

McLeod

Volume 27, Issue 3, 2012

magazine

MCLEOD HEALTH:
VOICES OF HOPE

Kristin Slaughenhaupt



Views



Rob Colones

In our communities and across the nation, we continue to adjust to an ever changing health care environment. Despite uncertainty, we can cling to one constant, patients and their families expect and deserve the very best in what medicine has to offer. Whether it is in healing the hurting, diminishing suffering or by providing hope through survivorship, the goal is the same – serving others with compassion and quality, rendering the most appropriate care available to those afflicted by illness or injury.

At McLeod Health, we strive daily to improve lives and outcomes. We are dedicated to the four values of Caring, Quality, People and upholding standards of Integrity. Pursuit of excellence is unwavering, as our teams of devoted professionals commit to best practices in the delivery of health care through superlatives in treatments and research, updating and enhancing our facilities for comfort and seeking to incorporate state of the art technology to conquer disease and restore wellness.

It is a privilege to serve the people of our 15 county region, in both South Carolina and North Carolina. Our five hospitals, McLeod Dillon, McLeod Darlington, McLeod Loris, McLeod Seacoast and McLeod Regional Medical Center in Florence, seek to be gateways for the best in medical care for more than a million residents. Each patient is important and unique. Together, we face the medical challenges, travel on the journey to better health, and celebrate the victories. Daily, we listen to the voices of hope. Please join us in this issue of *McLeod Magazine* as others generously share their stories.

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President, McLeod Health



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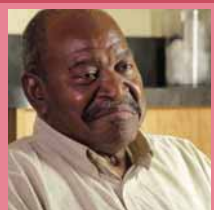
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Voices of Hope:

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



Johnnie Evans



Shaw Thompson



Toy Nettles



Dick Frate



Rebecca Thompson



Robin Thompson



Jeannette Glenn

On the Cover:

Kristin Slaughenhoupt, a cancer survivor, expresses her appreciation to McLeod caregivers. Join her and others in this dynamic video of courage and hope.

Click on the QR code to watch each touching story.



New Center for Cancer Treatment and Research to Open in 2013

by Tracy H. Stanton

The McLeod Center for Cancer Treatment and Research is currently under construction on the campus of McLeod Regional Medical Center. This new facility is being designed to offer an environment dedicated to the physical and emotional needs of cancer patients and their families.

The center plans to bring the outdoors inside. Natural light, greenery and trees, and a wall of cascading water will inspire, soothe and comfort patients and family members. In addition, the finishes feature warm wood and pastel colors as well as a “river runs through it” pattern on the flooring.

For those patients receiving infusion services on the first floor, they can look out the rounded glass to view a garden enclosed by a second water wall of tranquility. This wall allows patients to focus on the beauty of the garden and water feature rather than traffic and parking.

The center is designed to provide innovative multi-disciplinary care, ease of access to appointments

with McLeod Oncologists and Pulmonologists on the second floor, and participation in research trials as well as cancer treatment, all in one location.

The McLeod Radiation Oncology department, which is currently part of the space where the McLeod Center for Cancer Treatment and Research is being constructed, is also being renovated. In addition, a new “super” linear accelerator specifically designed for Stereotactic Radiosurgery is being installed. Stereotactic Radiosurgery (SRS) is an image-guided procedure for non-invasive treatment of tumors as well as nerve conditions. Advantages of this

linear accelerator include the degree of precision it offers, and the rapid dose rate it delivers which will allow the staff to administer a very large dose of radiation in a short amount of time to the brain and other organs in the body. In addition, this technology minimizes harm to healthy tissue and critical areas such as the spinal cord and lungs.

The concourse connecting the Cancer Center to the McLeod Tower also offers patients and visitors access to a library, pharmacy, and the McLeod Color Me Pink Boutique in addition to other amenities.

The McLeod Center for Cancer Treatment and Research is scheduled to open in the Summer of 2013.

2012 McLEOD HEALTH CANCER REPORT

A Report from the Chairman



Rajesh Bajaj, M.D.

As Chairman of the McLeod Cancer Committee, I am pleased to present the 2012 Cancer Report, based on 2011 statistics. This year, we diagnosed more than 1,200 new cases of cancer – our largest number yet.

In reviewing these cases, we noted a large increase in the number of lung cancer patients, which unfortunately is one of the cancers with the highest mortality. To help this patient population, we added a nurse navigator specifically for lung cancer patients to our team in 2010. She coordinates these patients’ care, presents all of the data to our Cancer Conference Board, and is actively involved in research and smoking cessation programs.

Dr. Bajaj and his colleagues with McLeod Oncology and Hematology Associates. From left to right, Dr. Stuart Markwell, Dr. Michael Pavy, Dr. Jamie Smith and Dr. Sreenivas Rao.

Cancer is not one disease. In fact, it is a group of perhaps thousands of different diseases which share some common characteristics. For this reason cancer treatments are very complex and increasingly personalized. At McLeod, we have a multi-disciplinary team approach to diagnosing and treating this disease. Physicians representing various specialties, nurses, research staff, tumor registrars, rehabilitation therapists and nutritionists, all collaborate in recommending treatment plans for our cancer patients, especially those challenging cases.

Thirty-five years later, McLeod remains the only accredited hospital by the Commission on Cancer of the American College of Surgeons in this region of South Carolina. Commission on Cancer-accredited programs demonstrate excellence in various key elements which are crucial to the multi-disciplinary approach in treatment of a complex group of diseases.

This includes offering state of the art diagnostic and treatment facilities, a multi-disciplinary cancer conference board, tumor registry and quality improvement programs.

While we wait for the technical advances to cure cancer in the future, we are fully aware that the number of patients who will be diagnosed in the next few decades will increase dramatically as the baby boomers age.

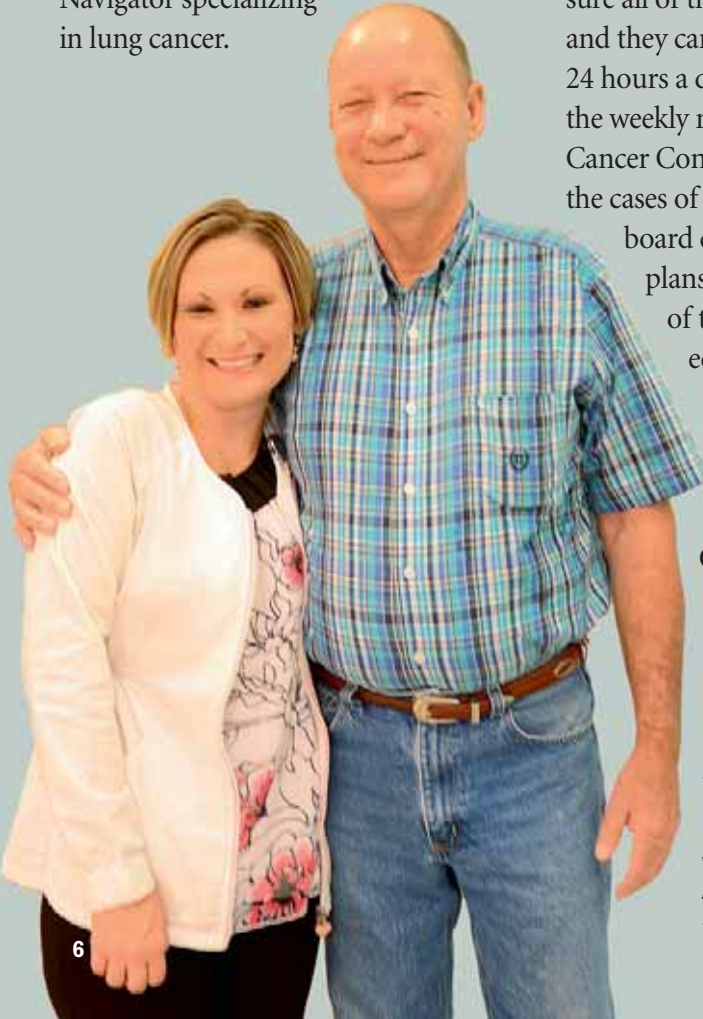
There is an increasing number of treatment options and technological advances which give us hope for a cure. Our challenge will be to deliver compassionate and high quality care cost effectively as the number of cancer patients increases in our region. We are proud of the team in place to take on this challenge in the coming years.



Guiding Patients During Their Cancer Journey

Lung cancer is the most common cancer-related death in American men and the second most common in women, claiming more lives than breast cancer, prostate cancer and colorectal cancer combined.

In an effort to improve patient care and lung cancer outcomes, the McLeod Center for Cancer Treatment and Research guided by Oncologist Dr. Rajesh Bajaj, Cardiothoracic Surgeon Dr. Greg Jones, and Pulmonologist Dr. Vinod Jona, made the decision to add a Cancer Nurse Navigator specializing in lung cancer.



Summer Bryant-Cook works with lung cancer patients from the time they are diagnosed, helping them with the emotional and physical issues related to lung cancer. If a patient receives abnormal results, this McLeod Cancer Nurse Navigator becomes involved. She is available to the patient to make sure all of their questions are answered and they can also reach her by pager, 24 hours a day. In addition, she attends the weekly meetings of the McLeod Cancer Conference Board to present the cases of lung cancer patients so the board can recommend treatment plans for these patients. The goal of this nurse navigator is to educate patients in order to empower them to make the right decisions about their lung cancer journey.

The McLeod Lung Cancer Nurse Navigator works with pulmonologists, cardiothoracic surgeons,

Summer Bryant-Cook, the McLeod Lung Cancer Nurse Navigator, shares a warm smile with Lung Cancer Survivor Archie McKenzie of Dillon, South Carolina.

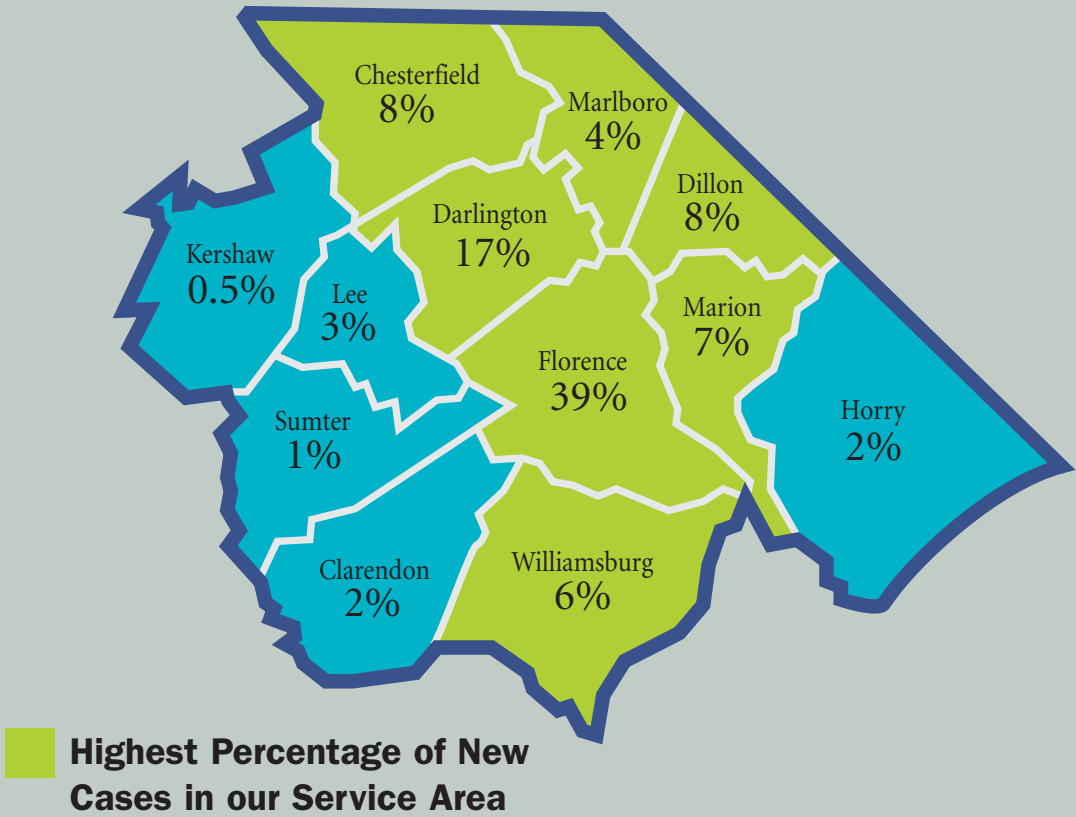
radiation oncologists and medical oncologists to meet patients newly diagnosed with lung cancer. She then expedites all aspects of care associated with the lung cancer patient. This is performed by ensuring that patients are scheduled for the most appropriate diagnostic tests within a reasonable time frame. After a diagnosis is made and staging is completed, the Lung Cancer Nurse Navigator works with a multi-disciplinary team to develop a coordinated care plan.

