infarction, (a heart attack with a heart blockage), it is my job to open the vessel, restore blood flow to the heart and prevent further heart damage," said Dr. Wall. "It is my honor and privilege to be able to save a patient's life by performing this procedure."

A cardiologist in the Sumter practice, Dr. Lang finds that helping patients successfully make lifestyle changes is the most rewarding aspect of his career. "It is gratifying to care for patients who return to the office eager to let me know how much weight they have lost, share that they have quit smoking, or let me know they are exercising more regularly. Knowing that my work with the patient has helped prevent further progression of their heart disease is inspiring."

Pee Dee Cardiology is also helping McLeod Health pioneer advancements in heart care. McLeod is one of the leading hospitals in South Carolina to offer the CardioMEMS HF System, the first and only FDA-approved heart failure monitor, proven to significantly reduce heart failure hospital admission and improve quality of life.

Heart failure is a condition where the heart muscle is unable to pump enough blood to meet the body's need for blood and oxygen. Physicians typically manage heart failure by monitoring symptoms, body weight and blood pressure. The CardioMEMS system allows patients to transmit this information daily, via an implanted monitoring device, from their home to a secure website for physician review.

"Being able to receive critical information using this technology allows us the opportunity to make an intervention that may prevent a patient from hospitalization, or more importantly, save a life," added Dr. Blaker.



Dr. John Patton

Dr. Dennis Lang

Ensuring Comfort with Compassion

by Tracy H. Stanton



The McLeod Palliative Care Team includes from left to right: Clint Scott, LBSW; Karen Clark, RN; Marilyn Reaves, RN; Dr. Vipul Shah; Michelle Dorsey, RN; Dr. Shawn Charest; Dr. Mark Fox; Dr. Ed Behling; Dr. Paul DeMarco; Amanda Rogers, NP; Reverend Stuart Harrell and Niki Hill, RN.

Today, thanks to progressive medical therapies, people are living much longer. Yet, eighty (80%) percent of older adults are living with one chronic illness and fifty (50%) percent have at least two, according to the Centers for Disease Control and Prevention. Often, these chronic conditions can be managed successfully for a number of years. However, when symptoms begin to affect a person's quality of life, a transition to Palliative Care may be beneficial.

Palliative Care focuses on relieving suffering and improving quality of life in any stage of a progressive, incurable illness. These chronic, life-threatening conditions include Congestive Heart Failure, Stroke, Kidney Disease, Cancer, Diabetes, Chronic Obstructive

Pulmonary Disease, Alzheimer's Disease and Multiple Sclerosis.

Working with the patient's primary care physician, the McLeod Palliative Care Team provides care to patients who are near the end of life, but also treats patients who have serious

illnesses and wish to continue evidence-based, aggressive treatments. This form of medicine allows for less pain and improved control of symptoms which offers the potential for continued treatments.

Dr. Mark Fox is the Medical Director of the McLeod Palliative Care Team. "Our team's expertise supports all patients who have concerns about their plan of care and symptom management. Our objectives reflect on the needs of the patient, whether those needs are for pain and symptom control, counseling, spiritual needs, or coordinating links to other community services. By listening to the concerns of our patients and families, we consider and prioritize specific, goal-centered care plans in conjunction with the art of medicine and the love of humanity."

Dr. Fox explains that evidenced-based medicine suggests the best treatments for diseaseshealth care that provides for the greatest benefits and outcomes. "These outcomes usually reflect survival and quality of life. As we become seriously ill, opportunities to improve quality of living take a priority role over discussions related to survival.

"It is at this moment that the art of communication and support becomes pivotal. We are innately aware that holding an honest discussion about end of life care with a patient and family offers challenges. However, when we take the time to really listen and hear their wishes, it leads us to adjust our efforts toward patient directed treatment plans. This is the heart of Palliative Medicine," said Dr. Fox.

In addition to caring for patients in the hospital, McLeod has expanded its Palliative Medicine program to care for those patients who are home bound and have a life-threatening illness with a life expectancy of 12 to 24 months. Dr. Fox and Nurse Practitioner Amanda Rogers provide care to these patients.

"Understanding that it would require a considerable and taxing effort for these patients to leave their home or assisted living facility to come to the doctor, we make 'house calls' to provide symptom management and medical treatment," said Dr. Fox. "This level of care also allows us to improve the patient's quality of life and reduce visits for emergency care. Additionally, we work closely with the patient's primary care physician to positively influence the course of care with appropriate use of procedures and therapies."

Led by Dr. Fox, the McLeod Palliative Care Team includes Dr. Vipul Shah; Dr. Shawn Charest; Dr. Paul DeMarco; Dr. Ed Behling; Program Coordinator Marilyn Reaves, RN; Amanda Rogers, NP; Karen Clark, RN; Michelle Dorsey, RN; Niki Hill, RN; Counselor Clint Scott; and Chaplains Tom Pietila and Stuart Harrell.

Marilyn has served as the Coordinator of the inpatient Palliative Care team at McLeod Regional Medical Center for ten years. "Modern medicine has made many advances to cure a wide variety of diseases," said Marilyn. "However, there comes a point in time when the goal shifts from curing illness to ensuring comfort -- enabling the patient to be free from pain and suffering. Our team often begins the discussion of end of life issues with patients and their families. We understand how to gently and compassionately help patients and families accept and embrace this final stage of life by introducing Hospice care."

"In today's fast paced world, Palliative Care reminds us that living longer is important, but living well may be most significant," added Dr. Fox.

