

# McLeod

Volume 26, Issue 3, 2011

## *magazine*



TREATING HEALTH PERSONALLY

# Views



Rob Colones

McLeod Health has been blessed with a rich heritage, a foundation built on meeting the needs of individuals with compassion, expertise and state-of-the art technology.

McLeod remains the region's leader in exceptional quality healthcare for more than hundred years. In the next century, we grow beyond those borders to the coast, most recently with the addition of Loris Healthcare System and Seacoast Medical Center as part of our healthcare organization. You will be learning even more about this initiative in our Spring edition of *McLeod Magazine*.

With a commitment to our mission, McLeod physicians, staff and healthcare professionals have been dedicated to the well being of the whole person by providing services within and beyond the walls of the healthcare facilities. As we move to the new year, the values of McLeod Health, *The Value of Caring, The Value of the Person, The Value of Quality* and *The Value of Integrity*, continue to reflect our standard for serving patients and families in our communities.

Our future is a promise of growth through medical excellence and outstanding service. McLeod Physicians and healthcare teams continuously look for advancements in diagnosis, treatment and recovery.

In addition to embracing best practices from across the nation, our people also focus on exemplary care by touching the lives of each individual patient and their family with their hearts as well as their minds.

Join me as we share these very personal stories of hope and health, of those cared for and their special caregivers. It is our belief that we are all a part of treating each other's health personally. Thank you for choosing McLeod Health.

*Robert L. Colones*

Rob Colones,  
President  
McLeod Health



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**Rob Colones**  
President and CEO, McLeod Health

**Jumana A. Swindler**  
Editor, Director of Marketing & Public Information

**Tracy H. Stanton**  
Co-Editor, Coordinator of Publications

**Contributing Writers:**  
Leah M. Fleming, Rachel Gainey,  
Kristie S. Gibbs, Megan Watson, Tammy White,  
and Celia Whitten

**Photographers:**  
Mark Bell, Doug Fraser and Sidney Glass

**Design and Printing:**  
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## On the Cover:

Conni Singletary and Susan Johnson became dear friends while receiving treatment for breast cancer at McLeod.

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# Conquering Cancer with Faith, Family and Friendship

by Tracy H. Stanton

When an individual is diagnosed with cancer, they often turn immediately to their faith, family and friends for support and encouragement. Frequently, cancer creates bonds with other survivors, fostering closer ties with family members, and a desire to live life to the fullest.

## A Friendship Formed

Conni Singletary and Susan Johnson probably would never have met each other had it not been for their cancer diagnoses and treatment.

Susan explained that she met Conni when they were placed in the same treatment room at McLeod Oncology and Hematology Associates. "It was Conni's first treatment and my second one." The two women started talking about coming to grips with the "C" word, their lives and even facing the loss of their hair. "Conni was so young and pretty. As we talked, I learned that her family lived in Tennessee, and she was a single mom raising her son. My heart just broke for her." Susan was worried about this additional stress on a woman already handling a great deal.

Conni saw in Susan somebody strong for her to lean on. "She had the biggest heart and I kind of clung to her," said Conni. The two women looked for each other when they had appointments, because it gave them an opportunity to share with someone going through the same struggle. "Susan was very outgoing and special. She was such an inspiration to me."

Susan added that she was inspired by Conni's vulnerability. "She was so open, genuine and real. I wanted to help her in any way I could. You just want to be her buddy, her friend."

Although the two women are not close in age, the age difference did not matter to either of them. "Conni is the age of one of my children. I knew if my daughter was going through this journey, I would want someone to be a friend to her, too."

Conni was also drawn to Susan's calmness. "She appears at total peace with her life. I thoroughly enjoy being around her."



**Susan Johnson and Conni Singletary share a gentle embrace and a strong common bond.**

Susan added that she had support from her family and friends, her school family and church family, but she walked with calm and joy because "God's grace is truly sufficient."

Both women now feel they have a lifetime friend in each other who has been through the same battle. Today, they keep in touch on Facebook and look forward to seeing each other at cancer events or follow-up appointments.

They also know they can reach out to each other at any time. "She knows she can call me if she needs me and I can call her, too," said Susan.

They encourage others diagnosed with cancer to find someone you can depend on and talk to when you are going through treatment. "Pray. Go into survival mode, and rely on your friends and family to get you through it," added Conni.

## The Bonds of Family

Sherry Lockhart, Harriet Jeffords, and Debbie Bailey each have at least three things in common. They are family members, employees of McLeod Health, and cancer survivors.

The youngest of the three women, Debbie said, “Sharing the same likes, dislikes, mannerisms, looks... this is all part of being related. However, it can also mean sharing a disease you wish another family member would not have to experience. Cancer has become an enemy in our family that we are defeating together with the support of our family and God.”

Although Debbie was not diagnosed with the same type of cancer as her mom, Sherry, or her Aunt Harriet, she said they have all experienced the same feelings and fears but most of all they share the same determined spirit to survive on a daily basis.

“Seeing my mom’s determination and faith during her treatment for breast cancer inspired me that surviving is a daily choice to keep going,” Debbie said.

“Mom continued teaching, working in her yard, taking care of her family, and living her faith. Cancer was just a bump in the road. After I was diagnosed with cancer, she quit her job to help take care of me, my newborn baby and my son so my husband could continue to work.”

Sherry was the first family member diagnosed with cancer, and she did not have a close family member or friend that understood exactly how she felt. “It would have been a tremendous support,” explained Sherry. “I had family support, but no one in our immediate family knew exactly how it felt to receive that diagnosis of cancer. However, when Debbie and Harriet were diagnosed, I knew exactly how important it was to be there for them. I tried to be a support for them in any way I could during their treatment and recovery. Through my personal experience, I wanted them to see there was hope and life after receiving this diagnosis.”

Because Debbie’s cancer occurred in her leg, she required physical therapy after undergoing surgery for sarcoma. “Since Aunt Harriet is Director of McLeod Rehabilitative Services, she helped arrange my appointments and made sure

the therapists were doing everything they could to help me walk again. Whether I was in Physical Therapy or at McLeod receiving chemotherapy treatments, she would always stop by and encourage me.”

Recently, Harriet was also diagnosed with breast cancer. Debbie and Sherry rallied together to help encourage her through the battle ahead. “We are constant reminders and cheerleaders that through faith and a determined spirit she can survive, too,” said Debbie.

In fact, when Harriet got the call that her biopsy had come back positive for breast cancer, her sister, Sherry, was the first person she called. “She was a cancer survivor of many years, and I knew that she had walked in my shoes. She came right away, holding my hand and crying with me. Sherry knew just what to say or not to say. She also took responsibility for telling the rest of our family knowing that I would not feel like talking about it yet.

“Sherry made sure that I never went to a doctor’s appointment alone. She took notes and reminded me what the doctor said when I totally forgot because I was still in shock. She told me what she wished she had done differently and what she would do if she had to do it again. Most importantly, Sherry was the picture of a cancer survivor and she showed me that I could be, too. Once you receive a diagnosis of cancer, it clarifies what is most important in life. My sister and I are now closer than ever.

“Not only are we both survivors, but family means more to us than it ever did before,” Harriet said.

“Even though it has been a difficult journey for all three of us, we hope that through our experience with cancer it will serve as an encouragement to others that are suffering with this disease,” added Debbie.

**Family members, as well as McLeod colleagues, from left, Debbie Bailey, Sherry Lockhart and Harriet Jeffords understand the importance of cancer support.**

## Drawing Inner Strength

Leon Rogers, like most men, tried to ignore the symptoms he was suffering and delayed seeking treatment.

“I knew that something was wrong with me. My biggest concern at the time was that I was unemployed and didn’t know how I would pay for a hospital stay and any subsequent treatment. I am aware that a number of men procrastinate going to the doctor sometimes due to male ego. Avoidance in my case was purely economic.”

Leon explained that he had been sick for some time, but he did not know what it was. “In April of 2009, I admitted myself to the hospital and learned I had colon cancer. I was going through a rough period so being diagnosed with cancer was the culmination of everything that was wrong with my life.”