The Lung Cancer Nurse Navigator:

- helps “navigate” patients through the frustration and confusion that comes along with medical tests and appointments.
- serves as an educator for the patient and family members
- works to educate referring physicians and facilities on services offered at McLeod
- provides emotional support for the patient and family members
- communicates with all members of the healthcare team on behalf of the patient

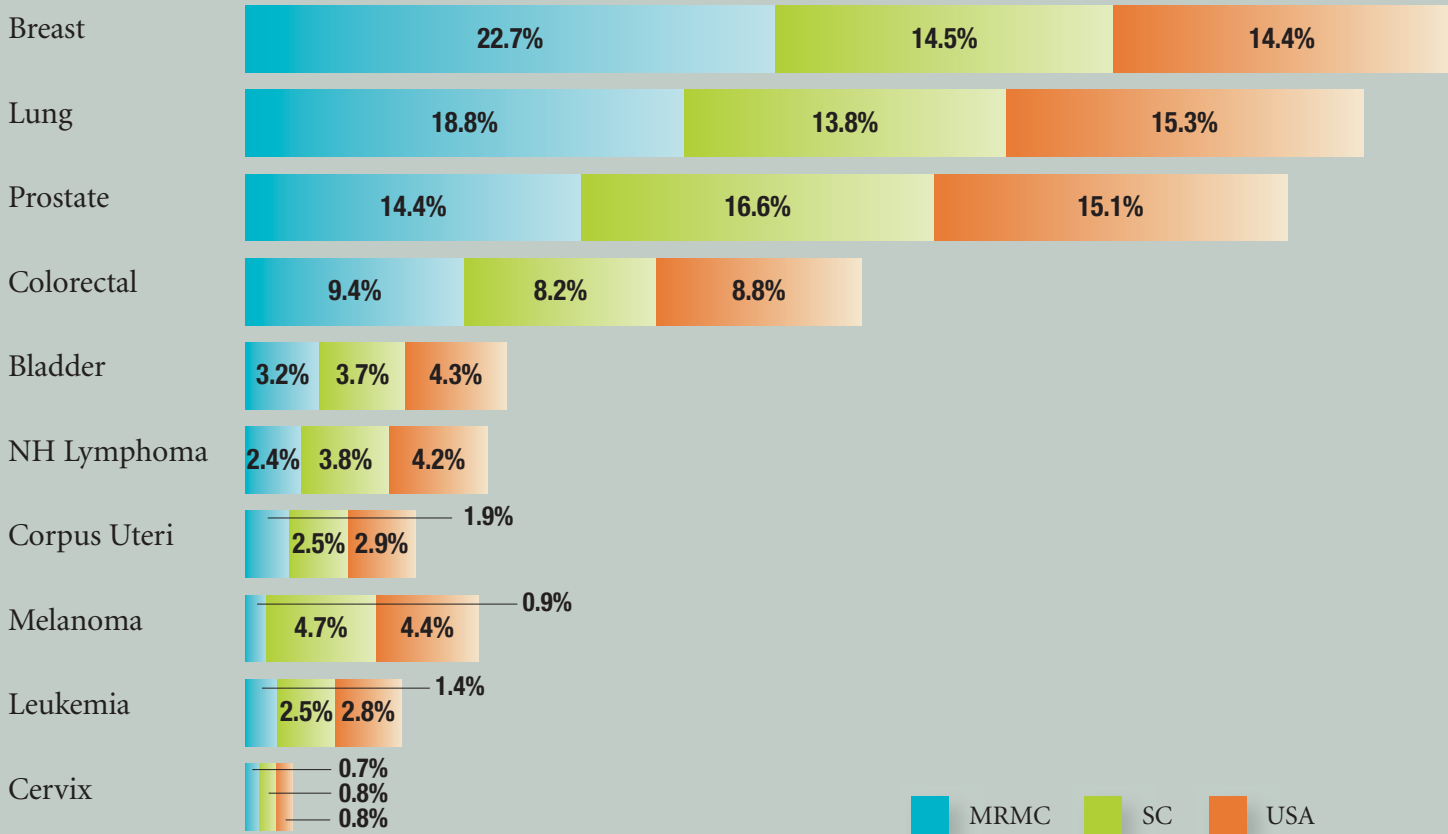
To contact the McLeod Lung Cancer Nurse Navigator, please call (843) 777-5640.

Five Leading Cancer Sites	
Diagnosed at McLeod in 2011	
Site	Cases
Breast	279
Lung	231
Prostate	176
Colorectal	114
Urinary	69
Other	360
Total Cases: 1229	



10 Most Prevalent Cancer Sites

Source: American Cancer Society “Cancer Facts and Figures 2011”



The McLeod Cancer Clinic: Helping Those in Need

During the 1950's, the McLeod Cancer Clinic officially opened to the community as a South Carolina state-funded program. In 2004, the state ended all funding to the five hospitals that operated cancer clinics, including McLeod. However, McLeod Health leaders and physicians realized the tremendous need for the Cancer Clinic and decided to continue serving patients in the region.

A McLeod Oncologist and Cancer Clinic Volunteer, Dr. Michael Pavy, explains, "A cancer diagnosis is very overwhelming to patients, and the last thing they need to worry about is how they will pay for their care. It is a very humanitarian service for McLeod to provide this level of care."

Today, the McLeod Cancer Clinic remains as the only hospital-based cancer clinic in the state available to provide cancer care to the underserved in this region who have no ability to pay.

The clinic provides cancer services including chemotherapy and radiation on an outpatient basis to patients in

need who meet the medical and financial requirements for eligibility.

Six board certified medical oncologists affiliated with McLeod and five registered nurses voluntarily support the monthly clinics. Other specialists assisting in the care of the McLeod Cancer Clinic patients include Radiation Oncology, OB/GYN, Dermatology, Surgery, and Ear, Nose and Throat, who accept clinic patients at no charge or at a reduced rate. The McLeod Cancer Clinic is also supported daily by Certified Oncology Social Worker Raquel Serrano, Registered Nurse and Clinic Coordinator Sharon James, and Registry Clerk Gloria Eaddy.

In order to receive care in the McLeod Cancer Clinic, a physician must refer the patient and there must be

a biopsy proven diagnosis of cancer. Patients also must meet certain income criteria.

The McLeod Cancer Clinic covers:

- Outpatient Services
- Prescription drugs for cancer-related treatment
- Outpatient dental care that is necessary for optimal cancer therapy
- Palliative treatment for the relief of side effects and symptoms directly related to current or past cancer treatment
- Outpatient surgery procedures
- Chemotherapy

Eligibility Criteria

The patient must be a resident of Florence, Darlington, Dillon, Marion, Marlboro or Chesterfield County to be admitted to the McLeod Cancer Clinic.

For more information on the McLeod Cancer Clinic, please call (843) 777-6385.

The McLeod Cancer Clinic is supported by Certified Oncology Social Worker Raquel Serrano, Registered Nurse and Clinic Coordinator Sharon James, and Registry Clerk Gloria Eaddy.



An Evening of Hope

An Evening of Hope, a musical and comedy revue where performers paid tribute to loved ones touched by cancer, was held in the Fall at the Florence Little Theatre. Proceeds from the event will benefit the new McLeod Center for Cancer Treatment and Research which will open in 2013.

McLeod Oncologist and Co-Medical Director of McLeod Cancer Services, Dr. Michael Pavy, opened *An Evening of Hope*. This is McLeod Health Foundation's 13th Annual Cancer Benefit.

Dr. Pavy's remarks were followed by these talented performers and regional artists: National Recording Artist Alicia Williamson-Garcia, a Florence native and Cancer Survivor; Jonathan Kammer on saxophone; Singers Saviah Miller and R.J. Lee; Dual piano performances and music by Mary Louise Hill, Diane Perry, and Anna Perry; The Men of the Lake City Community Theatre accompanied by Robin Thompson on piano and Cliff Gardner on flute; Singer Dayna Slaughenhoupt; Musicians Meghana Rao, Darby Moore, and Kristy Liao, members of the Florence Young Composers' Forum; a comedic skit by Shaw Thompson and Blake Graham; Singer Cheryl Brown; and the Masterworks Choir accompanied by Robin Thompson.

Thanks to the generosity of many generous donors and sponsors, more than \$61,000 was raised during this annual event and memorable evening to benefit the McLeod Center for Cancer Treatment and Research.

Improving Patient Care One Procedure at a Time

by Jessica Wall



Surgeons Dr. Amy Murrell, left, and Dr. Keith Player, right, perform laparoscopic colectomies at McLeod Regional Medical Center. This minimally invasive procedure offers patients a significantly improved recovery process.

The goal of surgeons with McLeod Health is to offer patients improved options for surgical procedures while maintaining the highest level of care. In the case of patients requiring a colon resection, a laparoscopic or minimally invasive option is available.

A colon resection, or colectomy, is the removal of part or the entire colon, depending on the nature of the patient's disease. A colectomy is most commonly used to treat colon cancer or polyps as well as diverticulitis, or an inflammation of the colon.

Traditionally, surgeons have performed colectomies through an open incision, which involves a large cut through the middle of the patient's abdomen. This is followed by a seven to ten day hospital stay. The total recovery time from this type of procedure can take up to ten weeks.

At McLeod, surgeons perform open colectomies only if this procedure is the only viable option. McLeod surgeons prefer to use the laparoscopic approach when performing colectomies, which has been in practice for about a decade.

Under this approach, three incisions are made, two 1-centimeter incisions and one 5- to 7-centimeter incision. The colon is able to be removed through these small incisions. The morning after surgery, the patient is encouraged to eat and drink. Because this procedure has much less physiological impact on the patient's intestinal system, there is a much smaller delay in the patient resuming normal bowel function and moving around.

The physician's goal is to minimize the patient's hospital stay to three to five days, and the recovery time is reduced to less than three weeks.

"This is the same operation with significantly less trauma to the patient," says **Dr. Keith Player**, a surgeon with Pee Dee Surgical Group. "The laparoscopic colectomy is a wonderful operation that has become the standard of care."

Dr. Amy Murrell, also with Pee Dee Surgical Group, explains, "Because of the high volume of colon resections performed at McLeod, the surgeons of Pee Dee Surgical have become very experienced in this operation."

"We are performing this surgery through much smaller incisions with greatly shortened recovery times, yet the patient is still receiving the best outcome possible."

– Dr. Amy Murrell

According to both Dr. Player and Dr. Murrell, in experienced hands, there is no benefit to performing an open colectomy today if a laparoscopic approach can be safely performed.

For example, when treating colon cancer, Dr. Murrell explains that with the laparoscopic approach, it is still vital to remove the lymph nodes around the colon, or the procedure is not a complete cancer operation. She also emphasizes the importance of using an experienced and trained laparoscopic surgeon.

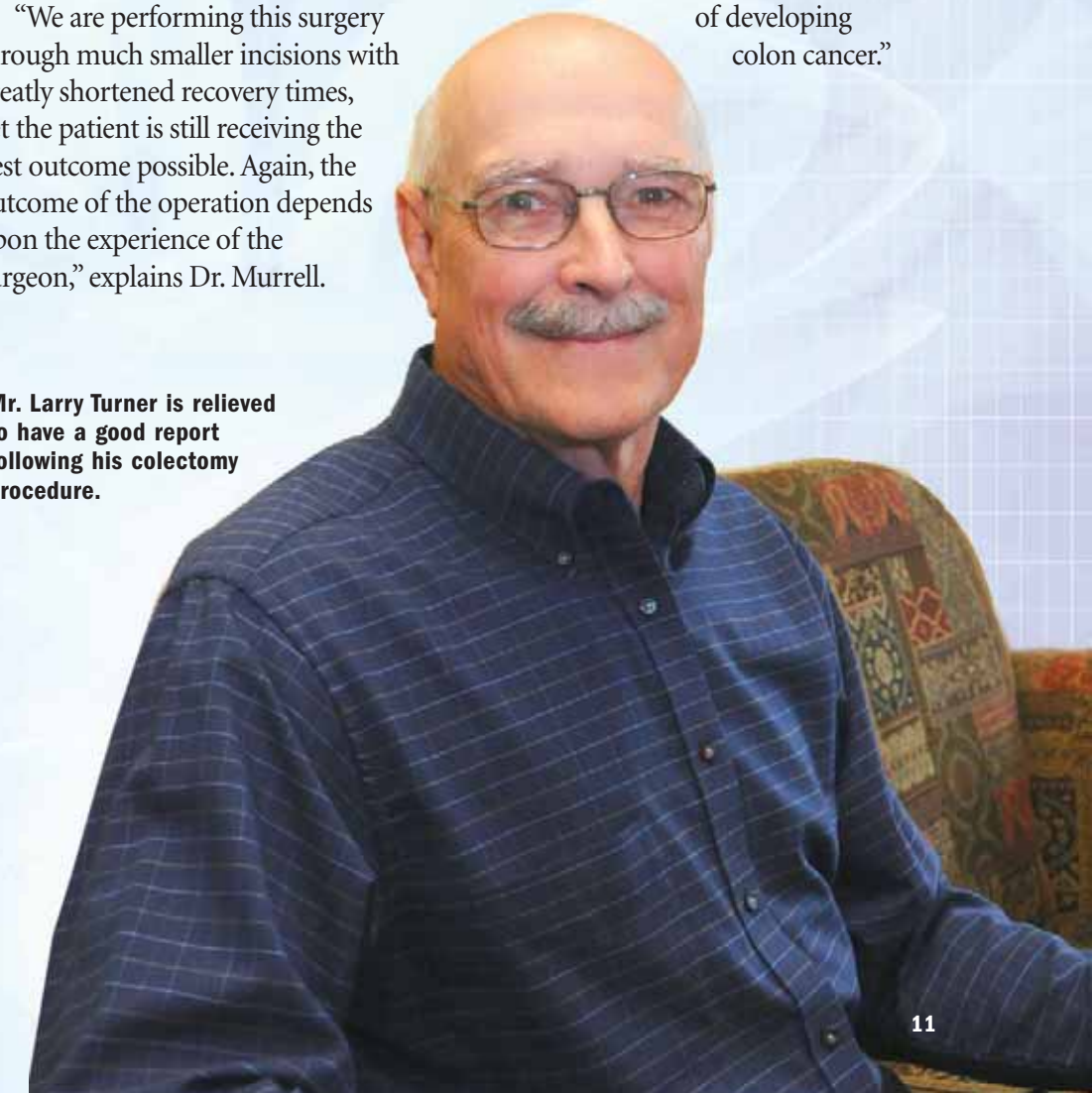
"We are performing this surgery through much smaller incisions with greatly shortened recovery times, yet the patient is still receiving the best outcome possible. Again, the outcome of the operation depends upon the experience of the surgeon," explains Dr. Murrell.