Dr. Charest Joins McLeod Palliative Medicine Team

Dr. Shawn C. Charest joined the McLeod Palliative Medicine Team in September of 2014. Dr. Charest comes to McLeod from Mercy Medical Center of Springfield,

Massachusetts. At Mercy Medical Center, he served as a Hospitalist and as Director of Inpatient Palliative Care Consult Services. Dr. Charest was also the founding Medical Director of Mercy Hospice, a community-based hospice and eventual outpatient palliative care program associated with Mercy Medical Center.

A graduate of the University of Vermont College of Medicine, Dr. Charest completed an Internal Medicine Residency at Baystate Medical Center in Springfield, Massachusetts.

Board Certified in Internal Medicine and Hospice and Palliative Medicine, Dr. Charest joins Dr. Ed Behling, Dr. Paul DeMarco, Dr. Mark Fox, and Dr. Vipul Shah in caring for McLeod Palliative Medicine and McLeod Hospice patients.

McLeod Palliative Medicine Physicians offer specialized comfort care services at the end of life for both the patient and family in the McLeod Hospice House and McLeod Regional Medical Center. They are available to referring physicians for Palliative Medicine consultations and pre-hospice referrals.



Shawn Charest, MD

MIGRAINE RELIEF in minutes

by Jessica Wall

Migraines are no ordinary headaches; they are the cause of recurrent throbbing, pulsing pain in a certain area of the head and often accompanied by nausea, vomiting, and sensitivity to bright light and loud noises. The debilitating pain can last hours, days, even weeks, interfering with an individual's quality of life.



McLeod is now offering a breakthrough migraine treatment option using the SphenoCath® device, as shown by Dr. Monty Smith, a McLeod Radiologist.

Migraines affect 36 million people, more women than men, in the United States, according to the American Headache Society. This number does not account for the numerous individuals suffering from other headache disorders and facial pain.

Decades ago, researchers identified a bundle of nerves located behind the nose, the sphenopalatine ganglion, as the major cause of head and facial pain. As a result, they developed a procedure known as a sphenopalatine ganglion (SPG) block, which uses an anesthetic, or numbing medication, to block nerve impulses and alleviate pain. Unfortunately, the procedure was invasive and uncomfortable for patients. Until now.

McLeod Regional Medical Center is one of only a few hospitals in the state offering a needleless, non-invasive sphenopalatine ganglion block treatment option for individuals diagnosed with chronic migraines and headache pain.

"Using a small, plastic catheter -- the SphenoCath® -- we can achieve more effective results in a simpler, safer manner," explains Dr. Monty Smith, a McLeod Radiologist. "The beauty of this treatment is that we are essentially dripping an anesthetic directly onto the nerve bundles causing migraine and headache pain, and gravity does the rest."

During the SphenoCath® procedure, patients lie down on an examining table with their head slightly tilted back, and Lidocaine is used to numb both nostrils. Guided by fluoroscopy, an imaging technique that uses X-rays, Dr. Smith inserts the SphenoCath® device into one nostril until reaching the back of the patient's nasal cavity.

Extending the device reveals a curved inner catheter, and Dr. Smith attaches a syringe with contrast, or dye, to accurately identify the



Dr. Monty Smith demonstrates how he uses fluoroscopy, an imaging technique that uses X-rays, to accurately identify the correct position of the SphenoCath® device once inserted into the patient's nasal cavity.

sphenopalatine ganglion. After confirming the targeted nerves, he detaches the syringe with contrast and connects another syringe to deliver the numbing medication. Then, he repeats this same process on the other nostril.

Total procedure time lasts only 10 to 15 minutes; however, the patient remains lying down for an additional 20 minutes which allows the nerve bundles to fully absorb the numbing medication.

During this time, Dr. Smith observes the patient for any side effects that may occur. Most patients' eyes will tear up while the numbing medication is being administered, but this is a common response. Other possible side effects include a slight drop in blood pressure, a bitter taste in the back of the throat, or nausea.

"It is important to emphasize that the SphenoCath® procedure is not a cure, and each patient will experience different results," added Dr. Smith. "Studies have shown that the average headache-free period following this procedure is 90 days, so it is likely that patients may need to repeat it in the future. However, once repeated, the results are typically prolonged."

"Despite the risk of multiple procedures, SphenoCath® is a breakthrough in the treatment of migraines," says Dr. Smith. "I encourage anyone who has received a chronic migraine diagnosis to talk with their doctor and consider SphenoCath® as an option."

“Top Notch” Stroke Care

by Tammy White

You feel dizzy and can not talk. The left side of your body is unable to move. If you experienced any of these symptoms, would you recognize it as a stroke?



Members of the McLeod Stroke Team who cared for Joseph Farley are (from left to right): Cindy Drew, RN; Dr. William Boulware, Dr. Timothy Hagen, Natasha Poston, RN; Dawn Spivey, Director, McLeod Stroke Unit; and Vickie Pigate, McLeod Stroke Coordinator.

These are the symptoms Joseph Farley from Manahawkin, New Jersey, suffered while traveling from Florida to New Jersey. Joseph and his brothers, John and Ed, had been visiting their other brother Jim in Florida. On the way back home, Joseph began experiencing symptoms of a stroke. His brothers immediately checked the GPS for the nearest hospital on I-95 and brought Joseph to McLeod Regional Medical Center.

McLeod Stroke Alert Nurses Cindy Drew and Natasha Poston were notified of Joseph's condition and reported to the Emergency Department.

“A Stroke Alert Nurse is an expert in stroke,” said Vickie Pigate, RN, McLeod Stroke Coordinator. “They are trained in the rapid recognition, assessment, treatment and management of stroke care. They take control of the care of

the stroke patient, and never leave their bedside until the patient is relocated to the Stroke Unit.”