Fortunately for Leon, following his diagnosis he was accepted as a patient of the McLeod Cancer Clinic under the care of McLeod Oncologist **Dr. James Smith.**

“After my diagnosis, I faced the question of whether I was going to live or die. Most of the time when you hear about someone having cancer you get the idea in your head that they do not have long to live. I now know that it is only a death sentence if you make it one.”

Having most recently been living in Atlanta and New York as an actor prior to his diagnosis, Leon was staying with his mother in Florence when he learned he had cancer. “Being here with her made facing cancer less difficult. She was a big help to me,” said Leon. He also turned to his friends both near and far through acting and social media for support as he went through treatment.

A local talent with the Florence Little Theatre, Leon said, “Acting is a discipline where you have to do more than just know your lines to be successful. Acting has helped me to be more analytical and

**Cancer survivor Leon Rogers performs “Free at Last” in an inspirational tribute during An Evening of Hope Cancer Benefit.**

introspective. Returning to acting was also a way for me to get out and socialize.”

Leon completed treatment and underwent surgery in August of 2010. More than a year later, he is cancer free and looking forward to having his port-a-cath removed on December 12.

He is also attending Florence-Darlington Technical College studying

telecommunications systems management when he is not performing at FLT.

Today, he encourages others if something is wrong to go see a doctor by any means necessary. “For a while, I was worried about dying. But then, I realized that if you are too worried about dying you are not doing enough living. We all must try to enjoy our lives to the fullest and make it meaningful.”



# We Take Cancer Personally.

The McLeod Cancer Center is the region’s only program approved as a Community Hospital Comprehensive Cancer Program by the Commission on Cancer of the American College of Surgeons. This is a distinction that McLeod has maintained for nearly 35 years. In 2010, McLeod was pleased to announce that the Breast Health Center had also achieved accreditation by the National Accreditation Program of Breast Centers (NAPBC).

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

provides the Cancer Center with invaluable information to track and trend outcomes for patients and the public.

In 2010, nearly 1,100 new cancer cases were diagnosed at McLeod. Cancers arising from the breast, lung, prostate, colorectal areas and urinary system accounted for more than 68% of all cancer cases diagnosed in 2010.

These pages provide a statistical analysis of the cancer cases by distribution of the five leading analytical sites diagnosed at McLeod, distribution of incidence by county and a comparison of the ten most prevalent cancer sites diagnosed at McLeod, in South Carolina and in

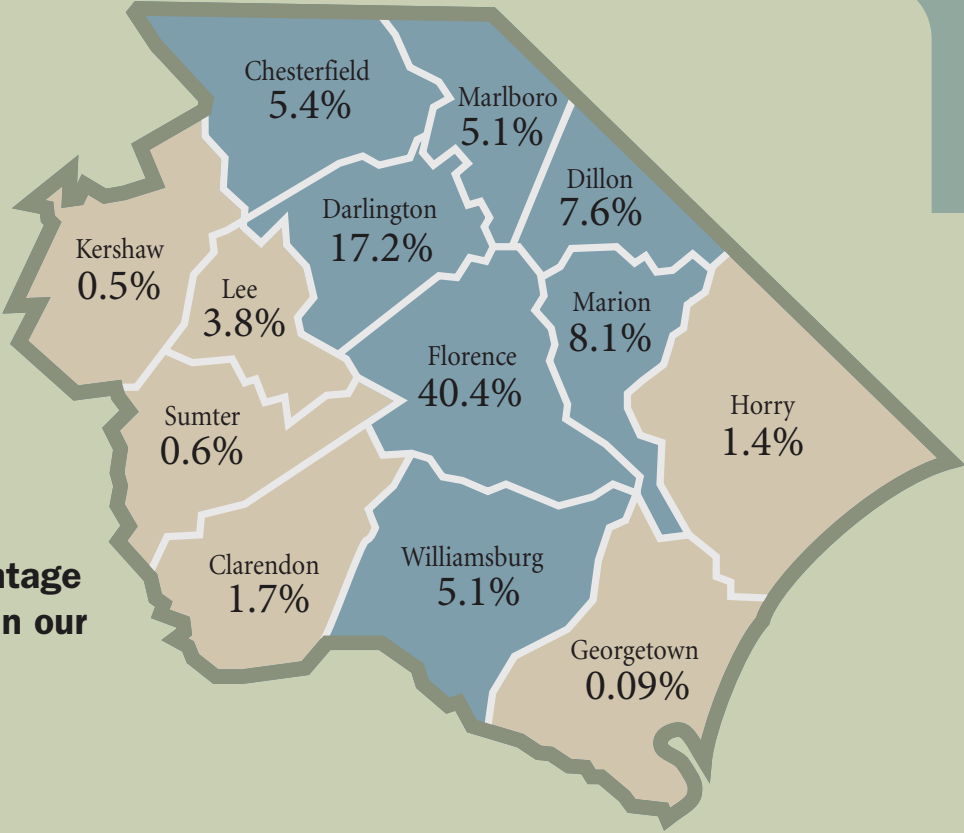
the United States based on the American Cancer Society’s Cancer Facts and Figures 2010.

Five Leading Cancer Sites	
Diagnosed at McLeod in 2010	
Site	Percentage
Breast	22.4%
Lung	15.8%
Prostate	14.8%
Colorectal	9.4%
Urinary	6.1%
Total Cases: 1,093	

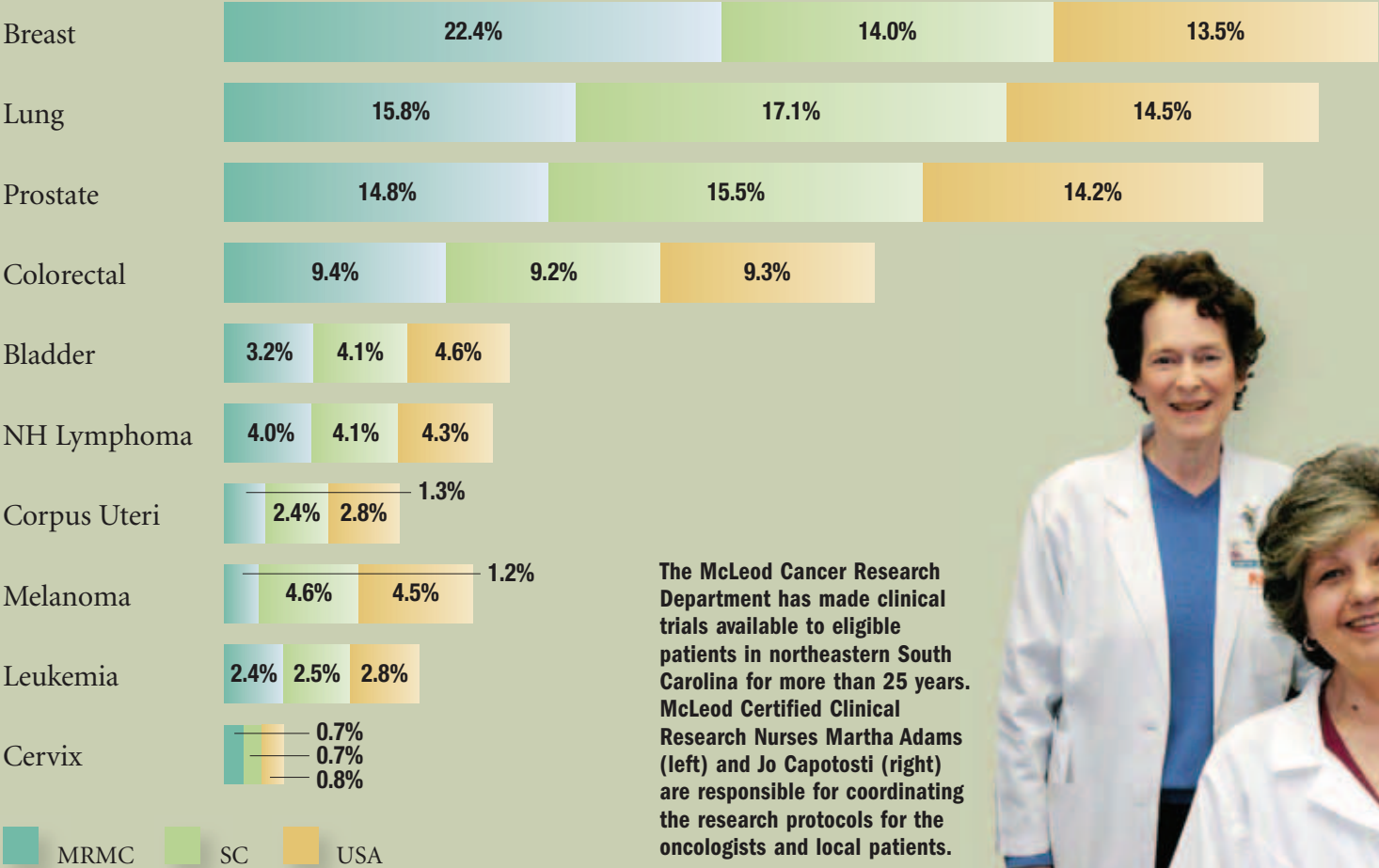


The McLeod Cancer Registry has been in existence since the early 1950s, making it the first cancer registry in South Carolina. (At center) Marie White, CTR, the McLeod Cancer Registry Coordinator, has been a member of the registry team for 35 years. The team also includes Cancer Registrars Shamica Williams (left) and LaTonya McFadden (right).