"The length of the operation is usually the same or less," says Dr. Murrell. "There is also a much lower risk of wound infections as well as hernia and adhesion formation, which could lead to bowel obstruction."

It is also important for individuals to be proactive in regards to their health. As Dr. Player explains, "The most effective way people can prevent colon cancer is to follow the American Cancer Society's guidelines for regular screenings, which

lowers an individual's risk of developing colon cancer."

Mr. Larry Turner is relieved to have a good report following his colectomy procedure.



“Dr. Murrell was so easy to talk to and very pleasant. She was also informative and clear about treatment.”

– Peggy Lentz

Regular screenings include a colonoscopy, which is recommended for adults ages 50 and older, or earlier if certain diseases run in the family. With this approach, polyps can be detected and removed before developing into cancer.

Approximately ten years ago, **Larry Turner**, a 69-year-old resident of Florence, went in for a routine colonoscopy. During the procedure, his gastroenterologist found and removed a polyp. He returned for a follow-up one year later, and he received a good report. Earlier this year, in January, Larry had a colonoscopy, and his gastroenterologist found and removed another polyp.

Because of the recurrence of colon polyps, Larry’s gastroenterologist referred him to Dr. Player to have that part of his colon removed.

“Dr. Player made me feel very comfortable about having the procedure,” said Larry.

On March 12, 2012, Larry had a laparoscopic colectomy. He experienced no complications, and his hospital stay lasted only three days. One week after the procedure, Larry had a routine follow-up with Dr. Player and remains in excellent condition today.

Larry now follows up with his gastroenterologist, and he will have another colonoscopy in one year.

Peggy Lentz, an 84-year-old resident of Florence, also understands the importance of having regular screenings. Peggy underwent a routine colonoscopy,

and her gastroenterologist discovered a polyp that was not able to be completely removed during the procedure.

Two years later, she had another colonoscopy, and the polyp had grown approximately two inches.

Peggy had two options – continue to watch the polyp or have a colon resection. Although the polyp was benign, or non-cancerous, Peggy’s gastroenterologist said that it could turn into cancer. Cancer was a risk that Peggy was not willing to take, considering her son is a twelve-year survivor of colon cancer. Determined to prevent the possibility of the polyp developing into cancer, Peggy made the decision to have surgery. Her gastroenterologist referred her to Dr. Murrell.

“Dr. Murrell was so easy to talk to and very pleasant,” said Peggy. “She was also informative and clear about treatment.”

Peggy had a laparoscopic colectomy performed on February 14, 2012. She stayed in the hospital for five days and experienced no complications from the procedure. “As far as the surgery, it was perfect,” added Peggy.

According to Dr. Murrell, patients like Peggy are not the exception, but the rule. “There is such a night and day difference in the recovery of patients who undergo a laparoscopic surgery compared to an open operation.”

Larry and Peggy are testaments to the importance of having regular colon screenings as suggested by the American Cancer Society. Months after their procedures, both are doing well and enjoying life.

Mrs. Peggy Lentz has a new peace of mind knowing that her chances of developing colon cancer have been reduced.

THE IMPORTANCE OF REGULAR SCREENINGS



What is a colon polyp?

A colon polyp is a small growth on the inner lining of the large intestine, some of which can progress into cancer. Polyps may be scattered throughout the colon and vary in size from a few millimeters to several centimeters.

Why is it important to treat colon polyps?

Colon polyps are important because of their known relationship to colon cancer, which is the third leading cancer in the United States, and the second leading cause of cancer related death. It is well established that most colon cancers arise from colon polyps. Identifying and removing colon polyps during colonoscopy can prevent their progression to cancer and ultimately save lives.

Are all colon polyps cancerous?

The vast majority of polyps are NOT cancerous or even precancerous. The precancerous polyp which can turn into a cancer is called an adenoma. Usually, the larger the size of the adenoma, the greater the chance that there may be cancer or precancerous cells present in the polyp. Since it is hard to determine the exact nature of a polyp, polyps found during colonoscopy are removed and sent to the lab for a microscopic analysis.

How long does it take a colon polyp to grow into a cancer?

Current theories propose it will take about 10 years for a small adenoma to transform into a cancer. That is why the standard interval for screening colonoscopy is 10 years.

Who should be checked for colon polyps?

Both men and women at average risk for colorectal cancer should begin screening for colon polyps at age 50. Recent evidence and guidelines from the American College of Gastroenterology recommend beginning at age 45 for African Americans as this ethnic group has demonstrated a higher risk for precancerous polyps as well as colon cancer. If you have a family history of colorectal polyps or cancer, or certain conditions such as inflammatory bowel disease, you may require screening at an even earlier age or more frequent interval.

What causes colon polyps?

There appears to be a combination of environmental and hereditary factors that leads to forming polyps. Smoking, obesity, alcohol intake, eating a high fat diet, red meat consumption, and low fiber intake are all associated with the risk of polyp formation. The increased risk of colorectal polyps and cancer for smokers extends for at least 10 years after they discontinue smoking. There are also genetic changes that are associated with colon polyps and cancer.

Source: American College of Gastroenterology

Hip Replacement Option Offers Faster Recovery

by Kristie Salvato Gibbs

Today, Americans are enjoying longer, more active lives than in years past. However, as people age, their bodies change. A lifetime of activity, injury, normal wear and tear, or arthritis, can take its toll on the body. Hip complications and painful, stiff joints can also alter lifestyles and prevent many individuals from participating in the daily activities they enjoy.

Total hip replacement is a surgical option that can relieve pain and allow individuals to live a more active, fuller life. There are several types of hip replacement surgery available to patients, including traditional hip replacement or minimally invasive hip replacement, according to **Dr. Barry Clark** of Pee Dee Orthopaedic Associates.

“In a traditional hip replacement, an eight to ten inch incision is made and the muscles are split or detached from the hip,” explains Dr. Clark. “This allows access to the hip for the surgery to be performed.”

In minimally invasive hip replacement, the surgery is performed through two to three small incisions. While there are several minimally invasive approaches to total hip replacement, the anterior approach is becoming more common in the care of hip patients.

“The anterior approach to hip replacement is less invasive than the traditional,” said Dr. Clark. “When performing hip replacement surgery using the anterior approach, I am able to reach the hip joint from the front of the hip as opposed to the side or the back.

“Additionally, instead of cutting the muscles around the hip, I work through the natural space between muscles and nerves, moving them gently from side to side rather than cutting through them to reach the hip joint. This leaves the gluteal muscles that attach to the pelvis and femur, the most important muscles for hip function, untouched. Therefore, these muscles do not require a healing process to recover from the surgery. By leaving the muscles intact, the joint has more stability, thereby reducing the chance of hip dislocation, which is one of the risks of hip replacement surgery.”

Patients undergoing hip replacement surgery with the anterior approach experience less pain, a shorter hospital stay, and a faster recovery and rehabilitation.

This less invasive surgery has emerged as a viable alternative to traditional hip replacement. “The anterior approach

becomes an option for those patients who meet the guidelines,” said Dr. Clark. “The procedure is primarily appropriate for patients who are active and eager to return to work and their daily activities as quickly as possible. The patient’s return to normal activity typically occurs in a matter of weeks as opposed to months.”

The anterior hip approach was first performed in Europe in 1947. Since that time, the technique has been refined and improvements made in the instrumentation. The implants used have also been improved.

The decision to have total hip replacement surgery requires careful evaluation and consultation with an orthopedic surgeon. If surgery is inevitable, patients can rest assured that there are options available to help get them back to the everyday activities they enjoy.

Dr. Barry Clark, Orthopedic Surgeon with Pee Dee Orthopaedic Associates, performs total hip replacement surgery. Dr. Clark has received specialized training on the anterior approach for hip replacement surgery.

HIP REPLACEMENT SURGERY:

Signs and Symptoms that Indicate a Need for Hip Replacement Surgery:

- Hip pain that limits everyday activities like walking or bending.
- Stiffness in the hip that limits the ability to move or lift the leg.
- Hip pain that continues while resting day and night.
- Inadequate pain relief from anti-inflammatory drugs, physical therapy, or walking supports.

Recommendations for surgery are based on a patient’s pain and disability, not age. Most patients who undergo total hip replacement are between the ages of 50 to 80, but orthopedic surgeons evaluate patients individually. An evaluation with an orthopedic surgeon consists of several components:

- Medical history
- Physical examination
- X-rays
- Other tests like Magnetic Resonance Imaging (MRI)

Dr. Barry Clark

Teaming Up with Heart and Vascular

by Tammy White

The McLeod Heart and Vascular Institute is rich in history, dating back as early as 1956. Over the years, the Heart Institute has evolved with the times, growing and expanding where needed to offer the best possible care for cardiac and vascular patients.

Dr. Rajesh Malik performs an Electrophysiology (EP) procedure in the McLeod EP Laboratory.

In 2012, McLeod reached another milestone with the addition of Pee Dee Cardiology to the Heart and Vascular Team.

Pee Dee Cardiology launched its history of cardiac care in 1986, bringing a much needed specialty to the Florence region. The practice, which began with one cardiologist, has continued to grow over the years, adding new physicians as the demand increased. In 1990, **Dr. Alan Blaker**, joined Pee Dee Cardiology and today serves as the Managing Partner.

In the late 1990s, Pee Dee Cardiology expanded to Horry County with an office in Loris. A second office in Little River was established with the opening of the new Seacoast Outpatient Center in 2000.

What started as a single physician cardiology practice 26 years ago, has now grown to a total of 13 cardiologists, interventional cardiologists and electrophysiologists.

A cardiologist is a medical specialist that deals with the diagnosis and treatment of disorders of the heart. An interventional cardiologist also diagnoses heart problems and performs catheter based treatments to deploy stents into the arteries of the heart to clear blockages. An electrophysiologist is a physician, who specializes in evaluating the abnormalities of the heart's rhythm, or the electrical components of the heart.

Physicians in the practice today include: Dr. Blaker, **Dr. Thomas L. Stoughton, Dr. Anil Om, Dr. James T. Lee, Dr. W. Daniel Hardaway, Dr. Nicolette B. Naso, Dr. Evans P. Holland, Jr., Dr. Gavin M. Leask, Dr. Fred M. Krainin, Dr. Amit V. Pande, Dr. Rajesh Malik, Dr. Prabal K. Guha, and Dr. Nathan Almeida.**

Dr. Malik joined Pee Dee Cardiology in 2005. When he first arrived at McLeod, he stated, "I believe that the association between McLeod and Pee Dee Cardiology complements each other well and together we will be able to expand the Electrophysiology (EP) services offered to the community."

Prior to Dr. Malik's arrival, the region had been without full-time electrophysiology coverage for a few years. However, in a short amount of time, the program was back up and running with Dr. Malik and the dedicated McLeod EP staff performing diagnostic studies and therapeutic procedures five days a week. The growth of the EP program has also led to the recruitment of a second Electrophysiologist, Dr. Prabal Guha.

Today, Dr. Malik has the same feeling about the expansion possibilities with the McLeod and Pee Dee Cardiology partnership as he did in 2005. "Our expansion plan for EP and Cardiology Services is to establish clinics in smaller towns outside of the Florence area," said Dr. Malik.

"Travel can create a challenge in access to healthcare for many patients," said Dr. Blaker. "Establishing these clinics will allow patients outside of Florence to receive the care they need closer to home."

The McLeod Heart and Vascular Institute cares for many hearts in the region. As McLeod Health strives to enhance the multitude of services offered in cardiac care, the addition of these 13 cardiac physicians to the team increases the level of quality heart care available to patients.

"I speak for all of my partners and staff when I say we were excited to become a part of McLeod, so we could begin the expansion of the Heart Institute; aligning our efforts to improve patient care," said Dr. Blaker.

The physicians of Pee Dee Cardiology have also joined forces with other McLeod Heart and Vascular team members to establish a steering committee. The committee's challenge is to identify opportunities for improvement in the care of the cardiac patient at McLeod.

"The McLeod Heart and Vascular Institute has always been a Center of Excellence for McLeod," said Jack O'Connor, McLeod Vice President of Cardiovascular Services. "By partnering with our physician leaders such as those with Pee Dee Cardiology, we are continuing to meet and exceed national standards in quality patient care."