In the Emergency Department, **Dr. Joseph Kearney** confirmed that Joseph had suffered a stroke and prescribed Tissue Plasminogen Activator (tPA), the clot dissolving medication necessary for stroke care.

“This is a medication that dissolves blood clots, which is why it is commonly referred to as the ‘clot buster,’” said Dr. Kearney, a board certified Emergency Medicine physician.

“Approximately eight out of ten strokes are ischemic strokes. These are strokes that are caused by blood clots blocking blood flow to the brain. tPA is

given to help dissolve the clot quickly and restore the blood flow.

“The other type of stroke is a hemorrhagic stroke, which is due to bleeding from a blood vessel into the brain. tPA is not used with this type of stroke because it could increase the amount of bleeding. A CT scan of the brain is used to confirm there is no bleeding before tPA is given,” explained Dr. Kearney.

After Joseph's evaluation and CT scan, he was administered tPA. “As soon as I received the medication I started to feel better,” said Joseph. “I came to McLeod on Saturday and, by Monday, my symptoms were completely gone. I could eat. I could walk. I had no deficits. It was a miracle. Tuesday,

I was discharged to travel back home to New Jersey.

“I was very impressed with the care I received in the McLeod Stroke Unit,” added Joseph. “Both of my children are nurses. They came as soon as they received word of my stroke. They also believe the treatment I received was top notch.”

Stroke is a significant problem in South Carolina, with stroke rates among the highest in the nation. Stroke is the number three killer in South Carolina, according to the American Heart Association.

“Raising awareness is important,” said **Dr. William Boulware**, Medical Director of McLeod Clinical Stroke Services. “The brain can not go without blood and oxygen for very long. People experiencing a stroke need to get to the Emergency Department quickly. Stroke is a life-threatening event that requires immediate attention.”

Committed to the care of the stroke patient, McLeod opened the first Stroke Unit in the region in 2000. It is dedicated exclusively to the treatment and care of patients who have suffered a stroke. The 16-bed unit is staffed by specialty trained nurses who recognize even subtle changes in their patients' condition.

In addition, The Joint Commission, in conjunction with The American Heart Association / American Stroke Association, recently recognized McLeod Regional Medical Center with Advanced Certification for Primary Stroke Centers. Achievement of Primary Stroke Center Certification signifies an organization's dedication to fostering better outcomes for patients. This certification also demonstrates that McLeod meets critical elements of performance to achieve long-term success in improving outcomes for stroke patients.

Stroke Centers achieve certification through a rigorous on-site review. A Joint Commission expert reviewed the compliance of McLeod with the requirements for The Joint Commission's Disease-Specific Care Certification program as well as Primary Stroke Center requirements, such as collecting core measure data and using it for performance improvement activities.

“McLeod is thoroughly committed to providing our patients with the highest quality stroke care based on current scientific research to ensure continued improvement in treatment,” said Dr. Boulware. “In addition to The Joint Commission accreditation, the Primary Stroke Center Certification has given us the opportunity to highlight the

exceptional stroke care we provide for our patients, and improve care overall for our community.

“It is a team effort beginning with Emergency Management Services (EMS). EMS pre-alerts the Emergency Department so the Stroke Team can be waiting on the patient when they arrive,” added Dr. Boulware.

“EMS providing pre-notification saves lives,” said Pigate. “There is a small window of opportunity when patients can benefit from the tPA medication. This is why it is so important that a patient is quickly identified as a tPA candidate. Everyone from the Emergency Department, Radiology, Lab, the physicians and the nurses all must work together to do their part in a timely manner.”

Dr. Timothy Hagen, a McLeod Neurologist, added, “McLeod is serious about the care of stroke patients. Last year, we treated more than 700 stroke patients at McLeod. As a Neurologist, it is the number one consult I receive. The potential disability from stroke is a terrible fear for patients to face. The McLeod Stroke Team will continue to monitor the quality metrics that allow us to demonstrate that we can and will continue to take care of stroke patients at the highest level.”



Ed Farley (at left) and John Farley (middle) were quick to get their brother Joseph (at right) life-saving treatment at McLeod Regional Medical Center when he began experiencing stroke symptoms while they were traveling on Interstate 95 from Florida to New Jersey.

“I came to McLeod on Saturday and, by Monday, my symptoms were completely gone. I could eat. I could walk. I had no deficits. It was a miracle. Tuesday, I was discharged to travel back home to New Jersey.”

– Joseph Farley

CLEARING BLOCKAGES

by Tammy White



McLeod Vascular Surgeons Dr. Gabor Winkler (left) and Dr. Christopher Cunningham (right) are board certified in vascular surgery. They also have additional advanced interventional fellowship training.

Blood vessels are similar to roads. They serve as highways to carry blood quickly from the heart to every region in the body and back again. However, when there is a bump in the road, like an intersection closed as a result of a car accident, the road has to be reopened for cars to get through. In the body, these bumps are commonly blockages preventing the blood from flowing. When vessels are unable to perform their duty the skill of a vascular surgeon is necessary to repair the damage and open the blockage.

The McLeod Vascular Program is led by two board certified vascular surgeons, **Dr. Christopher Cunningham** and **Dr. Gabor Winkler**. They are supported by a dedicated vascular surgical team and the technology of the region's only Vascular Hybrid Surgical Suite that provides the surgeons the flexibility of performing both diagnostic and surgical procedures in one location.

Vascular services include the latest technologies and approaches to treat carotid artery disease for stroke prevention; venous disease; repair of abdominal aortic aneurysm; peripheral vascular disease or poor circulation of the legs; and varicose vein surgery.

"Vascular disease is a result of controllable risk factors and our lifestyle choices," said Dr. Winkler. "Therefore, if you are at risk, modification needs to start today. Most patients are able to modify their risk factors to the point where they can either prevent their symptoms from happening or stop them from becoming worse."