Highest Percentage of New Cases in our Service Area



10 Most Prevalent Cancer Sites Source: American Cancer Society “Cancer Facts and Figures 2010”



The McLeod Cancer Research Department has made clinical trials available to eligible patients in northeastern South Carolina for more than 25 years. McLeod Certified Clinical Research Nurses Martha Adams (left) and Jo Capotosti (right) are responsible for coordinating the research protocols for the oncologists and local patients.



# An Experienced Team Committed to Serve

by Kristie Salvato Gibbs

They give hope to people who have suffered from illness and devastating diseases. They have the ability to restore one's body, reducing the pain. They mend people injured by some of the most unexpected or tragic injuries.

Driven by challenges and expectations, they demand everything necessary from themselves and others to provide their patients the best chance to recover. Their hands are strong and steady, their minds are sharp and incisive, and their hearts are filled with compassion.

These are the surgeons of Pee Dee Surgical Group. The team has grown in experience, talent, and the delivery of new surgical techniques and procedures, to benefit patients in the region.

Since 1975, the board certified surgeons of Pee Dee Surgical Group have been dedicated to providing the highest standard of care for patients throughout their entire surgical experience.

Robin Clayton, a native of Florence, underwent minimally invasive colon resection surgery performed by Dr. Reginald Bolick.

"I appreciate Dr. Bolick and Pee Dee Surgical Group for all they have done to help me feel whole again, for their knowledge and experience. Members of my family and I are blessed to have been treated by the physicians of Pee Dee Surgical Group. They are without doubt fulfilling their calling," said Robin.

With more than a century of combined experience, this group of nine surgeons are focused on providing patients with the best treatment possible.



Physicians of Pee Dee Surgical Group are: (front row, left to right) Dr. John Sonfield, Dr. Reginald Bolick, Dr. Amy Murrell, Dr. Keith Player; (back row, left to right) Dr. Thomas Wilson, Dr. Mark Reynolds, Dr. Joseph Pearson, Dr. Ed Lee and Dr. John Gause.

## How it all began...

Pee Dee Surgical originated in the mid-1970's when Dr. Reginald Bolick and Dr. Joseph Pearson moved to Florence and joined surgeon Dr. Billy Houck in the specialty group known as Florence Surgical Associates. These physicians were committed to bringing a high quality of medicine and surgery to this area.

The 1980's and 1990's brought exciting change to Dr. Bolick and Dr. Pearson with the establishment of Pee Dee Surgical Associates. The practice later transitioned into Pee Dee Surgical Group. Because of their great insight and desire for the best in surgical care, they were the first in the area to offer breast conservation for the treatment of breast cancer. In 1990, they also began performing the minimally invasive laparoscopic cholecystectomy to remove gallbladders.

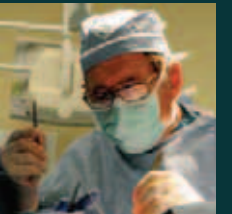
Throughout the 1990's, the practice grew in size as well as the volume of surgical procedures being performed. In 1997, Pee Dee Surgical Group became a part of McLeod Physician Associates.

# Meet the Surgeons of Pee Dee Surgical Group



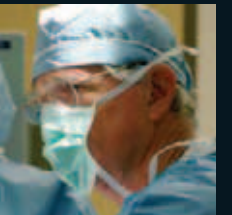
## Dr. Reginald Bolick

Dr. Bolick is a native of Maiden, North Carolina. He moved to Florence in 1975 after completing medical school at Bowman Grey School of Medicine in Winston-Salem, North Carolina. He completed a surgical residency at the University of Kentucky Medical Center in Lexington and served two years (1970 - 1972) in the United States Army Medical Corps. Dr. Bolick was board certified by the American Board of Surgeons in 1976 and recertified in 1986, 1996 and 2006. He is a Fellow of the American College of Surgeons and a member of the American Society of Laparoscopic Surgeons.



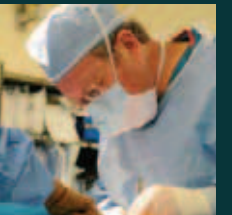
## Dr. Joseph Pearson

A native of Eastern North Carolina, Dr. Pearson graduated in 1973 from the Medical University of South Carolina in Charleston. He completed an internship at the University of Alabama, Birmingham and a surgical residency at Virginia Mason Medical Center in Seattle, Washington. Dr. Pearson moved to Florence following completion of his residency in 1978. He is board certified in General Surgery and a member of the American Society of Breast Surgeons, the American Society of Laparoscopic Surgeons and a Fellow of the American College of Surgeons.



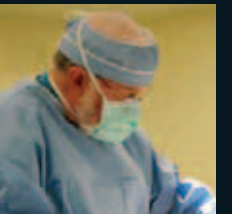
## Dr. John Gause

Dr. Gause is a native of Florence. He began his medical career as a registered pharmacist. He furthered his studies in medicine by attending the Medical University of South Carolina in Charleston, graduating in 1987. He chose surgery as his specialty and completed a surgical residency at the Medical College of Georgia in Augusta. Dr. Gause is board certified in General Surgery and a Fellow of the American College of Surgeons. Dr. Gause joined Pee Dee Surgical Group in 1992.



## Dr. Thomas Wilson

Dr. Wilson grew up in Darlington, South Carolina. He received his medical degree in 1978 from the Medical University of South Carolina in Charleston and completed his residency at the University of South Carolina School of Medicine's Department of Surgery in Columbia in 1983. Dr. Wilson's father established Wilson Clinic and Hospital in the early 1940's to service the Darlington Community. Dr. Wilson is board certified in General Surgery and has practiced in the Florence/Darlington area since completing his medical degree. He joined Pee Dee Surgical Group in 1997.



# Meet the Surgeons of Pee Dee Surgical Group (continued)



### Dr. Ed Lee

Dr. Lee received his medical degree from the University of South Carolina in Charleston in 1977. He completed his residency at Greenville Hospital Systems in Greenville, South Carolina, in 1982. Dr. Lee cared for patients in Florence for many years before joining Pee Dee Surgical Group in 1999. He is board certified in General Surgery and Phlebology as well as a Fellow of the American College of Surgeons.



### Dr. Keith Player

A native of Florence, Dr. Player is a graduate of Princeton University in Princeton, New Jersey. He received his medical degree in 1994 from the Medical University of South Carolina in Charleston and completed a residency in General Surgery at Spartanburg Regional Medical Center in Spartanburg, South Carolina, in 1999. Upon completion of his residency he returned to Florence, joining the team at Pee Dee Surgical Group. Dr. Player is board certified in General Surgery and a Fellow of the American College of Surgeons.



### Dr. Mark Reynolds

Dr. Reynolds received his medical degree in 1986 from Temple University School of Medicine in Philadelphia, Pennsylvania. He completed an internship at Temple University Hospital and a surgical residency at The Graduate Hospital of the University of Pennsylvania, Philadelphia. In 1994, he completed two years of fellowship training in Trauma Surgery and Surgical Critical Care at the University of Louisville in Louisville, Kentucky. Dr. Reynolds is board certified in General Surgery and a Fellow of the American College of Surgeons. He joined Pee Dee Surgical Group in 1997.