Dr. Blaker added, "The success of our practice has been our ability to change with the times; adjusting to the cardiac needs of patients in our region and the increase in heart disease cases. With Pee Dee Cardiology joining McLeod, together we have taken the next step necessary to optimize patient care."

Interventional Cardiologist Dr. Alan Blaker carefully reviews a patient's diagnostic study in the McLeod Cardiac Catheterization Laboratory.

"We were excited to become a part of McLeod, so we could begin the expansion of the Heart Institute."

- Dr. Alan M. Blaker

HELPING PATIENTS *Breathe Easier*

by Tracy H. Stanton

Getting out of bed each day can be a monumental chore if a person has difficulty breathing. McLeod Pulmonologist **Dr. Vinod Jona** daily sees the struggle some of his lung cancer patients experience to simply breathe. To offer these patients symptom relief and a better quality of life, Dr. Jona seeks out new techniques and tools to improve the care of his patients.

One of the latest tools Dr. Jona is using to help his patients breathe easier is a bronchial stent. A stent is a tiny metal tube inserted to open a blockage in an artery, blood vessel or other hollow structure such as the trachea or the bronchial tubes leading to the lungs. In patients who have a blockage in the bronchial tube, a stent can open the airway to relieve shortness of breath.

Patients who can benefit from this type of stent often have a lung cancer mass in the bronchial tube.



McLeod Pulmonologist **Dr. Vinod Jona** is dedicated to learning new techniques and utilizing tools to relieve breathing difficulties in his patients.

“These patients suffer from more shortness of breath even under minimal exertion,” explained Dr. Jona. “In essence, part of or the whole lung is not working because of an inoperable mass which is blocking air flow into the lungs.

“Their quality of life is greatly diminished in these cases. They cannot do anything, even get out of the bed, without being significantly out of breath.”

The bronchial stent is designed to provide palliative relief for patients with lung cancer who are experiencing increased symptoms. “However, the stent will not change the outcome of the cancer,” said Dr. Jona.

In addition to lung cancer, other reasons a patient may benefit from a stent include bronchial stricture, a complete narrowing of the bronchus,

caused by pulmonary fibrosis or scarring of the lungs. A patient could develop this condition as a result of chronic infection, pneumonia, radiation treatment or smoking.

Dr. Jona performs placement of bronchial stents in the Operating Room with the patient under general anesthesia. Using fluoroscopy, an x-ray procedure that enables the physician to see the internal organs in motion, Dr. Jona measures the space in the bronchial tube needed for the stent. He then deploys the appropriate size stent to the blocked area. Once the stent is in place, it expands, allowing air to flow into the lungs. Following placement of the stent, the patient is monitored overnight in the hospital with a routine follow up with Dr. Jona in his office.



A bronchial stent is designed to open the blocked airway of a patient suffering from shortness of breath.

“The ultimate goal, when a cure is not available, is to improve the patient’s quality of life. If I can relieve their breathing difficulties and allow them to enjoy more time with their family and friends, then it is worth it to me to learn new ways to provide this level of humanitarian care,” added Dr. Jona.

The McLeod Pulmonary Team has expanded with the addition of **Dr. Ife M. Eruchalu** and **Dr. John T. Atkins, III**. These physicians have joined Dr. Jona at McLeod Pulmonary and Critical Care Associates.



Dr. Ife M. Eruchalu

Dr. Eruchalu is board certified in Critical Care Medicine, Pulmonary Diseases and Sleep Medicine. He received his medical degree from the University of Nigeria College of Medicine in Enugu, Nigeria. He completed his Internal Medicine residency at North General Hospital in New York, New York. Dr. Eruchalu also completed a

Pulmonary Diseases, Sleep Medicine and Critical Care Medicine fellowship at Boston University School of Medicine in Boston, Massachusetts, and a fellowship in Interventional Pulmonology at Lahey Clinic Medical Center in Burlington, Massachusetts.



Dr. John T. Atkins, III

Dr. Atkins received his board certification in Pulmonary Diseases, Internal Medicine and Critical Care Medicine. He received his medical degree from the University of North Carolina School of Medicine in Chapel Hill, North Carolina. He completed his Internal

Medicine residency at Brooke Army Medical Center in Fort Sam Houston, Texas. Dr. Atkins also completed a fellowship in Pulmonary Diseases and Critical Care Medicine at Brooke Army Medical Center.

Both physicians have years of experience and are committed to improving the care of patients with breathing problems, ranging from pneumonia and smoking to lung cancer.

McLeod Pulmonary and Critical Care Associates is located in the McLeod Medical Plaza, 800 East Cheves Street, Suite 200, in Florence. For more information on these physicians, call (843) 777-7863.

CARE REACHING FROM THE SKY

by Tammy White

In the early morning hours of July 9, 2012, Bob Bridgers awoke to the sound of rescue workers using the ‘Jaws of Life’ to extract him from his vehicle. Overhead, he could also hear a helicopter approaching. McLeod Air Reach had been called to the scene of the accident by Emergency Medical Services.

Bob recalled that he had been driving to Florence on his way to work after a weekend in Myrtle Beach. He had no idea how fortunate he was that a new air ambulance service provided by McLeod Health had become available only nine days before his near fatal crash.

As the helicopter hovered over 501 preparing to land, Flight Nurse Kim Hunsucker surveyed the harrowing sight below. “Looking at the damage to Bob’s vehicle I was convinced the outcome of this accident was not going to be good,” said Kim. “But, when we reached Bob, he was alert and able to talk with me.”



Bob Bridgers (at center) recently met McLeod Air Reach Program Manager Kelvin Oakley and Kim Hunsucker, McLeod Air Reach Flight Nurse, at the Marion County Airport. Bob is grateful to the Air Reach team for the lifesaving services they provided to him after his near fatal automobile accident in July.

“I broke both my arms, my left hand and fractured the front and back of my skull,” explained Bob. “I remember Kim asking me if I knew my name. She also wanted to know who she needed to contact for me. I asked her to call my wife Sandra, which she did once we were in the air on the way to McLeod.”

Five minutes after landing at the scene of the accident, the McLeod Air Reach Team had Bob ready for transport. They lifted off in route to the Trauma Center at McLeod Regional Medical Center in Florence.

McLeod Air Reach is a medical air transport program whose primary purpose is to provide rapid access to medical care for critically ill or injured patients throughout the Pee Dee and Grand Strand areas. The crew and the helicopter are stationed at the Marion County Airport providing the best circle of coverage within a 150 mile radius of its central location.

For patients with serious injuries, it is imperative that they are transported to the appropriate medical facility equipped to handle their care, such as McLeod. If proper medical treatment is received in the first hour following the injury, a patient’s chance of survival significantly increases. This is one of the reasons why the distance between the scene of the accident and the trauma center is so important.

Because time plays such a crucial element in trauma care, McLeod Air Reach serves a significant role. “The travel time for Air Reach to get Bob to McLeod Regional Medical Center was eight minutes,” said Dr. Thomas Lewis, Medical Director of McLeod Air Reach. “The travel time by ground transport could easily have been 32 minutes depending on traffic. There is no

question that Air Reach can make all the difference in expediting access to trauma care.”

McLeod is a designated Level II Trauma Center – one of only three Level II Centers in the state. The other Level II Trauma Centers are located in Anderson County and Horry County. One of the requirements of a Level II Center is the immediate availability of certain surgical specialties. Some of these specialties include obstetrics and gynecology, thoracic surgery, plastic and reconstructive surgery, orthopedic surgery, neurosurgery, and ophthalmology.

Each of these specialties needs to be able to respond to the trauma alert within 30 minutes. Along with the surgical specialties, Level II Trauma Centers are required to have an operating room, including the OR Team, available 24 hours a day, seven days a week.

“We are fortunate to have a great multi-specialty group of physicians to treat trauma patients,” said Dr. Mark Reynolds, Medical Director of McLeod Trauma Services. “Our Emergency Department team members are experts in caring for trauma patients. McLeod is also committed to providing all of the resources needed everyday to be ready and available for trauma care at a moments notice.”

“The injury that the physicians were most concerned about was my brain bleed,” said Bob. “For my head injuries, I was under the care of Dr. Christopher Paramore, a neurosurgeon with Florence Neurosurgery and Spine. I had three CT scans over the course of my hospital stay to monitor the bleeding. Fortunately, the bleeding was stopped and the injury did not require surgery.”

The air ambulance service provider for McLeod Health is Med-Trans Corporation. Med-Trans has been in the air ambulance service for more than 20 years. They have an outstanding record for safety and meet all air ambulance requirements and state and federal regulations.

The aeromedical unit is a BELL 407 single engine helicopter designed and built for patient and crew transports. It is also equipped with the most advanced life support equipment. The McLeod Air Reach Crew, which consists of a pilot, paramedic and nurse, are critically care trained medical professionals who care for both pediatric and adult patients.

“McLeod also has two critical care transport ambulance services,” said Dr. Lewis. “Heart Reach is our coronary critical care unit and Child Reach is a mobile intensive care unit that transports critically ill children and newborns to McLeod Children’s Hospital.

“With McLeod Air Reach as part of the team, we now have another option to help transport patients to the closest medical facility with the fastest method. Additionally, there will be times when weather conditions will prohibit air flights and our ambulances will be an effective alternative,” said Dr. Lewis.

“I manage the Food Lion store located near McLeod,” said Bob. “As an organization, Food Lion has raised money for the McLeod Children’s Hospital. Through this relationship, I have been educated on the services offered by McLeod. I never thought that one day I would be in need of their lifesaving care. I am so grateful to McLeod, the physicians and staff, and McLeod Air Reach for being there when I needed them.”

“Air Reach can make all the difference in expediting access to trauma care.”

– Dr. Thomas Lewis,
Medical Director of McLeod Air Reach

McLeod Dillon: My Hospital

by Rachel T. Gainey

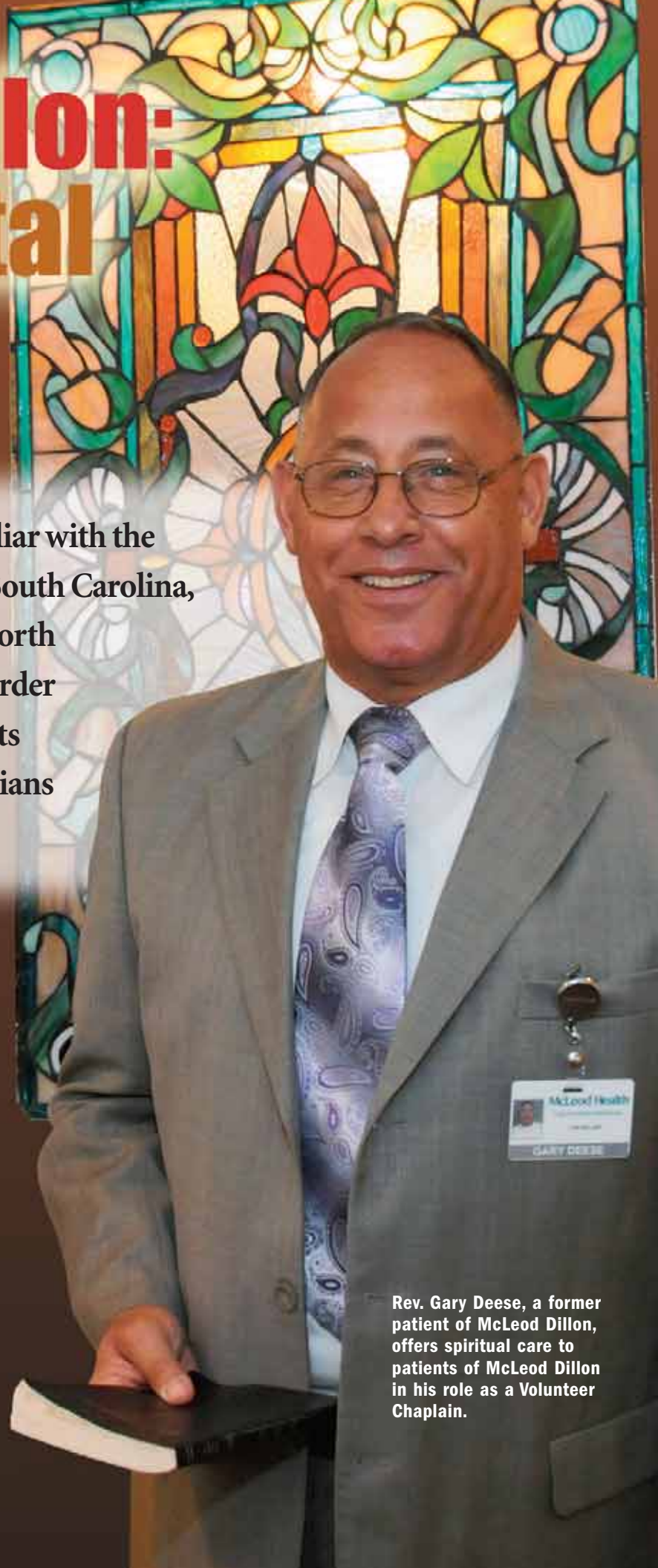
Reverend Gary Deese has been familiar with the McLeod hospital located in Dillon, South Carolina, for years. As a native of Fairmont, North Carolina, located just beyond the border that divides the Carolinas, his parents always received care from the physicians and hospital in Dillon.