"The Vascular Surgical Society stresses the importance of the vascular surgeon's involvement in all aspects of vascular care. Sometimes the symptoms patients present with are very nonspecific. It is up to the vascular specialist to pinpoint whether the symptoms are in fact related to vascular disease or to other causes."

"Once we complete the diagnostic testing and determine that the patient does indeed have vascular disease, we then consult with the patient and together decide the best treatment option. We stress the importance of risk factor modification and recommend noninvasive treatments such as medication or medical therapy first, when possible."

"In advanced stages of the disease, we will recommend the most effective and least invasive intervention or procedure to help the patient with their symptoms," added Dr. Winkler.

The treatment of vascular disease is a spectrum of therapies. It starts with modifying risk factors, medication, minimally invasive procedures such as balloon angioplasty, and/or stents, all the way up to more invasive procedures, such as a bypass operation.

Aneurysm Repair

Dr. Cunningham and Dr. Winkler are highly experienced in minimally invasive procedures such as endovascular grafting for abdominal aortic aneurysm repair.

An aneurysm is an enlarged, balloon-like bulge, and weakened section of a blood vessel. Most aneurysms occur in the aorta, the largest blood vessel that comes out of the heart and provides blood to the rest of the body.

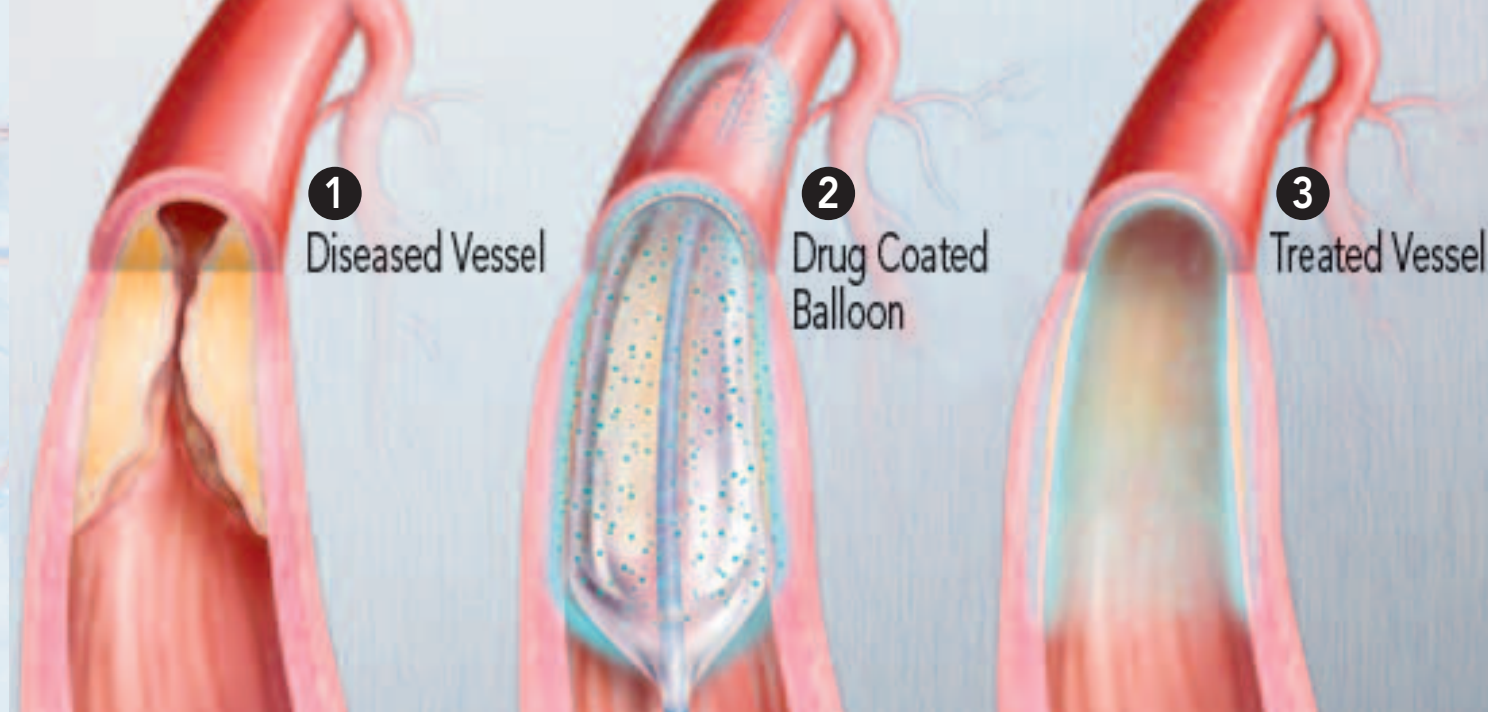
Endovascular grafting involves a catheter through a groin artery into the abdominal aorta. The graft, via the catheter, is inserted into the aneurysm to protect it from rupturing or continuing to grow. Most patients are up and walking the evening of their surgery and go home the next day.

When an aneurysm is left untreated there is a threat of it rupturing. This danger increases with the size of the aneurysm and high blood pressure. Ruptured aneurysms are frequently fatal and are a leading cause of death in the United States.

"We repair aortic aneurysms when they grow to a certain size or configuration and become a higher risk for rupture," said Dr. Winkler. "Aortic aneurysms start as a normal size aorta and grow slowly over time. The risk of rupture begins around five centimeters. Once you get beyond that, the risk goes up very quickly."

"Preventing further blockage of arteries is just as important as removing the initial blockage."