### Dr. Amy Murrell

Dr. Murrell is a native of Florence. She received her medical degree from the Medical University of South Carolina in Charleston in 2000, and completed her surgical residency at Spartanburg Regional Medical Center in Spartanburg, South Carolina, in 2005. Dr. Murrell is board certified in General Surgery and a Fellow of the American College of Surgeons. She is also a member of the American Society of Breast Surgeons. She joined Pee Dee Surgical Group upon completion of her residency in 2005.



### Dr. John Sonfield

A native of Hilton Head, South Carolina, Dr. Sonfield received his medical degree in 2000 and completed his surgical residency in 2005 both at the Medical University of South Carolina in Charleston. Dr. Sonfield is board certified in General Surgery and a Fellow of the American College of Surgeons. He joined Pee Dee Surgical Group upon completion of his residency in 2005.



# McLeod Health Announces Affiliation with Loris and Seacoast Medical Centers

McLeod Health and Loris Healthcare System are pleased to announce formalizing their long standing and mutually beneficial partnership.

On Wednesday, November 9, the Board of Commissioners for Loris Community Hospital District, which includes Loris and Seacoast Medical Centers, unanimously made the decision to affiliate with McLeod Health.

“We believe this relationship will foster greater strategic alignment in support of our mission and will bring

continued clinical quality through shared best practices, while retaining local governance and leadership. An unwavering commitment to quality has been a cornerstone of McLeod leadership and played a significant role in our decision,” stated **Dr. Tracy Ray**, Chairman of the Loris Community Hospital District Board of Commissioners.

The Board action followed the public vote of confidence and outpouring of support for the Healthcare Services Referendum in Horry County on Tuesday, November 1. An overwhelming 85 percent of voters passed the Referendum for Healthcare Services. Passing the referendum gave the Loris Community Hospital District Board the authority to merge and the



Seacoast Medical Center, located in Little River, SC, provides both inpatient and outpatient care, diagnostics and emergency treatment.



Loris Community Hospital, located in Loris, SC, is an acute care facility with 105 licensed beds, founded in 1950.

positive response to the vote reinforced the commitment.

“We look forward to this exciting opportunity as we move forward in the process with McLeod for Loris and Seacoast to become stronger clinically, operationally and financially,” Dr. Ray said.

This action taken between these hospital systems is consistent with a national trend of collaboration between hospitals – taking the necessary steps to ensure their patients have access to efficient and high-quality care with the promise of long-term growth preservation of a hospital delivery system for this region.

“We are inspired by the exceptional commitment of our physicians and health care teams on behalf of the patients we serve in these communities,” stated Rob Colones, President and CEO of McLeod Health. “The referral relationships between providers over these years allowed this partnership to take place.

**“We look forward to this exciting opportunity as we move forward in the process with McLeod for Loris and Seacoast to become stronger clinically, operationally and financially.”**

**– Dr. Tracy Ray**

“We are most appreciative of the dedication and hard work of the Citizens’ for Better Healthcare Services Committee to promote this effort. Composed of residents from the Loris, North Myrtle Beach, Green Sea, Little River and Nichols communities, the Committee worked diligently to communicate the issues involved in the referendum for several months,” Colones added.

The decision to affiliate represents a new beginning for two long-time, highly respected healthcare organizations that share a similar mission and philosophy of care. “While there is much work ahead, we are confident that in working

together, we will continue improving services for our communities,” stated Colones.

McLeod Health, Loris and Seacoast will continue to share a not-for-profit mission and focus on providing the best possible healthcare services to patients. Loris and Seacoast will retain a local governing board and local foundation, with continued involvement and leadership. Loris has had a relationship with McLeod Health for more than a decade. These hospitals share the same philosophy of quality patient care and are inspired by beloved local physicians.

Through this affiliation, patients will gain access to even more exceptional

physicians and specialists, as well as leading-edge medical technology. McLeod will also provide staff development, training, and introduce quality and award winning programs and initiatives. McLeod is a national leader and won the American Hospital Association-McKesson Quest for Quality Award and is the first hospital in South Carolina to receive this distinction and recognition for excellence in patient care.

“Our patients deserve the best healthcare services and the timing for this collaboration is appropriate as we respond to the issues of healthcare reform. Additionally, our communities are growing and this affiliation is a way to provide these services to all patients in the area,” said Dick Tinsley, Administrator of Loris Healthcare System.

McLeod Health and Loris Healthcare System officials named Tinsley as the Administrator for the Loris Healthcare

System in August. He has been a part of healthcare leadership for more than 25 years, and has served with McLeod Health since 1998 as a Vice President of Planning. Arnold Green will continue in his leadership role as Chief Operating Officer for Loris Healthcare System.

Loris Healthcare System provides care for residents of northern Horry and southern Brunswick and Columbus counties. Founded in 1950, Loris Community Hospital is a fully-accredited acute care facility with 105 licensed beds. Seacoast Medical Center opened in 2000 as an outpatient facility. In July 2011, Seacoast Medical Center began providing inpatient care as a 50-bed hospital. Other facilities affiliated with Loris Healthcare System are Family Health Centers in Loris and Green Sea, Loris Extended Care Center and the Center for Health and Fitness. Loris Healthcare System also operates a network of physician practices and has more than 120 physicians on active and affiliate medical staff.

Loris Healthcare System is one of the premier employers in Horry County with nearly 1000 employees.

McLeod Health, recognized nationally for its quality initiatives and methodology, has a leading regional presence and reputation for being dedicated to patients and their families. Founded in 1906, McLeod Health is a locally owned and managed, non-profit organization supported by the strength of nearly 400 physicians on the medical staff and more than 1,400 nurses. In addition to its modern facilities, premier technology and equipment; McLeod is dedicated to improving the health of the residents of those communities served. McLeod Health, located in the Northeastern Region of South Carolina, is composed of more than 4,900 employees and nearly 40 physician practices in seven counties. With four hospitals, McLeod Health also operates a Health and Fitness Center, Sports Medicine and Outpatient Rehabilitation Center, Hospice, and Home Health Services. McLeod Regional Medical Center staffs 453 licensed beds.



**LORIS COMMUNITY HOSPITAL DISTRICT  
BOARD OF COMMISSIONERS AND  
LORIS HEALTHCARE SYSTEM LEADERSHIP TEAM**

**Standing:**

Frankie C. Blanton, Alexander C. Logan, III, MD, Ronald M. Fowler, Doris Potter-Hickman, Rev. James P. Jones, Frank V. Boulineau, III, Margaret S. Prince, T. Chuck Mills, MD, Hoyt J. Hardee, Carroll D. Padgett, Jr.

**Seated:**

H. Arnold Green, Senior Vice President/COO, Robert L. Colones, President/CEO McLeod Health, Tracy P. Ray, OD, Chairman, Loris Board of Commissioners, Edward D. Tinsley, III, Administrator, Loris Healthcare System

# A Doctor to Recommend

by Leah Fleming

After a knock or two on the door, Orthopedic Surgeon **Dr. Rodney Alan** enters a McLeod Orthopaedics examination room, where Roosevelt Seabrook and Berletha Taylor sit and chat. Roosevelt and Berletha are friends and fellow church-members. Their faces light up as he welcomes them with a warm greeting and launches into questions about their families and health.

Dr. Alan cares for both Roosevelt and Berletha, of Marion, South Carolina, having performed two surgeries on each patient. Berletha, the Associate Pastor of the same church that Roosevelt attends, was referred to Dr. Alan by her primary care physician in 2008. At her first visit,

Berletha told Dr. Alan that for the past two years she had been experiencing pain in her left shoulder. She had already received injections in her shoulder to help relieve the pain. In addition, Berletha was feeling pain in her left knee.



**Dr. Rodney Alan (right) takes time for a picture with patients Berletha Taylor (left) and Roosevelt Seabrook (right). Dr. Alan has performed four surgeries among the two patients, who are friends from Marion.**

Berletha is a retired nurse who cared for geriatric patients for more than 30 years. She felt that her time spent helping patients to get around had gradually taken a toll on her body. “My primary care physician said, ‘I can recommend you to an excellent orthopedic physician,’” Berletha said.