After a 27-year career in the Army, Rev. Deese retired as a Command Sergeant Major and moved back to Fairmont, where he taught ROTC for four years in the Robeson County public schools.

"In 2001," recalls Rev. Deese, "I was called by God into the ministry. I have pastored at churches in Robeson County, and I have served as a volunteer chaplain at a hospital in North Carolina."

When he was in need of a new local primary care physician, his parents recommended he go to Dillon. He found a physician who diagnosed him with chronic obstructive pulmonary disease (COPD). This condition develops when the airways become narrowed and the flow of air to and from the lungs is limited, causing shortness of breath.

"I have often heard that the first impression is always the lasting impression," said Rev. Deese.



Rev. Gary Deese, a former patient of McLeod Dillon, offers spiritual care to patients of McLeod Dillon in his role as a Volunteer Chaplain.

"When I came to the McLeod Dillon Emergency Department the first time, I was greeted with a smile and many courteous staff members. I explained to them that I was a veteran, had COPD and I was having chest pain."

Rev. Deese was examined and admitted to the hospital with a diagnosis of pneumonia. "What really struck me, and I found true throughout my stay, was that everyone here was very helpful. They were always coming in and checking on me. Anytime I pressed the call button, it took mere seconds before someone arrived. They were all right there, on the spot, taking care of me."

"A few months later, I was admitted again. This time, I was in another area of the hospital. Again, the service was outstanding. One morning I received a visit from Debbie Locklair, the Hospital Administrator. This has never happened in any hospital I have been a patient of in my life," said Rev. Deese. "Mrs. Locklair said that she wanted to come by and check on me to see how I was doing. She told me that she would also check on me later."

"I thought to myself, if the Administrator can leave her busy schedule to come check on a patient just to see how they are doing, then I know this is my hospital. From that experience, I made the decision that McLeod Dillon would always be my hospital, and I have let my wife know that McLeod is the only place that I want to receive care."

Rev. Deese continued, "In the community, I hear time and again that McLeod is a place where people make you feel like family. They treat you like a human being and show you love, care, and compassion. This is what makes people want to come back again."

"This level of caring also extends to McLeod Regional Medical Center in Florence. My father was a patient in the Heart and Vascular Intensive Care Unit. It was a stressful time for our family. However, all of the physicians, nurses

and members of management were very attentive. We also appreciated the liberty to visit with him at all times. At the end of his time here with us on earth, the doctors and nurses rallied around our family to give us comfort."

Rev. Deese's parents also had previous admissions at McLeod Regional Medical Center. "Once, they were each in at the same time, both for a long period of time. I was impressed with the management and their willingness to engage and improve processes. I fondly remember the first patient representative I met there, Mrs. Dot Johnson. She is just a light to McLeod and was always there to meet our needs," added Rev. Deese.

In June of this year, Rev. Deese had surgery on his neck at McLeod Regional Medical Center. He said from his pre-admit visit to the day of the procedure everything was excellent. "When I went into the OR for surgery, I was on edge. The nurses gave me such comfort by explaining everything to me and reassuring me that I was going to receive excellent care. After I woke up in the recovery room, the first question I was asked was if I was in any pain. I was assured by them that my pain would be controlled."

When he was admitted to the floor and introduced to the care team, Rev. Deese recalls being asked if he would like something to eat. "They made my personal needs a priority. The entire experience was equivalent to the service I would expect to receive in a five star hotel," said Rev. Deese.

Last year, Debbie Locklair asked Estelle Ellis, the Patient Representative and Coordinator of the Volunteer Chaplain Program at McLeod Dillon, to extend an offer to Rev. Deese to become a volunteer chaplain. He immediately said yes. "I have been well pleased with the role that spiritual healing plays at McLeod -- not just with patients and families but also with employees. Staff members of all departments ask me to

pray with and for them. In my observations, I have found that the staff at McLeod Dillon is very professional and also concerned about their spiritual growth and the spiritual well-being of others."

In November of 2012, Rev. Deese was awarded the McLeod Merit Award, the highest peer recognition program at McLeod Health. The honor recognizes employees and volunteers for consistently exceeding the standards of excellence and quality set by McLeod and for demonstrating cheerful and compassionate service to others.

Today, Rev. Deese is doing well and continuing his ministry of providing spiritual comfort to the patients, visitors, medical staff, employees, and volunteers at McLeod Dillon.

When an emergency arises, patients like Rev. Gary Deese choose McLeod Dillon. When patients are asked to rate the aspects of the McLeod Dillon Emergency Department (ED) patient responses place the ED above average when compared to other hospitals in the nation. In addition, the majority of patients gave a positive response when asked if they would recommend the medical center's Emergency Department to their friends and family, making McLeod Dillon the hospital of choice for people in Dillon as well as neighboring communities in North and South Carolina.

More than 2,000 patients are seen each month in the McLeod Dillon ED. When a patient is treated at McLeod Dillon, they are seen by a physician, on average, in less than 55 minutes. For patients that are not admitted to the hospital, McLeod Dillon has consistently delivered care to those patients and discharged them in an appropriate time frame. The hospital continues to implement processes and improvements that will decrease these times more. Teams are dedicated throughout the year to take time out of their daily work to focus on the flow of the Emergency Department to constantly improve the delivery of care.

Healing Through Service

Letters from Patients and Families About McLeod Dillon

I want to commend the OB staff at McLeod Dillon for taking such great care of my daughter, Stephanie Moore, and her new baby girl. From her first visit with the OB doctors through the delivery, her care was astronomical. She required monitoring, stress tests and ultrasounds throughout her pregnancy.

The morning of her delivery, the nurses were excellent. The physician and nurses explained everything in detail. None of us, especially Stephanie, felt uneasy. They made us feel so secure. During her postpartum care, the nurses were attentive and it showed in the care of their patients.

It was an awesome experience for a first time mother. She was made to feel special by everyone. The entire medical staff at McLeod Dillon really made this a wonderful experience. I commend them for a job well done.

– ANNE EVANS,
FORMER OB NURSE
DILLON, SC

I always receive excellent care at McLeod Dillon. The nurses are wonderful, and they check on me continuously. During the first day of a recent admission, a meal was delivered to my room with my favorite soft drink.

I was in the hospital two weeks prior to this admission and staff from Nutrition Services remembered my name and my favorite soft drink. They recalled this without even seeing me. This level of caring impressed me even more.

– GEORGE ALLEN
HAMER, SC

Our family was very pleased with my father's care during his hospitalization. Everyone in each department at McLeod Dillon was so kind and compassionate to him and to us.

The experience in ICU and on the medical/surgical floor was consistent. The staff members introduced themselves and always asked if they could do anything else for us.

I have always known from the days when I worked at the hospital as a nurse that the people here are wonderful and take great care of the patients — now, the rest of my family knows.

– KATHY KHALIL
HAMER, SC

As a first time patient at McLeod Dillon, I was very pleased with my care. I came through the Emergency Department where I received excellent care. The emergency room physicians showed genuine concern about my condition. The staff on the medical/surgical floor were also extremely nice.

They always checked to see if they could do anything for me. I could see how well trained they were. I was treated like royalty. If I have to be in the hospital, McLeod Dillon is the place for me.

– LARECE HUNT
FAIRMONT, NC

My family has received excellent care from all of the staff members at McLeod Dillon.

I have used this hospital and the doctors in Dillon for years. I trust the care we receive. When they were younger, I brought my children to the pediatricians in Dillon. Now, my family and I see the primary care physicians in Dillon.

– LINDA LAMB
FAIRMONT, NC

During our experience with McLeod Dillon, my one-month-old niece, Jazmine A'dore McAllister, was treated like a princess. The attentive team in the Emergency Department treated her as though she was the only patient there.

We could feel their love even through their tearful eyes. As 'Jaz' was a Hospice patient, the staff of every department and the physicians at McLeod Dillon shared in the family's joyous and sad moments. Our family will always cherish the memory of the christening ceremony held for Jaz.

The service was planned to be held at her church, but when that was not possible because of her hospitalization, McLeod Dillon came through so that the ceremony could be held at the hospital. While Jaz fought to stay on earth, the compassion of the staff caring for her was very comforting to us.

– CYNTHIA M. PERNELL
DILLON, SC

Innovative Technology Coming to McLeod Seacoast

by Jenna F. Cox

In an effort to continually grow and enhance medical services to the people in Horry County and beyond, McLeod Seacoast announces a new addition to the Radiology department coming in February of 2013: the Optima* MR450w. McLeod Seacoast is the only facility in the Coastal Carolinas to install this revolutionary new MRI machine.

“Advanced technology is yet another method of providing our patients with excellent healthcare,” stated Dick Tinsley, Administrator of McLeod Loris Seacoast.

This innovative MRI system is designed to help maximize comfort for patients undergoing MRI exams. It offers patients more space for utmost comfort, including a cushion designed to alleviate pressure points. The comfortable, flexible GEM Suite coils

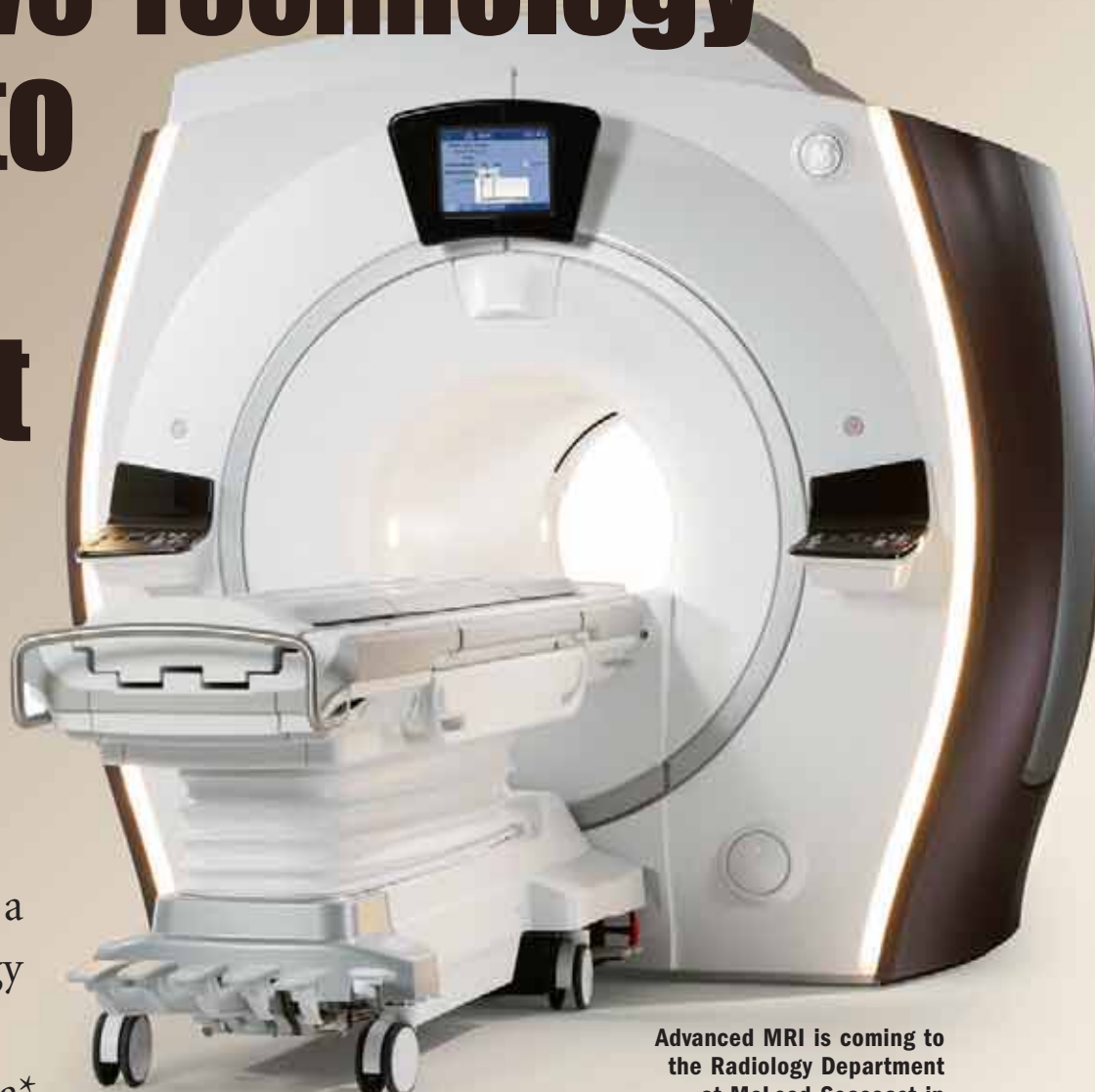
follow body contours while facilitating high resolution imaging from the top of the head down to the feet.

Reginald Cooks, Director of Radiology at McLeod Loris Seacoast, and the Radiology team are pleased they can offer this new technology to their patients.

“The new MRI is the latest and greatest that GE has to offer. Patients of all sizes will be better accommodated, and patients who are plagued with

claustrophobia will be more at ease due to the more spacious structure.