– Dr. Christopher Cunningham



In the Diseased Vessel (1) the artery has a build up of fatty material that limits the blood flow. The Drug Coated Balloon (2) is deployed in the vessel, inflated for a minimum of 30 seconds, deflated and removed. It leaves behind a therapeutic dose of medicine (3) on the inner surface of the artery, which helps prevent the artery from becoming blocked again.

Aortic Emergency Care Program

When it comes to disease and conditions affecting the arteries of the circulatory systems, every second to appropriate intervention is critical. The McLeod Vascular Team is leading the region with initiatives to improve the care of all vascular emergencies with an Aortic Emergency Care Program. This program will streamline the care for vascular patients with abdominal or thoracic (chest) aortic emergencies offering resources and treatment modalities many outlying hospitals do not have readily available. This rapid response program will deliver timely treatment and life-saving care for vascular emergency patients.

Aortic emergencies are treated through a rapid triage and coordinated team approach between Drs. Cunningham and Winkler and the physicians of the McLeod Heart and Vascular Institute.

"We can deliver the care the patient needs on an emergent or urgent basis. Most frequently, tears of the aorta can be treated endovascularly from an artery in the leg. Using X-ray imaging to guide us to the tear, we use a catheter wire to

place a stent graft where the tear has occurred. A stent graft is a cloth tube supported by a metal conforming structure that seals the tear and stops the bleeding," explained Dr. Cunningham.

Carotid Artery Stenting

McLeod has been an approved facility for Carotid Artery Stenting for stroke prevention since 2001.

"Carotid stenting is a procedure to clean out blockages in the vessel to the brain that if left untreated could lead to a stroke," said Dr. Cunningham.

"It is also an endovascular procedure meaning the surgery is performed from the artery in the leg. There are no nerves inside the arteries so patients cannot feel the wire. We then stent the artery open, which is a wire cage specifically made for this area. Most patients come in the day of the procedure, we perform the surgery in about an hour and they go home the next morning."

Peripheral Arterial Disease (PAD)

Peripheral arterial disease occurs when fatty material (plaque) builds up in the arteries that carry blood to the

limbs, usually affecting the arteries in the legs. This causes hardening and/or narrowing of the arteries and limits the blood flow through the body.

On October 10, 2014, the U.S. Food and Drug Administration approved the first drug-coated balloon used to re-open narrow or blocked arteries in the thigh and knee as a result of peripheral arterial disease.

On Friday, October 17, 2014, Dr. Cunningham, with the assistance of Dr. Winkler, performed the first angioplasty procedure in South Carolina using the new drug-coated balloon.

The balloon used to re-open the arteries is coated on its outer surface with a drug, which is designed to help prevent recurrent narrowing of the arteries.

"Peripheral arterial disease can be quite serious," said Dr. Cunningham. "Preventing further blockage of arteries is just as important as removing the initial blockage. This new therapy is another major step forward in the treatment of PAD. We are fortunate McLeod has this cutting-edge technology available for our vascular patients."

McLeod Seacoast Expansion Underway

by Jennifer Hulon

McLeod Health is pleased to announce that expansion plans are underway at McLeod Seacoast. As the community grows, so do the health care needs of residents of all ages and medical issues. McLeod is committed to the provision of quality treatments, services and programs in Horry County and surrounding areas.

For this reason, McLeod Seacoast is expanding its Emergency Department, the largest hospital growth project to date, which is now in the beginning phase. Concurrent enhancements to the facilities and services are: Day Hospital (Outpatient Services) expansion, a new energy plant, a new central sterile unit and a new Procurement warehouse. The most visual renovation for the public will be the Concourse addition. This will change the appearance of McLeod Seacoast and will offer a public thoroughfare at the hospital entrance for

ease of navigation to services and access.

"A large percentage of our admissions come to our hospitals through the Emergency Department," said Dick Tinsley, Administrator of McLeod Loris Seacoast. "This is their first impression of our efficiency, quality, and service. This project is underway to accommodate the healthcare demands of our growing area and to provide quality healthcare when emergency services are needed."

The Emergency Department expansion project will allow

McLeod Seacoast to grow its 11 exam rooms into a total of 24 exam rooms, including three state-of-the-art trauma bays. The exam rooms will be private, with the latest technology and amenities in emergency care. In addition, there will also be a Fast Track area to rapidly treat less complex emergency cases, which will ease congestion and lower wait times.

At the completion of these enhancements, McLeod Loris Seacoast will continue in its mission as an integral part of a state-of-the-art medical system to meet the region's medical needs.



DETERMINED TO WIN

by Tracy H. Stanton

Mother and daughter, Merlee Shumpert (at right) and Susan Hill are each breast cancer survivors of more than 12 years.

Merlee Shumpert and her daughter Susan Hill share more in common than the color of their eyes or their love for tennis. Merlee and Susan are also breast cancer survivors for more than 12 years each.

At 76 years of age, Merlee is as active today as she was 42 years ago when she first picked up a tennis racquet. She continues to play tennis for two hours, three times a week and hikes whenever she gets the chance.

Diagnosed with breast cancer in August of 2000, Merlee underwent a mastectomy followed by chemotherapy for six months. She played her favorite sport throughout her treatments. "I was able to handle my diagnosis by staying active and positive."

Two years after Merlee's diagnosis, 34-year-old Susan mentioned to her mom that she was going to the gynecologist for her annual check-up. Merlee suggested to Susan that she ask

her physician if she should have a mammogram given Merlee's diagnosis. Susan's physician agreed -- considering the family history. Susan's first mammogram revealed a tumor. However, she was fortunate that it was caught early. Following surgery, she did not require any further treatment.