“Berletha had a massive shoulder cuff tear in addition to some pinching in the surrounding soft tissues,” said Dr. Alan. “She required an arthroscopic rotator-cuff repair to re-attach the tendon to the bone.”

During this outpatient procedure, a small camera (arthroscope) is inserted into the shoulder joint and images are displayed on a television screen. The surgeon uses these images to guide miniature surgical instruments. Because the arthroscope and surgical instruments are thin, very small incisions are made rather than the larger incision needed for standard, open surgery.

“I also removed bone spurs that, in conjunction with the frayed edges of the torn tendons, were causing Berletha a lot of pain,” Dr. Alan said. “Often, when I explain this to my patients, I compare it to having a hangnail. If you can put the tendon back in its place, or at least trim it, it will grow correctly, and will not cause you any more pain.”

“Before my surgery, I could hardly move my shoulder,” said Berletha. After completing post-surgery physical therapy, she now exclaims, “I can raise my hand and say ‘Hallelujah’ in church!”

Dr. Alan explained that rotator-cuff tears are common, and typically patients come to him with great pain in their shoulder.

To relieve Berletha’s knee pain, Dr. Alan first tried a non-operative approach by administering steroid injections. Together, they eventually decided that she would undergo total knee arthroplasty, also known as a knee replacement. This surgery took place almost a year after her shoulder surgery.



**Dr. Rodney Alan is an orthopedic surgeon with McLeod Orthopaedics. He specializes in joint replacements.**

“When debilitating pain, stiffness, knee swelling and limitation of motion in your knee keeps you from your daily activities, you may need a total knee replacement,” said Dr. Alan. “The most frequent source of this pain is arthritis that causes joint damage.”

Total knee replacement is the relining of the joint, or ends of the bones, with three components of artificial prostheses. These include the femoral component, which covers the end of the thigh bone; the tibial bone component, which covers the top of the shin bone and also includes a material to cushion and provide a smooth gliding surface between the other components; and the patellar (knee-cap) component, which are all held in place with bone cement and stabilized by the patient’s natural ligaments and muscles.

After surgery, patients require monitoring and physical therapy in the hospital, followed by extended therapy at home or at an inpatient facility.

“Some of our other church members had also had a knee replacement, so when I was ready to go back to church, there was a group waiting for me with a wheelchair. They sure were surprised when I walked right to them on my own,” Berletha recalled.

“Dr. Alan and I just clicked the first time we met,” she said. “He has such a brilliant mind and a passion for what he does. He also listens closely to what his patients have to say. I have recommended so many of my friends to Dr. Alan.”

One of those friends is Roosevelt Seabrook. At ninety years of age, Roosevelt had only recently begun experiencing pain in both of his knees. After seeing Berletha’s astonishing transformation, he asked her about her medical treatment. Berletha suggested Roosevelt see Dr. Alan.

Together, Roosevelt and Dr. Alan weighed Roosevelt’s options. “It is not very common that I perform total knee replacement on patients of Mr. Seabrook’s age,” explained Dr. Alan. “Part of being a good physician is evaluating the benefits and the risks for the patient. Surgery is not always the answer. Some patients may have other existing medical conditions that cannot be controlled well enough to undergo surgery. However, in Mr. Seabrook’s case, he did not have any medical conditions that would prohibit surgery.”

Dr. Alan first performed a total knee replacement on Roosevelt’s right knee in September of 2010, since it was causing him the most pain. He operated on Roosevelt’s left knee in July of 2011.

“Mr. Seabrook completed inpatient rehabilitation followed by home health therapy,” stated Dr. Alan. “Today, he is enjoying all of the benefits provided by his knee replacements.”

A Navy retiree, Roosevelt says he is feeling great. “Dr. Alan is a wonderful doctor. I appreciate that he is always upfront with me. The staff at McLeod are good people,” he added. “I had a great experience.”

Berletha and Roosevelt now schedule their follow-up appointments together and continue to enjoy their visits with Dr. Alan. “We are very pleased with our results,” Berletha said.

# Back to Normal

by Celia Whitten

Emily Clark Jeffords was a healthy 22-year-old who had just started teaching when she had the first sign that there might be something wrong with her heart.

Standing at a computer in her classroom at Theodore Lester Elementary School in Florence, she suddenly felt faint, and her heart began beating fast.

Her doctors suspected ventricular tachycardia, a condition in which a part of the heart abnormally causes an irregular heartbeat. She wore a heart monitor several times before the device was able to document the irregular heartbeat and confirm the diagnosis.

“Nothing triggered it,” Emily said, “not exercise or any particular everyday task. It could happen when I was studying, sitting, or driving.”

To manage the condition, Emily was prescribed a medication to take daily. The only side effect of the medicine was fatigue, but she found that vitamins helped counteract the tired spells.

During the next few years as she continued to manage her condition with the medication, Emily also fell in love with and married Evan Jeffords, also of Florence. They moved to Hilton Head and started thinking about having a family. Although she had been assured that the medication was safe, Emily did not want to continue taking it while she was pregnant.

Emily came back to McLeod for medical treatment, because her parents still lived in Florence. She met with her physician **Dr. Rajesh Malik** to see if a procedure called radiofrequency catheter ablation could correct the electrical system in her heart. Dr. Malik, who is board certified in cardiovascular diseases and in clinical cardiac electrophysiology, practices with Pee Dee Cardiology Associates. He is also Medical Director of the McLeod Electrophysiology Lab.

“Ventricular tachycardia is potentially life threatening,” Dr. Malik said. “Fortunately for Emily, her condition was curable.” Fixing the condition is better than using medication that could be dangerous



In a dedicated electrophysiology suite that is part of the McLeod Cardiac Catheterization Lab, Dr. Rajesh Malik performs procedures that correct abnormalities in the heart's electrical system.

if it is taken long-term, he explained.

Because Emily's symptoms could not be triggered, the challenge for Dr. Malik was having the irregular heartbeat happen at the precise moment when he was performing the ablation procedure.

To bring on the tachycardia, Dr. Malik suggested that Emily discontinue the medication that was keeping her heart beating at a regular rate. She returned to Hilton Head and with his permission stopped taking the medication.

About 10 days later, she experienced episodes of irregular heartbeats. Emily and her husband traveled back to Florence to meet Dr. Malik for the ablation procedure.

In the McLeod Electrophysiology Lab, Dr. Malik performed the ablation, targeting and destroying the abnormal area of Emily's heart that had been causing the irregular heartbeat. Destroying that “very localized, very small” section of the heart muscle allowed the normal heartbeat to resume, with no residual side effects, Dr. Malik said.

“Dr. Malik is very knowledgeable, very confident in his work,” Emily said. “He was also very aggressive in treating the tachycardia, telling me, ‘I want it to be fixed.’ I enjoyed working with him.”

Dr. Malik agrees that he is aggressive in treating the condition, with a cure rate greater than 90 percent. “My job was to take care of her, and we did it,” he said.

More than a year after undergoing the procedure, Emily is symptom and medication free. She advises others with the condition to be persistent in finding the right physician and to go ahead with the ablation. “Don't give up on it,” she says. “The payoff is worth it in the end if it controls the condition.”

Emily and Evan are expecting their first child in March. Now, when Emily's heart beats faster, she is relieved that it is not anything abnormal this time. It is just the excitement of a joyful new mother, anticipating the birth of her baby and their new life together.

Emily Jeffords, a third-grade teacher at Hilton Head Island School for the Creative Arts, is looking forward to the birth of her first child after having a procedure at McLeod that successfully returned her heart to its normal rhythm.

# “The Life of Riley”

by Rachel T. Gainey

“I tell everyone I know about the hospital in Dillon,” says Rockey Hunt, a loyal patient of McLeod Health for more than ten years. “I recommend McLeod Medical Center Dillon to all my friends and family.”

A loyal patient of McLeod Health, Rockey Hunt attributes his improved health to the physicians and caregivers of McLeod Medical Center Dillon and McLeod Regional Medical Center.

A resident of Fairmont, North Carolina, Rockey explained that in 2003 his primary care physician moved away from the area. “My niece was a patient at Dillon Family Medicine and she knew that I was looking for a new physician. She recommended Dillon Family Medicine to me.”