“We will also be able to perform procedures at McLeod Seacoast that previously were only available at McLeod Loris, such as imaging of the abdomen and blood vessels. In addition, we are renovating the MRI department in order to improve the safety requirements needed for high field MRIs,” said Reginald.



Advanced MRI is coming to the Radiology Department at McLeod Seacoast in February of 2013.

MRI stands for Magnetic Resonance Imaging, a non-invasive diagnostic procedure that uses magnetic fields and radio frequencies to offer the physician detailed images that cannot be provided by other imaging technologies such as ultrasound, X-ray and computed tomography (CT).

The safety of an MRI exam is another positive feature. MRI does not use ionizing radiation like an X-ray. It also offers an advantage over more traditional forms of imaging, which are limited in how much tissue can be imaged. An MRI scan usually takes about 30 to 40 minutes, depending on the patient's particular exam.

“This is a much improved state-of-the-art magnet that gives physicians clearer, more precise pictures,” said Orthopedic Surgeon **Dr. Frederick Hamilton** with McLeod Orthopaedics

Seacoast. “This technology will allow physicians to make more accurate diagnoses. Many other conditions will also be diagnosed with this stronger magnet. A number of conditions, such as arterial diseases will be visualized more exact with this new imaging system.”

Dr. Hamilton went on to discuss how this new system will offer patients a quicker MRI experience. “This machine is three times faster than what we currently possess,” added Dr. Hamilton.

The MRI is being manufactured at the GE plant in Florence. “We have always appreciated our long-standing business relationship with McLeod Health in the Florence community, and we are very excited about the decision to include our new Optima MR450w with

GEM Suite as part of their expanding facilities at McLeod Seacoast,” said Eric Hinton, Global Supply Chain Executive for the Florence MRI Magnet Plant.

This new piece of medical technology was made possible by a grant from the McLeod Loris Seacoast Healthcare Foundation. “Our local community really stepped up in our most recent capital campaign and made the funds possible. We could not have provided such a gift without their support,” said Frank Boulineau, McLeod Loris Seacoast Foundation Board Chair. The McLeod Loris Seacoast Healthcare Foundation raises money to provide McLeod Loris Seacoast with additional resources for programs, equipment and educational needs.

The new MRI system will be unveiled and in service by February.



The McLeod Seacoast Radiology Team is committed to providing their patients with a quick and comfortable MRI experience. From left to right, Chevonne Duncan, Assistant Director; James Faircloth, RT; Reginald Cooks, Director of Radiology; Eileen Schaffner, RT and Judy Beckwith, RT.

Creating Vital Connections

by Tracy H. Stanton

Bottled water consumed in the United States is often filtered to remove impurities. But, did you know there is a natural filtration system in the human body that serves a similar purpose? The kidneys are vital organs that work to filter waste, excess fluid and toxins from the blood. However, if a person suffers from kidney failure or End Stage Renal Disease (ESRD), the kidneys no longer function as they should and treatment or a transplant is necessary for the patient to live.

The team that works daily with Dr. Wilson in the McLeod Darlington OR includes, from left to right, Kathleen Campbell, Nancy Vivian, Lillie Mae Johnson, Wanda Scharstein, Jennifer Williams, and Donna Weatherford. Not pictured, Sissy Drew.

In the United States, more than 871,000 Americans were being treated for End Stage Renal Disease at the end of 2009, according to the National Kidney and Urologic Diseases Information Clearinghouse. Of these, more than 398,000 were being treated with some form of dialysis.

The most common treatment for patients with ESRD is hemodialysis. In hemodialysis, an artificial kidney (hemodialyzer) is used to remove waste, extra chemicals and fluid from the blood. To get the patient's blood into the artificial kidney, a surgeon has to create an access into the patient's blood vessels.

Dr. Thomas G. Wilson, a General Surgeon with Pee Dee Surgical Group, explains, "The best access for hemodialysis patients is a vein in the arm that is enlarged by creating a fistula. An Arterial Venous Fistula is a 'connection' surgically created by joining a vein and an artery that allows blood from the artery to flow into the vein.

"This region of South Carolina has one of the highest rates of patients with End Stage Renal Disease. By increasing the use of fistulas, we are improving the health of our local dialysis patients."

— Dr. Thomas Wilson

The higher blood pressure in the artery forces blood into the vein and safely enlarges the vein, creating a good site for the large gauge needles used in dialysis. Over time, the fistula matures even more and becomes a thicker structure allowing for a higher rate of blood flow, which is also less likely to clot."

At McLeod Darlington, Dr. Wilson performs a full range of dialysis-related surgical procedures including fistulas, grafts, percutaneous angioplasty and percutaneous declots.

(continued on page 30)



“The part of vascular surgery I enjoy most is creating fistulas,” said Dr. Wilson. “McLeod Darlington is also the perfect place to perform these outpatient procedures.”

Dr. Wilson operates daily with the McLeod Darlington OR Team who always put the patients at ease and make sure their experience is top notch. Many of these staff members worked alongside Dr. Wilson’s father, the late Dr. John Wilson. The staff has supported Dr. Tommy Wilson in the OR since he began performing surgery in Darlington in the early. Team members, who offer patients more than 220 years of surgical experience, include: Lillie Mae Johnson (59 years), Kathleen Campbell (52 years),

Nancy Vivian (40 years), Donna Weatherford (37 years), Florence “Sissy” Drew (28 years), Jennifer Williams (3 years), and Wanda Scharstein (2 years).

Dr. Wilson has cared for patients in Darlington and Florence for 30 years. In addition to the outpatient surgery and endoscopy procedures he performs at McLeod Darlington, Dr. Wilson also operates at McLeod Regional Medical Center performing all types of general surgery procedures including fistulas.

“This region of South Carolina has one of the highest rates of patients with End Stage Renal Disease. By increasing the use of fistulas, we are improving the health of our local dialysis patients,” added Dr. Wilson.



Surgeon Dr. Tommy Wilson operates at McLeod Darlington, as well as McLeod Regional Medical Center in Florence.

Surgeons, dialysis units and nephrologists around the country are working to improve the care of patients with End Stage Renal Disease by increasing the Arterial Venous Fistula (AVF) rate to 66%. This goal is in line with the National Kidney Foundation Disease Outcomes Quality Initiative (KDOQI™) and Centers for Medicare and Medicaid Services (CMS) recommendations.

“The fistula rate is important because this type of vascular access will last longer than other dialysis-related procedures, and it is not likely to become infected,” said Dr. Wilson. “It is also the safest access for hemodialysis treatment.”

The Southeastern Kidney Council recently generated a report of all surgeons who perform vascular access in South Carolina, North Carolina and Georgia. This report reflects that, in 2010, Dr. Wilson’s Arterial Venous Fistula (AVF) rate was more than double that of the average fistula rates in these southeastern states. In addition, Dr. Wilson ranked third when compared to surgeons who performed more than 100 access procedures in 2010.

The Southeastern Kidney Council is a non-profit organization contracted by CMS as part of the End Stage Renal Disease (ESRD) Network program. The organization is governed and led by volunteers who oversee improvements to quality care and service for ESRD patients in our area which encompasses North Carolina, South Carolina and Georgia.

New Devices Help Cardiac Patients

by Tammy White

The physicians of the McLeod Heart and Vascular Institute now have two new devices available for the treatment of patients whose hearts are in need of pumping assistance.

The Impella

McLeod Interventional Cardiologists and Electrophysiologists are now able to treat patients who were once potentially ineligible for interventional cardiac procedures such as the placement of stents and electrophysiology procedures like Ventricular Tachycardia ablation, due to the excessive risk the procedure would place on their heart. A new device designed to provide temporary circulatory support and reduce the workload of the heart muscle is now being used by the physicians of the McLeod Heart and Vascular Institute. This device, the Impella, is a heart pump that is able to increase cardiac output for patients whose heart would be

unable to tolerate the stress of an interventional cardiac procedure.

The Impella is inserted through the femoral artery, an artery in the groin area. Using a standard catheter wire, the pump is guided up to the heart and into the left ventricle. Once in place, the Impella works by pulling the blood from the left ventricle out to the aorta. The aorta transports the blood from the left ventricle and distributes it through the rest of the body.

This short-term device provides extra support to the heart during an interventional cardiac procedure, thereby reducing any potential negative outcomes.



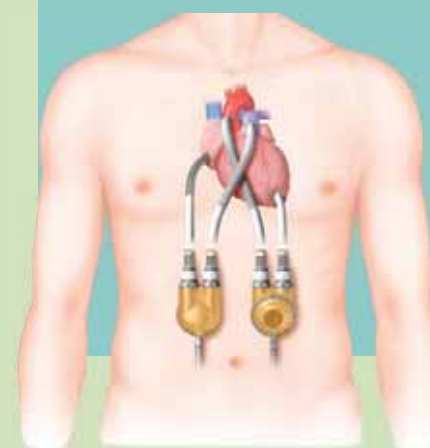
The Impella, the “world’s smallest heart pump,” is a temporary device that is able to perform part of the heart’s work for patients whose hearts have difficulty pumping blood throughout the body.

Ventricular Assist Device

For patients whose hearts are too sick or too weak to work on their own, a ventricular assist device (VAD) is now available at McLeod. VAD is a heart pump that offers circulatory assistance when the heart cannot maintain adequate circulation to the body.

The device is surgically attached to the heart by a McLeod Cardiothoracic Surgeon. The pumping component of the system is placed outside of the body, resting on the abdomen.

Patients who benefit from this life saving device include those awaiting heart transplantation or those experiencing difficulty with recovery after open-heart surgery.



For patients who are waiting for a heart transplant, the Ventricular Assist Device (VAD) assists the heart with its pumping capabilities, allowing the patient to remain out of the hospital.

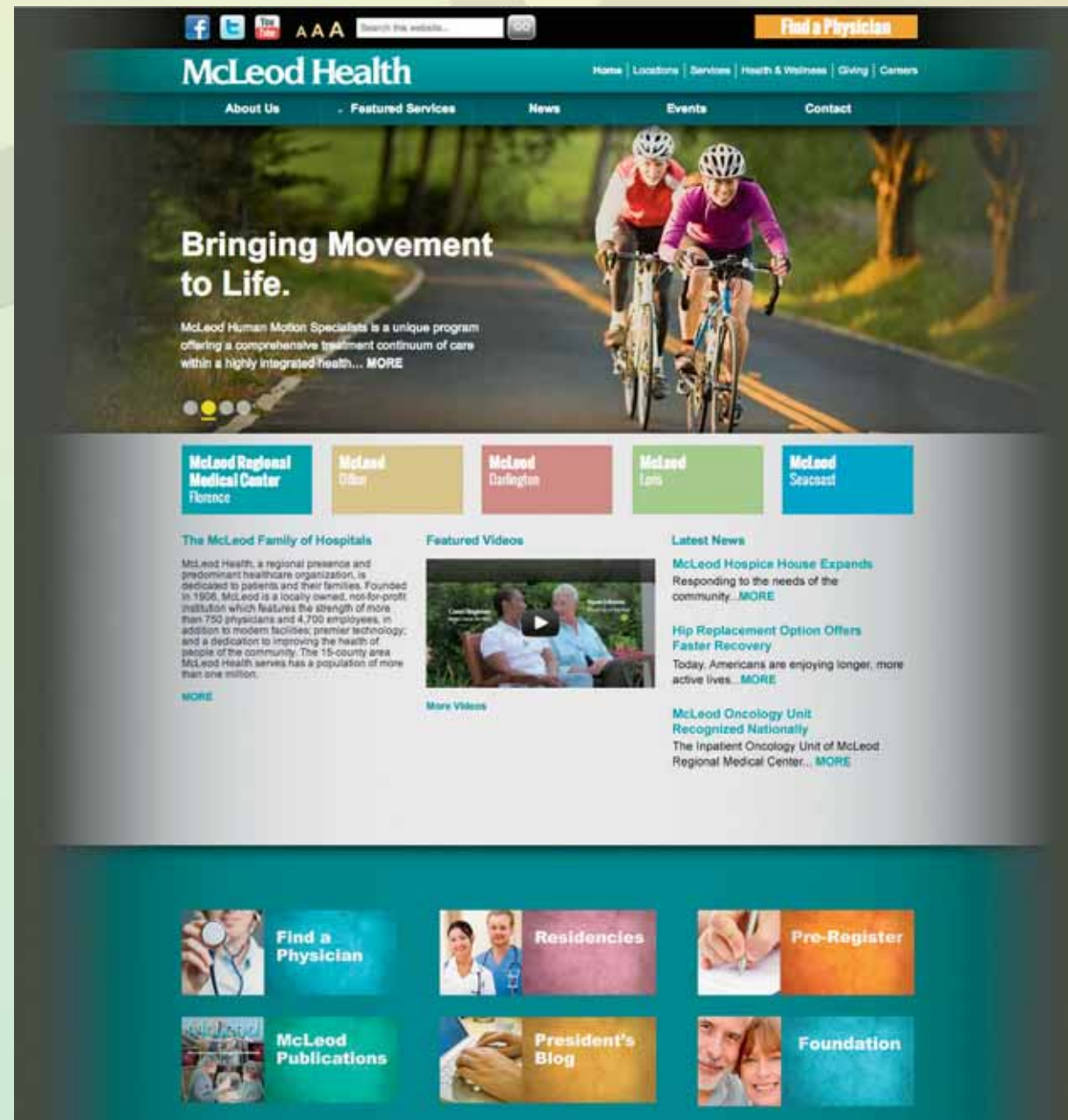
At times, patients with a weak heart have difficulty being weaned off the bypass machine, the machine that pumps for the heart during surgery, and a VAD can provide much needed rest to the heart while it recovers. The VAD system is powered by a portable Driver that runs on either electricity during home use or rechargeable batteries outside of the home.