"Since my mom had already been through this journey, she helped me rise above it. After the initial tears,

I took her advice and turned it over to the Lord," said Susan.

Merlee adds that she doesn't think cancer changed her life. "I was determined not to let this defeat me. I like to win -- just ask any of my tennis partners. Cancer was just another match to be won."

"Since my mom had already been through this journey, she helped me rise above it."

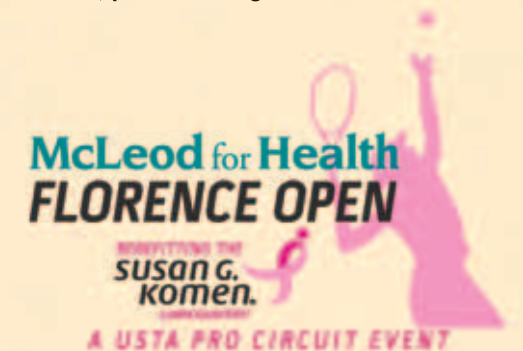
– Susan Hill

McLeod for Health Florence Open

In October, McLeod Health partnered with the City of Florence to raise awareness of breast cancer and physical activity as the presenting sponsor of the McLeod for Health Florence Open, a USTA women's professional tennis tournament benefitting Susan G. Komen Lowcountry.

Net proceeds from the tournament are going to Susan G. Komen Lowcountry to help in the fight against breast cancer in the region. Over the past several years, Komen Lowcountry has provided major grants to the McLeod Health Foundation for McLeod Regional Medical Center to support mammograms, follow-up diagnostic procedures, patient navigation services, and survivor support services, including transportation and child care.

More than 2,000 people attended the McLeod for Health Florence Open during the nine-day event at the Dr. Eddie Floyd Florence Tennis Center. Several McLeod Physicians also supported the tournament by attending the matches, opening their homes to players and participating in the Pro Am tournament and Community Day. These physicians included: Dr. Amy Murrell, Dr. Vinod Jona, Dr. Rodney Alan, Dr. David Horger and Dr. Nicolette Naso.



Able to Rest Easy Again

by Rachel T. Gainey

Having lived most of her life in Lake View, South Carolina, Geraldine Floyd often reflects on a past of working hard on a farm and in her garden. One of her greatest joys has been cooking fresh grown food for others.

“My mom doesn’t know how to cook for just a few people,” explains her daughter, Mecoe Jones. “She has always cooked in large pots, enough to feed a crowd.”

Following years of hard work, the wear and tear incurred by her left shoulder started causing Geraldine discomfort. “The pain started in early 2013. It was a constant, stabbing pain that would not ease up. The worst time

was at night. I just couldn’t get a good night’s sleep,” said Geraldine.

Geraldine first visited Orthopedic Surgeon **Dr. Michael Sutton** with McLeod Orthopaedics Dillon, in May of 2013. He was recommended by her daughter, an employee at McLeod Dillon that knew the quality of his work. Dr. Sutton also serves as Chief of Staff for McLeod Dillon.

“Geraldine explained that she had been having pain for four to five months in her left shoulder and that anti-inflammatory medications were

not helping ease the pain,” said Dr. Sutton. After an initial evaluation, Dr. Sutton gave Geraldine a cortisone steroid injection to help provide relief.

“The injection helped relieve the pain temporarily,” said Geraldine. “I exercised at home to help as well.”

“Geraldine’s rotator cuff was the source of her pain,” said Dr. Sutton. The rotator cuff is a group of muscles and tendons that cover the shoulder joint. These muscles and tendons hold the arm in the ball and socket shoulder joint, and they help move the shoulder in different directions. However, the tendons in the rotator cuff can tear when they are overused or injured.

Geraldine had medical appointments with Dr. Sutton several more times that year. “Geraldine and I wanted to explore other options before deciding on surgery,” said Dr. Sutton.

“When we visited Dr. Sutton in the office, he was very compassionate and concerned about the pain my mom was experiencing,” said Mecoe.

“I remember him telling her that he wanted to get to the root of the pain because he could tell she was hurting. Dr. Sutton always communicated in a way that we could understand.”

As 2013 progressed, Geraldine’s left shoulder pain increased. “By the end of the year, she could not lift her arm above 90 degrees,” said Dr. Sutton. “We then began discussing the need for an arthroscopy procedure.”

Shoulder arthroscopy is a surgical procedure that uses a tiny camera, called an arthroscope, to examine or repair the tissues inside or around the shoulder joint. The arthroscope is inserted through a small incision in the skin and is connected to a video monitor in the operating room.

“As Geraldine’s pain increased and function decreased, we made the

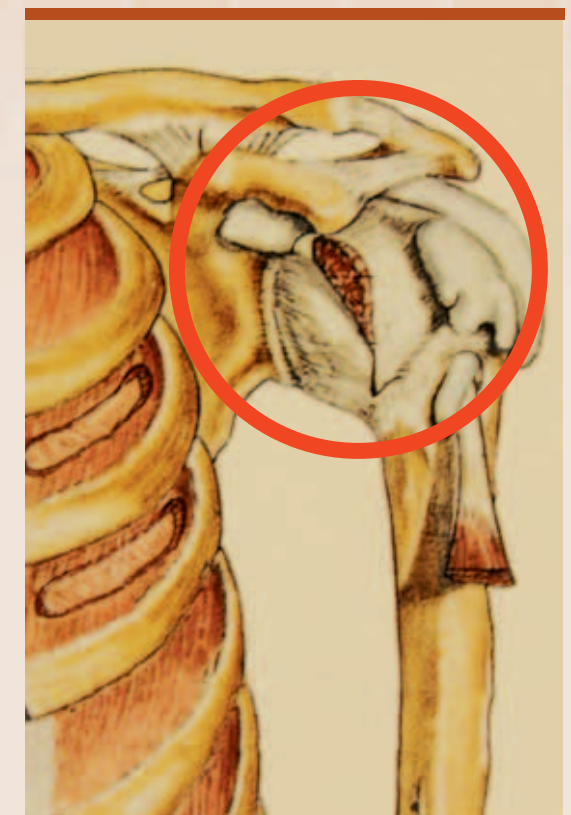
decision to proceed with the arthroscopic procedure in April of 2014. During this procedure, I inspected all the tissues of her shoulder joint and the area above the joint -- the cartilage, bones, tendons, and ligaments. A tear in a muscle, tendon, or cartilage can sometimes be fixed. In Geraldine’s case, I found that three of the four tendons were torn, leaving only one useable tendon. I was also able to remove bone spurs and some of the damaged tissue,” said Dr. Sutton.