Rockey made an appointment at Dillon Family Medicine and became a patient of **Dr. Robin Shealy**, a Board Certified Family Medicine Physician, who chose a career as a physician after starting out in the medical field as a nurse.

“I had just undergone open heart surgery performed by McLeod Cardiothoracic Surgeon **Dr. Greg Jones** at McLeod Regional Medical Center in Florence. I was impressed by the compassion of the nurses and the confidence the surgeon gave me going into surgery,” said Rockey about his first experience with McLeod Health. “The Operating Room nurse told my wife she would call her every hour on the hour, and she did. The patient representative also arranged for my wife to stay at the McLeod Guest House while I was in the hospital so she would not have to travel far from the hospital.

“After surgery, both in the Intensive Care Unit and when I was moved to the inpatient floor, the caregivers kept a close eye on me and were quick to respond,” recalls Rockey.

“The first time I was admitted to McLeod Medical Center Dillon with an illness, I found that the care I received included that same level of compassion. The staff was friendly and attentive, always asking what else they could do for me. I felt like I was living *The Life of Riley!*” said Rockey, referring to the popular 1950s television series.

“The staff was friendly and attentive, always asking what else they could do for me. I felt like I was living *The Life of Riley!*”

– Rockey Hunt

“In 2010, I was admitted again to McLeod Medical Center Dillon. On that day, my wife and I stopped by a local drug store in Fairmont to pick up a thermometer. I took my blood pressure and heart rate at the automated machine in the store. My heart rate was very high. I chose to come to the McLeod Dillon Emergency Department (ED) for care. I would not have gone anywhere else,” said Rockey.

“When I arrived, the staff wasted no time. From previous ED visits, they were aware I was a heart patient and gave me the attention I needed quickly. I was admitted but later transferred to McLeod Regional Medical Center for the temporary dialysis and medication treatment I required. By being a part of McLeod Health, McLeod Dillon was able to collaborate with McLeod Regional Medical Center to continue to provide me with the care I needed,” said Rockey.

In May of 2011, Rockey became a patient of the McLeod Dillon Cardiac Rehabilitation Program. “Since I started Cardiac Rehabilitation, I have been feeling good,” he said. “When I first started coming, I had to use my cane, and my heart rate would get really high during exercise. Now, I do not have to use my cane and my heart rate is much, much lower. I could not ask for the staff to treat me any better. They have really helped me. And, I am always greeted with a smile and a welcome.”

“Each experience I’ve had at McLeod Medical Center Dillon from outpatient visits in the Lab and Respiratory Therapy to Emergency Department visits and hospitalizations have led me to recommend McLeod Dillon to my family and friends. I always request to come to McLeod Dillon when my physician’s order tests.

“And, I choose them when I need hospital care. I also tell everyone in North Carolina that they should come to McLeod Dillon for care. A church member and a family friend recently took my advice, and they received wonderful care.

“This is an excellent hospital and I would highly recommend all the doctors in Dillon,” added Rockey.

Rockey has also been under the care of Dillon physician specialists, **Dr. Walter Blum** with The Surgery Center of Dillon, and **Dr. Dwayne Jacobus** of Florence Podiatry Associates at his Dillon location. Rockey also travels to Florence to receive care from **Dr. Alan Blaker** with Pee Dee Cardiology and **Dr. Farhan Maqsood** at Pee Dee Nephrology. Today, his health continues to improve.

# A Total Replacement for Ankle Pain

by Kristie Salvato Gibbs

After suffering ankle pain for ten years, Bill Pearson underwent total ankle replacement surgery. He has since returned to enjoying his favorite outside activities of working in his yard and hunting.

Walking, running, standing, and jumping are all activities that are pretty simple to the majority of people. Often, those individuals who experience a small amount of arthritic pain while in motion do not think much about it and continue to push forward. However, if the pain becomes severe and results in an inability to stand and walk, they may grow disheartened and have to limit their activities.

Arthritis is a debilitating disease that affects many areas of the body. Pain, loss of movement and swelling are the most common symptoms experienced by arthritis sufferers.

Enduring severe arthritic pain in his ankle for ten years, William (Bill) Pearson of Florence finally decided it was time to improve his quality of life and movement.

Hunting, fishing, and working in the yard are just a few of the outdoor activities that reflect the passions in Bill's life. "The pain in my ankle significantly lowered my ability to do the things I enjoy," said Bill. "It was long-term degenerative arthritis (also known as Osteoarthritis) that was causing my pain. I had been under the care of my physician for quite some time. He told me that I would know when the time was right to move forward with a treatment option to



Dr. Jason O'Dell of Pee Dee Orthopaedic Associates performs an ankle surgery. Dr. O'Dell is a foot and ankle specialist.

eliminate the pain. And, he was right!"

Bill decided it was time to do something about his ankle when he could no longer stand from a seated position, and he was experiencing trouble walking. "The bones in my ankle were catching on each other," describes Bill. "I had to take a few steps to get the bones to release. It was painful, and I could barely walk."

Bill met with **Dr. Jason O'Dell**, an Orthopedic Surgeon with Pee Dee Orthopaedic Associates, to explore the options that were available to him. Dr. O'Dell specializes in foot and ankle surgery.

"Osteoarthritis, the most common form of arthritis, is caused by wear and tear on the joints," said Dr. O'Dell. "This chronic condition occurs when there is a breakdown of cartilage between the bones. When the cartilage is broken down, the bones are left with nothing

protecting them from resting upon one another. This results in bone on top of bone, causing pain, stiffness and a loss of motion."

Dr. O'Dell presented Bill with two surgical options: ankle fusion or ankle replacement surgery. "Ankle fusion is the 'gold standard' when it comes to repairing an arthritic ankle," said Dr. O'Dell. "In an ankle fusion, the cartilage and worn out areas between the bones are removed. The bones are then held together with metal implants. The result is a pain-free ankle, but the patient will experience some stiffness and restriction in their movement. Ankle fusion has been and will continue to be the traditional treatment for ankle arthritis.

"An ankle replacement," continued Dr. O'Dell, "is similar to that of a hip or knee replacement in that it can provide relief from pain and maintain movement in the joint."



The above photos are x-ray images of Bill's ankle before and after surgery. The image on the left shows end-stage arthritis, mostly between the tibia and talus bones. There is bone-on-bone contact and a loss of cartilage. In the photo on the right, the ankle replacement parts restore the joint space and allow for motion to occur.

"In this surgery, the worn out surface of the bone is removed. The implant, made of metal and plastic, is inserted to function as the ankle joint. An ankle replacement provides greater relief from the pain, and gives the patient additional movement of the ankle."

Guidelines for patients considering a total ankle replacement include: the patient's body weight should be less than 250 pounds; they must have a lack of significant post-traumatic or angular deformities; the patient should have normal muscle control of the ankle, and patients are often over 55 years of age. The ankle replacement is also more suitable for those individuals who do not perform manual labor or high intensity activities.

"I selected to have the ankle replacement surgery," said Bill. "Dr. O'Dell informed me that I was a good candidate, and I desired to have more movement in my ankle than the ankle fusion could provide. The ankle replacement seemed like the best choice for me."

Bill's surgery was performed on June 1, 2011. The surgery required an overnight stay at the hospital followed by six weeks of rehabilitation.

"I was pleased to learn that I could have this surgery performed locally here at McLeod and did not have to travel," said Bill. "I was also aware of the additional training Dr. O'Dell has received, and I fully trusted his abilities."

"I am enthusiastic about the technology used in the total ankle replacement surgery and the future of this procedure," said Dr. O'Dell. "It is an excellent option for patients like Bill who are experiencing arthritis in the ankle, and for those who have undergone an ankle fusion and are continuing to experience pain."

Following surgery, Bill received Physical Therapy with McLeod Sports Medicine. He progressed through the required stages of therapy and regained the maximum movement in his ankle. At the conclusion of therapy, Bill chose to continue exercising on his own at the McLeod Health and Fitness Center.

"I was extremely pleased with the therapy I received at McLeod Sports Medicine, and I've since continued building my strength by exercising at the McLeod Health and Fitness Center," said Bill. "They took into account my other medical issues and designed an exercise program to help me build strength without exacerbating my other conditions."