With the VAD, patients with weak hearts in need of medical support have the opportunity to live their lives outside of the hospital with marked improvements in their quality of life.

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McLeod News

MCLEOD TO LAUNCH INNOVATIVE HEALTH WEBSITE IN NEW YEAR



In the new year, McLeod Health will launch a newly redesigned website.

With a fresh look, the McLeod Health website will offer special features to enhance all aspects of the user's experience, such as the ability to conveniently adjust the font size on

the page, easier site navigation to more efficiently locate information and extensive health information video libraries.

Through the new site, you will be able to quickly access information about any of our five facilities,

including interactive maps and directions, as well as in-depth details about the services and physicians of McLeod Health.

Take time to visit the new website in 2013.

McLeod News

MCLEOD ONCOLOGY UNIT RECOGNIZED NATIONALLY

The Inpatient Oncology Unit of McLeod Regional Medical Center recently received national recognition for their efforts to improve patient care.

The team was honored with a 2012 Professional Research Consultants (PRC) Achievement Award. This award recognizes organizations at the hospital, facility, department, or unit level that have enhanced their patients' perception of care.

The department was also featured in a seven-page article in PRC's Fall 2012 publication, *The Edge*. Teira Gunlock, a Client Education Consultant with PRC, visited McLeod in the summer of 2012 to write the article, "The Artful Patient Experience."

Gunlock stated, "MRMC's oncology unit, which serves northeastern South Carolina, is a bright spot – a unit that has dramatically improved patient perception scores despite the same obstacles as other hospitals (i.e. shrinking reimbursement, increased competition, etc.)."

In fiscal year 2008, about half of the HCAHPS or Hospital Compare results from this unit were below the 50th percentile. In fiscal year 2012, almost all HCAHPS measures were at the 95th percentile.

The dramatic improvement in patient satisfaction scores came after a Service Excellence initiative was held in the Spring of 2011 to scrutinize the quality of patient care on the inpatient oncology unit, and how that care was delivered, reported Pamela Elliott, Associate Vice President of McLeod Cancer Services.

Most patient survey questions ask about the consistency of behaviors using a scale of "Always, Usually, Sometimes, or Never."

"The scale measures consistency, but consistency from patients' perspectives. In other words, it's not enough to simply perform an activity; you have to perform the activity in a way that connects with patients," said Gunlock.

"During my visit, I found that care provided on MRMC's oncology unit is not simply consistent in terms of HCAHPS measures, it is artful," said Gunlock.

Creating an experience for the patient is key to improvement, she continued. "When providers move beyond delivering a service to touching

the hearts of patients, they create an experience."

Gunlock said the team working together in the McLeod Oncology Unit exemplifies this notion.

"Leadership goes beyond promoting clinical skills and performing tasks to promoting compassion. Patient satisfaction scores on this unit have made great jumps, but the improvement hasn't simply been about doing more tasks, but doing them in a memorable way that connects with patients. The tasks and technicality of patient care are certainly present, but it is the presence of warmth that's extended to colleagues and patients that make this environment impressive," added Gunlock.



At center, Judy Bibbo, Vice President of Patient Services at McLeod Regional Medical Center; Brandy Reed, Director of the McLeod Oncology Unit; and Pamela Elliott, Associate Vice President of McLeod Cancer Services, share the recognition for improvement with the committee involved in the Service Excellence initiative. Other members in back, left to right, Barbara Brooks, Stacey Holley, Sandra Burley, Larry Adams, Tom Pietila, Teira Gunlock and Teresa Dullaghan.

McLeod News

MCLEOD REGIONAL MEDICAL CENTER RECOGNIZED AS A CENTER OF EXCELLENCE FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT SURGERY

McLeod Regional Medical Center has earned The Joint Commission's Gold Seal of Approval for its Total Hip and Total Knee Replacement Orthopedic Programs.

Through a collaborative team effort, the staff of Orthopedics, Surgery, Rehabilitation, and Home Health along with physician champion, **Dr. Pat Denton** of Pee Dee Orthopaedic Associates, received an outstanding report following the survey.

"With Joint Commission certification, we are making a significant investment in quality on a day-to-day basis from the top down,"

said Beki Cooley, Associate Vice President of McLeod Human Motion Specialists. "Accreditation also provides us with a framework to take our organization to the next level and helps create a culture of excellence. Achieving Joint Commission certification in total hips and total knees, for our organization, is a major step toward maintaining excellence and continually improving the care we provide."

The certification endeavor was a voluntary, year-long process. The teams involved were challenged to elevate the standard of care and fine-tune the clinical practices performed each day. The primary focus was 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 2012.

McLeod Regional Medical Center is one of only five 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.



Members of the Orthopedic Unit and Rehabilitation Services celebrate their positive impact on patients who need total hip and total knee replacements. McLeod Regional Medical Center has been certified as a Center of Excellence for Total Hip and Total Knee Replacement Surgery by The Joint Commission.

McLeod News

MCLEOD CENTER FOR INTENSIVE CARE



As McLeod continues to serve the region as The Choice for Medical Excellence, preserving those high standards means continually expanding both services and facilities to meet the healthcare needs of its patients. On the campus of McLeod Regional Medical Center, the Center for Intensive Care is being enhanced for the convenience of patients and staff.

For critically ill patients, part of the healing process is a gradual awareness of their surroundings. The McLeod Center for Intensive Care is designed in such a way that the exterior glass will allow patients to re-orient themselves to day and night, reducing their confusion as their physical condition improves.

When it is completed by Summer 2013, the center will include 100 critical care beds and 20 step-down beds.

"The McLeod Center for Intensive Care is being designed with wood and warm colors to make patients feel like they are in a homelike environment," said Dale Locklair, Vice President of Procurement and Construction.

"Studies have shown that warm, comfortable settings in which patients feel at home help with the healing process."

Family corridors outside patient rooms will also create comforting and soothing surroundings for family members where they can rest and still be near their loved ones, Locklair said.

Moving Hemodialysis from the McLeod Tower to a central location in the new center will provide easier access for patients in critical care areas who need kidney dialysis. Medical/surgical supplies for patient care will also be conveniently and quickly available from a new warehouse, with a loading dock underneath the building. This new warehouse will make the handling and delivering of supplies more efficient because they will be unloaded closer to where they are needed.

An open house will be announced in upcoming months to allow the community to view the unique design of the Center for Intensive Care before operations begin at the new location.

McLeod News

PARTNERSHIP CREATES MEDICAL MAGNET PROGRAM FOR LORIS HIGH SCHOOL

Board members, school leaders, parents and community members came together at Loris High School this Fall to celebrate the launch of a new partnership that will bring educational opportunities to students who are interested in medical careers. The Medical Magnet Program will begin during the Spring semester of 2013.

After recognizing the need to create a program for Loris High School juniors and seniors who expressed interests in medical fields, McLeod Loris Seacoast, Horry Georgetown Technical College and Horry County Schools formed a partnership to make the medical magnet program a reality.

"This will give our students a head start for college and career readiness," said Dr. Cindy Elsberry, Superintendent of Horry County Schools. "The program gives high school students the opportunity to earn college credits and offers K-8 students the opportunity for career exploratory."

The partnership capitalizes on the significant presence of McLeod Health as a leader in healthcare and a major employer of highly-skilled and professional workers. In addition, Horry Georgetown Technical College will expand its multiple partnerships with Horry County Schools by working to develop dual-credit coursework that meets the needs of students who plan to pursue immediate employment or post-secondary education in a range of medical occupations.

"No where in the state of South Carolina offers a K-12 career exploratory program," said Neyle Wilson, President of Horry Georgetown Technical College. "We are excited to be a partner in this program. There is a good chance a Horry Georgetown Technical College student will provide care for you in any of our area hospitals. We have 11 healthcare-related fields of study and, last year alone, graduated 400 students in those medical fields."

Loris Mayor David Stoudenmire also expressed excitement and gratitude for the new magnet program. "This will strengthen our community and will draw students back to careers in Horry County. Loris is truly one of a kind."

As Mayor, I am pleased that McLeod Health is helping us draw people to our area."

Representatives from each organization responded with support of the partnership and excitement about the medical magnet program. They expressed unity in the efforts to provide educational opportunities for students who will help grow and sustain these communities.

"We are looking forward to helping grow future healthcare careers in our own backyard. On behalf of McLeod Health, we express our gratitude to be a part of this partnership," said Tim Hess, Senior Vice President of Human Resources and Training. "It is an honor for McLeod Health to be able to give back to the communities we serve."



From Left to Right: David Stoudenmire, Mayor of Loris; Tim Hess, Senior Vice President of McLeod Health Human Resources; Neyle Wilson, President of Horry Georgetown Technical College; Dirk Gurley, Principal of Loris High School; and Dr. Cindy Elsberry, Superintendent of Horry County Schools, announce collaboration.

McLeod News

McLEOD HOSPICE HOUSE EXPANDS



Responding to the needs of the community, McLeod Health completed construction of an additional 12 inpatient rooms for the McLeod Hospice House. The expanded facility now offers 24 inpatient rooms.

The reputation of McLeod Hospice for care and compassion to those who are critically ill has grown steadily, resulting in increased demand for patient rooms since the facility opened in 2005.

The McLeod Hospice House is currently the only inpatient hospice facility in the region. Without the McLeod Hospice House, families wishing to receive care in a similar setting would have to travel to Georgetown or Columbia.

The McLeod Foundation launched an effort to raise funds to expand the McLeod Hospice House in 2011. In addition to the 12 inpatient rooms, the expansion included two family comfort areas and additional office space. A new Meditation Garden has also been created adjacent to the additional patient rooms to offer patients and families an area of respite. The project has been totally funded through philanthropic support.

With care centered on the unique needs of the patient at the end of life, the environment of the McLeod Hospice House speaks to the comfort and spiritual needs of both the patient and the family. The patient rooms are spacious, with a seating area that can be made into a comfortable bed so that

family members can spend the night with their loved one. Access to the outdoors and fresh air is also available from each patient room.

The McLeod Hospice House also features a sensory garden and courtyard for relaxation and renewal; a kitchen/dining area for families who would like to prepare meals; a grief recovery conference room for families and the community; a family area, and a chapel for prayer, meditation and reflection.

McLeod Hospice serves patients in Florence, Darlington, Dillon, Lee, Marion, Clarendon and Williamsburg counties. The facility is located at 1203 E. Cheves Street, on the corner of Cheves and Ballard Streets. For more information on the services of McLeod Hospice, please call (843) 777-2564.

McLeod News

PORTRAIT UNVEILING HONORS TWO EXTRAORDINARY PHYSICIANS

McLeod Health has unveiled portraits honoring **Dr. N.B. Barood** (1924-2010) and **Dr. Hilton P. Terrell** (1945-2009) for their years of dedication to the art of medicine.

Rob Colones, President of McLeod Health, acknowledged, “this is an historic moment in our 106-year service to this community, the opportunity to recognize two physicians who exhibited lifelong devotion to their patients and lived the cores values of McLeod Health.”

During the ceremony, **Dr. E. Conyers O’Bryan** shared how Dr. Barood influenced his medical career. He recalls a time, about 45 years ago, when he had finished his medical training and wanted to pursue academic medicine outside of a university setting. He thought this dream was impossible until he was referred to Dr. N.B. Barood. “What resonates with me is his approach to medicine, not only to academia, but to each person he cared for.

“Dr. Barood was iconic, innovative, and brilliant. His accomplishments will stand forever, and he will always be remembered,” added Dr. O’Bryan.

Dr. Bill Hester, Director of the McLeod Family Medicine Residency Program, shared some thoughts on the impact Dr. Hilton Terrell made on McLeod Health. “Dr. Terrell was an excellent role model for third and fourth year medical students. He became the first real face of family physicians to third year medical students particularly.

“He provided education, counseling and mentoring to our young learners. Dr. Terrell’s knowledge base was profound, and he freely gave what he knew to all he encountered.

“Dr. Terrell served McLeod Health well for 24 years,” said Dr. Hester.

Dr. N.B. Barood and Dr. Hilton Terrell have left an indelible mark upon McLeod Health, and they will always be remembered for who they were, what they did, and the legacy they leave behind.



Portraits of faculty members **Dr. Hilton P. Terrell** (left) and **Dr. N.B. Barood** (right) now reside at the McLeod Family Medicine Center.

McLeod Welcomes These Physicians



John T. Atkins, III, M.D. Board Certified in Internal Medicine, Pulmonary Diseases and Critical Care Medicine

Dr. Atkins received his medical degree from the University of North Carolina in Chapel Hill, North Carolina. He completed an Internal Medicine residency at Brooke Army Medical Center in Houston, Texas, where he also completed a fellowship in Pulmonary Diseases and Critical Care Medicine. Dr. Atkins cares for patients at McLeod Pulmonary and Critical Care Associates in Florence.