Following this procedure, Geraldine began physical therapy at McLeod Dillon. “After an arthroscopic procedure, physical therapy can help a person regain motion and strength in the shoulder and provide additional pain relief,” said Philip Verjans, PT, MPT, Director of Rehabilitation Services at McLeod Dillon, and one of the physical therapists who worked with Geraldine.

“I saw some relief from the injection, procedure and therapy, but the pain was never fully relieved. I still couldn’t rest,” said Geraldine. “Our goal was to decrease the pain, and it seemed that surgery was the next option. Dr. Sutton was my choice for surgery, because I felt comfortable with him.”

“Geraldine and I discussed reverse shoulder replacement surgery. This is typically best for older patients that are looking for decreased pain,” said Dr. Sutton.

Reverse shoulder replacement is a type of shoulder procedure performed on patients who have developed arthritis of the shoulder joint as a result of a massive rotator cuff tear that is no



Geraldine Floyd of Lake View, SC, underwent a surgical procedure on the rotator cuff in her left shoulder.

longer repairable. It is called reverse shoulder replacement because the position of the ball and socket are changed. The ball is on the socket side of the joint and the socket is on the ball side, according to Dr. Sutton.

While in surgery, the condition of Geraldine’s joint could finally be truly assessed by Dr. Sutton. He determined that the condition of Geraldine’s shoulder was not appropriate for a reverse shoulder replacement as a result of her severely torn rotator cuff tendons and arthritis.

“Instead, I performed a procedure called a hemiarthroplasty, where the head of the humerus bone is replaced with a metal ball and stem,” explained Dr. Sutton.

Geraldine, who has returned to physical therapy at McLeod Dillon, said, “After the surgery, I experienced immediate relief from the pain. Best of all, I am able to rest. I can now sleep at night and have gotten more rest than I have had in a long time.”

“Our goal was to decrease the pain....Dr. Sutton was my choice for surgery.”

– Geraldine Floyd

Geraldine Floyd (left) and her daughter Mecoe Jones (right) describe Dr. Michael Sutton as a compassionate surgeon who provided Geraldine with relief from her pain and the ability to rest easy again.

McLeod News

MCLEOD BREAST HEALTH CENTER BECOMES FIRST IN THE REGION TO ACHIEVE BREAST IMAGING CENTER OF EXCELLENCE



Members of the McLeod Breast Health Center team recently achieved the status of Breast Imaging Center of Excellence by the American College of Radiology. From left to right: Becky Watts; Ginny Edwards; Beth Kurilla, McLeod Breast Imaging Diagnostic Supervisor; Dr. Noel Phipps, McLeod Radiologist; Sheila Lewis, Deborha Sheppard, and Susan Jones.

The McLeod Breast Health Center is the first in the region to achieve a Breast Imaging Center of Excellence designation by the American College of Radiology (ACR).

By awarding facilities the status of a Breast Imaging Center of Excellence, the ACR recognizes breast imaging centers that have achieved accreditation in all of the College's voluntary breast-imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

"Our patients can be assured that our staff and facility meet national standards in the diagnosis and treatment of breast cancer," said **Dr. Noel Phipps**, McLeod Radiologist. "This accreditation is a demonstration of our commitment to the patients we serve."

"A priority of the McLeod Breast Health Center is providing the highest level of imaging quality and radiation safety to our patients," explains Beth Kurilla, McLeod Breast Imaging Diagnostic Supervisor.

The breast imaging services at the McLeod Breast Health Center are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. Peer-review evaluations, conducted in each breast imaging modality by board-certified physicians and medical physicists who are experts in the field, have determined that McLeod has achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures, and quality assurance programs.

When breast cancer is diagnosed at an early, localized stage, it has a very high cure rate of greater than ninety percent. Yearly screening mammograms can also help to detect breast cancer early when it is very treatable.

For more than 20 years, the McLeod Breast Health Center has served the region in the fight against breast cancer, the second leading cause of cancer-related deaths for women in the United States. In 2013 alone, there were 276 cases of breast cancer diagnosed at McLeod.

ABOUT THE ACR

The ACR, headquartered in Reston, Virginia, is a national organization serving more than 32,000 diagnostic/interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists with programs for focusing on the practice of medical imaging and radiation oncology, as well as the delivery of comprehensive health care services.



McLeod News

DR. LUSK NAMED VICE PRESIDENT OF PHYSICIAN DEVELOPMENT

Dr. C. Dale Lusk has been appointed to the position of Vice President of Physician Development for McLeod Health.

Dr. Lusk will assume overall responsibility for the organization's physician development initiatives, which are designed to develop physician leadership and support collaboration.

Dr. Lusk will serve in this leadership role as well as continue his work at his OB/GYN practice with Advanced Women's Care.