Bill now has 95 percent of the movement back in his ankle. "With the guidance of Dr. O'Dell, I made the right decision by having the ankle replacement," said Bill. "I really thought I would be happier with the range of motion the replacement could provide. The surgery went well and I am back to hunting and enjoying the outdoors free of pain."

"I find it fascinating that you can barely tell I had ankle surgery," continued Bill. "The scar is almost gone and when I try to locate the implant in my ankle I can not even feel it. Dr. O'Dell did an excellent job."

# Meeting the Needs of Moms & Babies

by Leah Fleming

A recent survey conducted by McLeod Health identified the importance of breastfeeding support and education to women with children or planning to have children.



Charlotte and Clay Smith are thankful for the important breastfeeding education and support they received during Chappell and Wiley's stay in the McLeod NICU.

The survey asked women with children to identify their deciding factors in selecting the facility where they chose to give birth. The survey also asked those women who planned to have children to identify amenities they would be interested in when it came time to choose a hospital for their delivery.

The survey confirmed the value of a service McLeod has offered new moms for more than 20 years. Results indicated that of the surveyed women who had given birth, more than 65% said that lactation services were extremely important or of high importance in selecting the facility where they gave birth. Of those who planned to have a child, more than 55% said that the availability of a lactation consultant was one of the most important amenities they would look for in the hospital of their choice.

### McLeod Lactation Services

The only one of its kind in the region, the McLeod Lactation Team is composed of six caring and dedicated women who help moms have a positive and healthy breastfeeding experience.

McLeod Lactation Services began in the mid-1980s with a vision to support mothers in their efforts to breastfeed and to help them achieve the best breastfeeding experience possible.

All six members of the McLeod Lactation Team are Registered Nurses who are experienced, skilled and certified, specifically trained to meet the needs of breastfeeding mothers and their families. The team consists of two Lactation Educators and four International Board Certified Lactation Consultants (IBCLC).

The IBCLC certification is the “gold standard” in Lactation Consultant certification, and is acquired by achieving extensive experience with breastfeeding women, participating in continuous ongoing breastfeeding education, and passing the rigorous IBCLC exam.

Available to patients during their stay with McLeod, these lactation specialists provide the most up-to-date and medically sound advice to breastfeeding mothers. Each of the lactation consultants has a different clinical background and expertise, and their combined experience totals more than 150 years.

“Breast milk is the recommended source of nutrition for both term and preterm newborns,” said Neonatologist **Dr. Joseph Harlan**, Medical Director of the McLeod Neonatal Intensive Care Unit (NICU). “A mother’s milk should almost be considered a medication that could greatly benefit every newborn.”

Using the American Academy of Pediatrics recommendations, as well as the International Lactation Consultant Association’s Evidenced-Based Guideline

for Breastfeeding Management, new mothers are assisted with breastfeeding and taught what to expect during the first few weeks.

The consultants meet new mothers on the day of their discharge to discuss breastfeeding techniques and care of their newborn. These women also encourage moms to call with any questions or concerns after discharge, and they make a call back to breastfeeding moms within the first 10 days to follow-up with mother and baby and offer assistance if needed.

McLeod is currently escalating efforts to encourage more breastfeeding in the Neonatal Intensive Care Unit (NICU). McLeod Staff Nurse Wanda Campagnari serves in the McLeod NICU to assist these mothers with their individual lactation needs. Wanda has undergone training to become IBCLC certified, as well as certified in Low Risk Neonatal Care. She has also completed the Newborn Individualized Developmental Care and Assessment Program.

“Mothers with infants in the NICU are often separated from their babies for periods of time while their child is being cared for in the hospital. This separation can make it more difficult to establish the mother’s milk supply,” said Wanda. “Pumping and providing breast milk is a way for these mothers to contribute to the nurturing and welfare of their child. Later, when the mom can actually nurse her baby, she is excited and very proud of her accomplishments.”

Charlotte and Clay Smith, parents of premature twin boys, were extremely thankful for Wanda’s expertise and support during their family’s hospital experience. Twenty nine weeks pregnant,

**The McLeod Lactation Consultants (from left to right): Wanda Campagnari, Lee Lance, Elizabeth Campbell, Pat Powell, Faye Drew, and Laura Drayton.**

Charlotte was admitted by her Obstetrician to McLeod Regional Medical Center for close monitoring. Two days later, Charlotte required an emergency c-section. Chappell Rion and Clayton “Wiley” spent 56 days in the McLeod Neonatal Intensive Care Unit.

“From the beginning, we wanted the very best for our babies,” said Charlotte, “and that included providing them with breastmilk. I had breastfed my first child yet, it did not occur to us that it was going to be more challenging this time because the boys were premature.

“Wanda was such a wonderful help from the very beginning,” Charlotte explained. “During my recovery stay in the hospital, she taught me ways to get breastmilk, even if it was a small amount, to our newborns. She was our coach and our cheerleader. Even after I went home,

and my milk production was more abundant, she continued to work with me. I would store breastmilk in bottles and bring them to the NICU where they could keep it for feedings. The NICU staff truly involved us in their care, and that really meant a lot to us.”

### Support Programs

The McLeod Lactation Team also provides outpatient services through the McLeod Resource Center. The Resource Center offers a wealth of information for expecting and new mothers seeking support and education on their parenting experience, and offers free loans of materials including books and videos. The McLeod Resource Center also rents and sells hospital-grade Medela breast pumps and related supplies, and sells nursing apparel and essential

materials for breastfeeding. In addition, there are many educational classes scheduled out of the McLeod Resource Center, including Breastfeeding classes.

One-on-one lactation support is available by appointment each week at the Resource Center to assist individuals with questions or concerns they may have. Telephone counseling is also offered. The Resource Center is located on the McLeod campus in the Levy House behind the McLeod Pavilion, and is open Monday through Friday from 9:00 a.m. to 5:00 p.m.

*To contact McLeod Lactation Services, please call (843) 777-8377 or (843) 777-2890. To contact the McLeod Resource Center, please call (843) 777-2890.*

## The Importance of Breastfeeding – A Physician’s Perspective



**Dr. Joseph E. Harlan, Jr.**  
Pediatrix Medical Group  
Medical Director,  
McLeod NICU  
Board Certified in  
Neonatology and Pediatrics

Human milk has a large number of health advantages for babies, mothers, and our society as a whole. The benefits have great impact. For example, the death rate in infants between the ages of one month and one year is reduced by 21% in breastfed infants in the United States.

### Studies suggest decreased rates in babies of:

- Sudden infant death syndrome
- Insulin-dependent (type 1) diabetes
- Non-insulin dependent (type 2) diabetes
- Asthma
- Lymphoma
- Leukemia

- Hodgkin’s disease
- Obesity
- Hypercholesterolemia (high blood cholesterol and triglycerides)

### Additionally, strong evidence exists that human milk feedings decrease the incidence and/or severity of a wide range of infectious diseases including:

- Late-onset sepsis in preterm infants (a body-wide infection acquired later than 48 hours after birth, a major risk for premature infants)
- Necrotizing enterocolitis (death of internal tissue, a devastating complication of prematurity)
- Bacterial meningitis (meningitis caused by bacteria, a life-threatening condition)
- Bacteremia (bacteria in the blood)
- Respiratory tract infection
- Urinary tract infection
- Otitis media (ear infection)
- Diarrhea

### There are also important health benefits of breastfeeding and lactation for mothers including:

- Decreased postpartum bleeding and more rapid return of the uterus to its pre-pregnancy size (known as uterine involution) due to increased concentrations of oxytocin
- Decreased menstrual blood loss and increased child spacing due to natural postnatal infertility (known as lactational amenorrhea)
- Earlier return to pre-pregnancy weight
- Decreased risk of breast and ovarian cancer
- Possibly decreased risk of hip fractures and osteoporosis in the postmenopausal period

Despite its great health benefits for both mom and baby, breast milk remains under-utilized. Additionally, breastfeeding rates are lower in preterm and low birth weight babies who need it the most. If you are currently pregnant or plan to be soon, now is a good time to begin considering your options and look at different resources to help your baby be as healthy as it possibly can.