William “Brad” Campbell, M.D. Board Certified in Obstetrics and Gynecology

Dr. Campbell received his medical degree from the Medical University of South Carolina in Charleston, South Carolina, where he also completed an Obstetrics and Gynecology residency. Dr. Campbell cares for patients at McLeod OB/GYN Associates in Florence.



John Chapman, M.D. Board Certified in Obstetrics and Gynecology

Dr. Chapman received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed an Obstetrics and Gynecology residency at East Carolina University in Greenville, North Carolina. Dr. Chapman joins McLeod Physician Associates and cares for patients at McLeod OB/GYN Associates in Florence.



Erik Dehlinger, M.D. Board Certified in Emergency Medicine

Dr. Dehlinger received his medical degree from Temple Medical School in Philadelphia, Pennsylvania. He completed an Emergency Medicine residency at Johns Hopkins University in Baltimore, Maryland. Dr. Dehlinger cares for patients at the McLeod Regional Medical Center Emergency Department in Florence.



William Epps, Jr., M.D. Board Certified in Internal Medicine and Cardiology

Dr. Epps received his medical degree from Case Western Reserve University in Cleveland, Ohio. He completed an Internal Medicine residency at University Hospital in Cleveland, Ohio. He also completed a Cardiovascular Diseases fellowship at the University of Rochester in Rochester, New York. Dr. Epps cares for patients at McLeod Cardiology Associates Sumter.



Jose Hernandez, M.D. Family Medicine

Dr. Hernandez received his medical degree from East Carolina University in Greenville, North Carolina. He completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. Hernandez cares for patients at McLeod Family Medicine Seacoast in Little River.

McLeod Welcomes These Physicians



DeAnn Jebaily, D.O. Family Medicine

Dr. Jebaily received her medical degree from the Edward Via College of Osteopathic Medicine in Blacksburg, Virginia. She completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. Jebaily cares for patients as a Hospitalist, or Inpatient Physician, at McLeod Regional Medical Center in Florence.



June Jones, M.D., M.P.H. Board Certified in Occupational Medicine

Dr. Jones received her medical degree from Wayne State School of Medicine in Detroit, Michigan. She completed an Internal Medicine residency at Wayne State Affiliated Hospitals’ Hutzel Hospital in Detroit, Michigan. Dr. Jones cares for patients at McLeod Urgent Care Centers in Florence and Darlington.



Joseph Kearney, IV, M.D. Emergency Medicine

Dr. Kearney received his medical degree from Northeast Ohio Medical University in Rootstown, Ohio. He completed an Emergency Medicine residency at Summa Akron City Hospital in Akron, Ohio. Dr. Kearney cares for patients at the McLeod Regional Medical Center Emergency Department in Florence.



Marie LiVigni, D.O. Board Certified in Internal Medicine

Dr. LiVigni received her medical degree from New York College of Osteopathic Medicine in Old Westbury, New York. She completed an Internal Medicine residency at Yale-New Haven Hospital in New Haven, Connecticut. Dr. LiVigni cares for patients at McLeod Internal Medicine Seacoast in Little River.



Kenneth Mincey, M.D. Board Certified in Surgery

Dr. Mincey received his medical degree from the Medical University of South Carolina in Charleston, South Carolina, where he also completed a residency in Surgery. Dr. Mincey cares for patients at McLeod Loris Seacoast Surgery in Loris and Little River.



Kimberly Monnell, D.O., M.P.H. Board Certified in Neurology

Dr. Monnell received her medical degree from Nova Southeastern University in Ft. Lauderdale, Florida. She completed a Neurology residency at the University of South Florida in Tampa, Florida. Dr. Monnell cares for patients at Seacoast Neurology Associates in Little River.

McLeod Welcomes These Physicians



Craig Selander, M.D. Surgery

Dr. Selander received his medical degree from the Medical University of South Carolina in Charleston, South Carolina, where he also completed a Surgery residency. Dr. Selander cares for patients at Pee Dee Surgical Group in Florence.



Bhawna Sethi, M.D. Internal Medicine

Dr. Sethi received her medical degree from University College of Medical Sciences, in Delhi, India. She completed an Internal Medicine residency at the Wright Center for Graduate Medical Education, in Scranton, Pennsylvania. Dr. Sethi cares for patients as a Hospitalist, or Inpatient Physician, at McLeod Regional Medical Center in Florence.



Marvin “Monty” Smith, M.D. Board Certified in Radiology

Dr. Smith received his medical degree from East Tennessee State University in Johnson City, Tennessee. He completed a Diagnostic Radiology residency at the University of Tennessee in Knoxville, Tennessee. He also completed a Neuroradiology fellowship at the University of Alabama in Birmingham, Alabama. Dr. Smith cares for patients at Florence Radiological Associates.



Mary Smyrnioudis, M.D. Emergency Medicine

Dr. Smyrnioudis received her medical degree from Marshall University in Huntington, West Virginia. She completed an Emergency Medicine residency at East Carolina University in Greenville, North Carolina. Dr. Smyrnioudis cares for patients at the McLeod Regional Medical Center Emergency Department in Florence.



Emily Touloukian, D.O. Oncology and Hematology

Dr. Touloukian received her medical degree from the Chicago College of Osteopathic Medicine in Downers Grove, Illinois. She completed an Internal Medicine residency at Advocate Lutheran General Hospital in Park Ridge, Illinois. She also completed a Hematology and Oncology Fellowship at Providence Hospital in Southfield, Michigan. Dr. Touloukian cares for patients at Coastal Cancer Center in Horry County, and McLeod Loris and McLeod Seacoast.



Carol Young, Jr., M.D. Board Certified in Internal Medicine, Pulmonary Diseases, and Critical Care Medicine

Dr. Young received his medical degree from Georgetown University School of Medicine in Washington, D.C. He completed an Internal Medicine residency at Eisenhower Army Medical Center in Augusta, Georgia. He also completed a Pulmonary Medicine and Critical Care Medicine fellowship at Walter Reed Army Medical Center in Washington, D.C. Dr. Young cares for patients at McLeod Pulmonary and Critical Care Seacoast in Little River.

McLeod Welcomes These Physicians



Eric Young, M.D. Board Certified in Surgery

Dr. Young received his medical degree from the University of South Carolina School of Medicine in Columbia, South Carolina. He completed a General Surgery residency at Brookdale University Hospital Medical Center in Brooklyn, New York. Dr. Young cares for patients at McLeod Loris Seacoast Surgery in Loris and Little River.

McLeod Welcomes These Residents



Naceme Azizzadeh, D.O. received her B.S. in Biology from the University of South Carolina in Columbia, South Carolina, and her medical degree from the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania.



Charles Coones, M.D. received his B.S. in Biology from the University of Tennessee in Martin, Tennessee, and his medical degree from the University of Tennessee Health Science Center in Memphis, Tennessee.



Kyle Gehres, D.O. received his B.A. in Biology from Rhodes College in Memphis, Tennessee, and his medical degree from the Philadelphia College of Osteopathic Medicine in Philadelphia, Pennsylvania.



Elizabeth Harleston, M.D. received her B.S. in Science and Pre-Professional Studio Art from the University of Notre Dame in Notre Dame, Indiana, and her medical degree from St. Louis University School of Medicine in St. Louis, Missouri.



Kevin Martin, D.O. received his B.S. in Biology and Chemistry from Rocky Mountain College in Billings, Montana, and his medical degree from Lake Erie College of Osteopathic Medicine in Greensburg, Pennsylvania.



Dawn McCalla, M.D. received her B.S. in Biology from Andrews University in Berrien Springs, Michigan, and her medical degree from Ross University School of Medicine in Dominica, West Indies.



Annapoorna Muthyapu, M.D. received her B.S. and medical degree from Kakatiya Medical College in Warangal, India.



David Shupe, D.O. received his B.S. in Biology from the University of Georgia in Athens, Georgia, and his medical degree from the Philadelphia College of Osteopathic Medicine in Suwanee, Georgia.

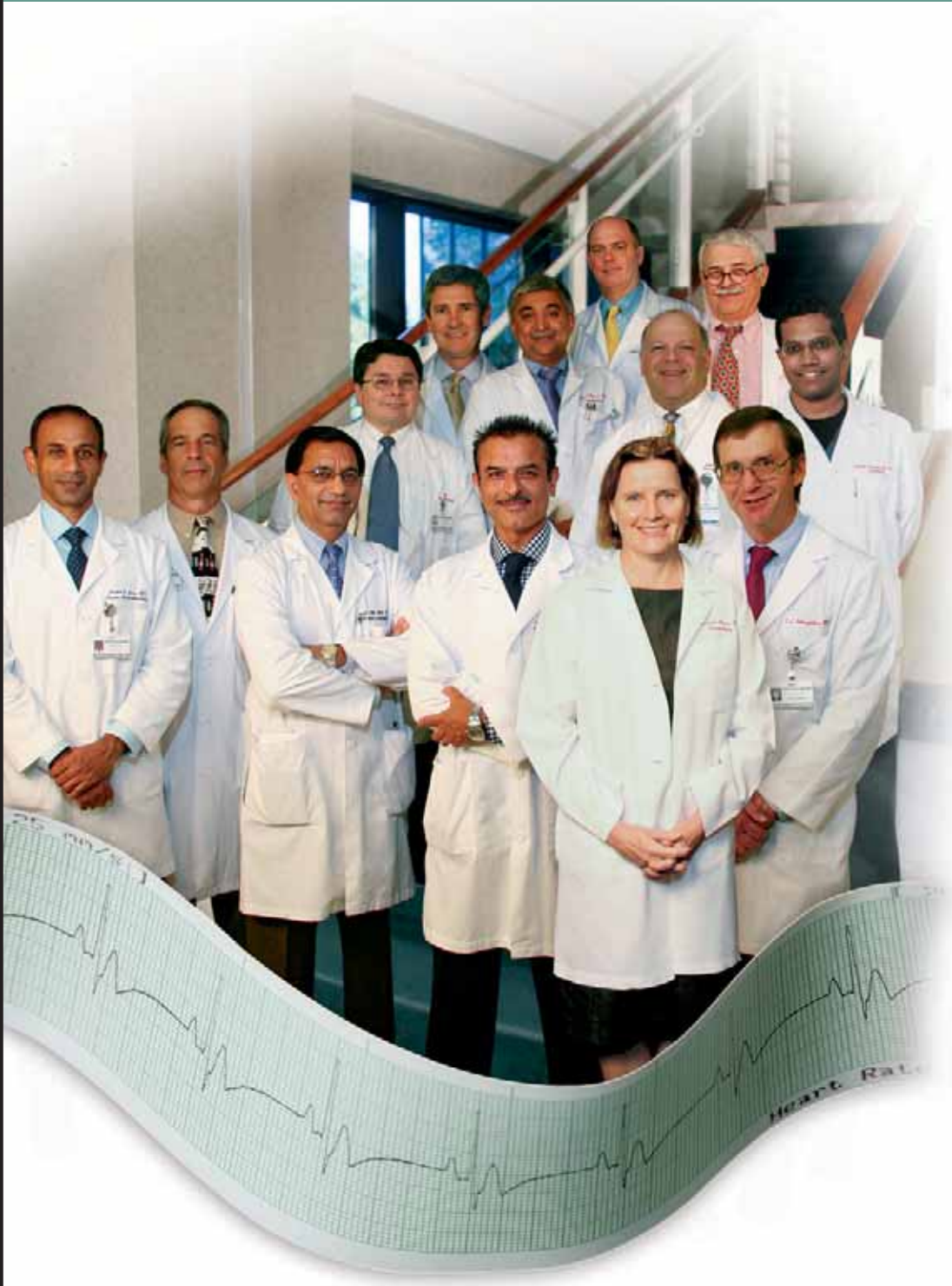


Jamie Spicer, M.D. received his B.S. in Neuroscience and Biological Sciences at the University of Pittsburgh in Pittsburgh, Pennsylvania, and his medical degree from Drexel University College of Medicine in Philadelphia, Pennsylvania.



Samuel Tomlinson, M.D. received his B.S. in Civil Engineering at Clemson University in Clemson, South Carolina, and his medical degree from the University of South Carolina School of Medicine in Columbia, South Carolina.

Pee Dee Cardiology Joins McLeod



McLeod has set the standard for quality heart and vascular care in the region for more than 50 years. Joining forces with skilled and experienced cardiologists, interventional cardiologists and electrophysiologists like those at Pee Dee Cardiology, has made us a leading source for the treatment, diagnosis, management and prevention of cardiovascular diseases. For more than 25 years, Pee Dee Cardiology has provided patients throughout the region with the highest quality adult cardiovascular care possible.

Pee Dee Cardiology welcomes physician and self referrals.

McLeod Physician Associates

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Dr. Rajesh Malik, Dr. Nicolette B. Naso, Dr. Thomas L. Stoughton,*

*Dr. James T. Lee, Dr. Gavin M. Leask, Dr. Amit V. Pande,
Dr. Alan M. Blaker, Dr. Nathan J.S. Almeida,*

Dr. Evans P. Holland, Jr., Dr. W. Daniel Hardaway

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