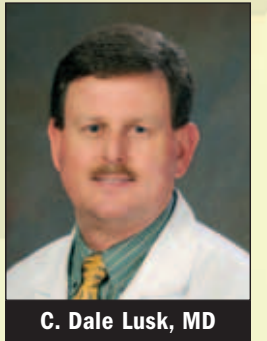
Dr. Lusk is a graduate of The Citadel. He received his medical degree from the Medical University of South Carolina.

He completed his OB/GYN internship and residency at the USAF Medical Center Keesler Air Force Base in Biloxi, Mississippi. Dr. Lusk remained in the Air Force until 1993, when he began caring for patients at Advanced Women's Care in Florence.

Dr. Lusk served as the Chief of Staff of McLeod Regional Medical Center for 2012 and 2013. He is involved in the Quality Operations and Credentials committees for McLeod Regional Medical Center, and has served as Chair of the Medical Executive Committee. Dr. Lusk has also served as a member of the McLeod Health Board as well as the

McLeod Regional Medical Center Community Board. He is a member of the South Carolina

Medical Association, Florence County Medical Society, and the South Carolina OB/GYN Society. He is also a Fellow of the American College of Obstetrics and Gynecology, a Diplomate of the American Board of OB/GYN, and a member of the American Association of Pro Life OB/GYNs, Christian Medical and Dental Association, and American Association of Gynecologic Laparoscopists.



C. Dale Lusk, MD

DR. CHARLES JOINS THE MCLEOD LORIS SEACOAST LEADERSHIP TEAM AS VICE PRESIDENT OF MEDICAL AFFAIRS & CHIEF MEDICAL OFFICER



John Charles, MD

President of Medical Affairs and Chief Medical Officer at McLeod Loris Seacoast.

"I have great respect for the McLeod system and its dedication to patient quality and patient safety," said Dr. Charles. "McLeod has excellent resources, and its values and culture are very appealing to me. At McLeod Loris Seacoast, I have the opportunity to build upon two already outstanding organizations and take them

to the next level by integrating McLeod's extraordinary culture, resources, and patient quality and safety standards."

A graduate of the medical school at George Washington University in Washington, DC, Dr. Charles completed his residency in Emergency Medicine at the Georgetown University Hospital and The George Washington University Hospital, and is board certified.

At Grand Strand Medical Center, Dr. Charles practiced in the organization's Emergency Department for more than a decade, and then served as Chief Medical Officer.

"We're extremely pleased to have Dr. Charles on McLeod Loris Seacoast's leadership team," said Dick Tinsley, Administrator of McLeod Loris Seacoast.

"He has an extraordinary track record as both an emergency physician and a medical administrator and is well-known throughout the Grand Strand region."

As Vice President of Medical Affairs and Chief Medical Officer, Dr. Charles is responsible for enhancing relationships and communications with the medical staff and providing assistance to area physicians.

He oversees the McLeod Loris Seacoast Hospitalist Program and assures that appropriate physician education, peer review and quality assurance systems are in place to fulfill the goals of McLeod Health. He also assists in patient care, facilitates admissions, and works to improve the quality of safety, science and service at McLeod Loris Seacoast.

McLeod News

MCLEOD HEALTH HONORS THREE EXTRAORDINARY INDIVIDUALS



Jeannette Glenn and Margaret Saverance share a moment in front of their portraits which will hang in perpetuity among other honorees at McLeod Regional Medical Center.



Celebrating with his immediate family, Dr. James Craigie is pictured with his portrait which will be displayed with future McLeod Loris Seacoast distinguished staff.

Celebrating their years of dedication and service to others, McLeod Health recently recognized Dr. James Craigie, Jeannette Glenn and Margaret Saverance. Family members, colleagues and friends were in attendance at events to honor these three inspiring individuals as their portraits were unveiled.

Jeannette Glenn was recognized as a nurse, leader and educator. Glenn began her career with McLeod in 1966 as a staff nurse. She was promoted to serve in many other capacities including Surgical Clinical Coordinator, Director of Staff Development, Associate Vice President and Senior Vice President of Human Resources, Education and Training. Glenn retired from McLeod in 2011 after nearly 45 years of service, yet remains active as a member of the McLeod Regional Medical Center Community Board.

She is well known as a passionate teacher and trainer, inspirational speaker and mentor, both professionally and in the community.

Margaret Saverance was honored for serving patients and staff as a McLeod Volunteer and Chaplain. Margaret has volunteered with McLeod Health since 1998 in several different areas. She has been recognized for giving more than 16,000 hours in service to others by any volunteer in the history of the program, rendering pastoral care at all hours of the day, night, week or weekend.

Today, she averages more than 15 hours a week volunteering for the medical center in various locations and as a Chaplain. In her unwavering devotion to others, Margaret is always ready to comfort, counsel and care, serving with a quiet strength in time of need.

Dr. James Craigie was recognized at McLeod Loris Seacoast with a portrait unveiling to commemorate his 52 years of service and dedication in bringing quality healthcare to citizens of the Loris, North Myrtle Beach and the surrounding areas. Dr. Craigie joined

the medical staff of Loris Community Hospital in 1962 when he established his practice, Loris Surgical Associates. He served as Chief of Surgery at Loris Community Hospital from 1962 until 1991 and was selected Physician of the Year by medical staff and employees, as well as Citizen of the Year by Loris Chamber of Commerce in 1998.

Retiring from private practice in 2004, Dr. Craigie made the decision to leave the operating room but not the healthcare system. He assumed the role of Vice President of Medical Affairs; a position he held with McLeod Loris Seacoast until his retirement in 2014.

Dr. Craigie has also been very active through the years with numerous boards, committees and civic organizations.

~ For Love's Sake ~
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