# A STEP INTO THE FUTURE

by Tracy H. Stanton

During the next year, McLeod Health will take a giant leap in the care of patients with cancer by installing Varian TrueBeam STx, the only linear accelerator based stereotactic radiosurgery program using this platform in South Carolina. The TrueBeam STx platform is designed specifically for the delivery of stereotactic radiosurgery.



At McLeod, the team treating patients with Stereotactic Radiosurgery Therapy will include, Neurosurgeon Dr. James Brennan, Physicist Tobin Hyman, MS-DABR, and Radiation Oncologist Dr. Rhett Spencer.

Stereotactic radiosurgery (SRS) is an image-guided procedure for non-invasive treatment of benign and malignant tumors as well as nerve conditions such as Trigeminal Neuralgia and acoustic neuromas. SRS involves delivering a highly focused ionizing beam so that the desired target is obliterated.

This technology minimizes harm to healthy tissue and adjacent critical structures such as the spinal cord or lungs.

Delivery methods using the TrueBeam STx include Stereotactic Radiosurgery Therapy (SRT) to target lesions in the brain and Stereotactic Body Radiosurgery Therapy (SBRT) to treat areas in the body.

The technique of stereotactic radiosurgery is not true surgery but an intense form of radiation therapy. Tumors treated by this method are generally inaccessible or unsuitable for open surgery.

Radiation Oncologist **Dr. Rhett Spencer** has been treating patients at McLeod for 23 years. “This is the most modern, up to date, state of the art linear accelerator in the world. It is a true step into the future. Advantages of this linear accelerator include the degree of precision it offers, and the rapid dose rate it delivers which will allow us to administer a very large dose of radiation in a short amount of time.

“It also includes the addition of respiratory gating which will enable us to track and freeze a tumor’s motion as the patient breathes to precisely treat the tumor and spare the normal tissue surrounding it,” added Dr. Spencer.

Respiratory gating is a treatment tool beneficial in targeting tumors in the lungs, liver, pancreas and prostate.

Other elements of this new technology include the platform that will move in six dimensions to position the patient in the best possible way for treatment as the linear accelerator rotates in a 360 degree arc around the patient delivering the radiation beam to any part of the body from virtually any angle.

## A NEW HORIZON IN CARE

Tobin Hyman is the Senior Medical Physicist in the McLeod Radiation Oncology Department. He is one of three physicists who work in Radiation at McLeod. “I really feel privileged that our organization has taken a stance to offer this level of cutting edge technology to our patients. The addition of SRS and SBRT truly represents the newest horizon in the art and science of radiation oncology.”

Hyman explained that the next closest locations that will offer the TrueBeam STx are Duke University Medical Center in Durham, North Carolina, and Emory Healthcare in Atlanta, Georgia.

Hyman added that with the arrival of TrueBeam STx, they will be able to deliver hypofractionated radiation treatment which means to deliver higher doses of radiation with unprecedented accuracy and precision in fewer treatments.

“This system will administer four times the dose rate of conventional radiation treatment and greatly diminish treatment times for patients,” said Hyman.

“For example, on our current technology it takes 15 to 20 minutes to image and treat patients with prostate cancer. However, STx will give us the capability to image and treat patients with prostate cancer within five minutes. In addition, some of our head and neck cases today run 40 minutes, but with the new system it will take less than 10 minutes to treat these patients.”

Hyman added that this is not only beneficial to the patient for obvious reasons such as reduced treatment time, but it also means less time in which the intended target (the tumor) can move due to breathing or normal body functions such as swallowing.

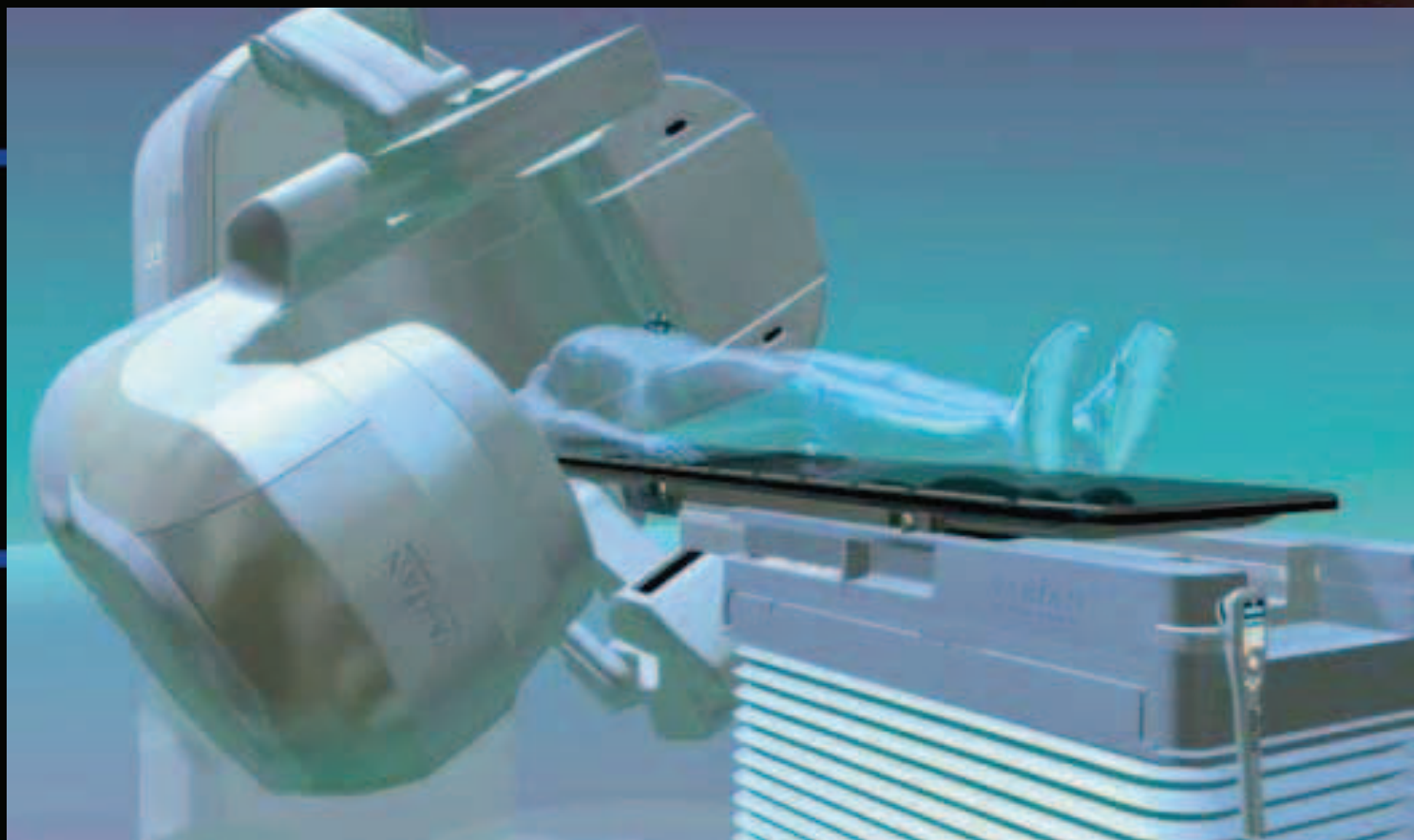
When treating patients with Stereotactic Radiosurgery Therapy for treatment of brain and spinal cord lesions, there are three medical professionals involved in a patient’s care. The neurosurgeon who identifies the target using MRI or CT scans, the Radiation Oncologist who delivers the treatment dose, and the Physicist who is considered the engineer behind the treatment planning process. Each of these team members will receive intensive training in the coming year on the new equipment.

## SRS FROM THE NEUROSURGEON’S PERSPECTIVE

**Dr. James Brennan**, a Neurosurgeon with Florence Neurosurgery and Spine, is very excited about the arrival of the TrueBeam STx at McLeod. For the past ten years, Dr. Brennan has been traveling to Columbia to use another form of stereotactic radiosurgery that

**“I’m pleased that I will be able to treat these cases right here at McLeod and neither the patient nor I will have to travel out of town for this level of care.”**

**–Dr. James Brennan**



This is a three dimensional rendering of the Varian TrueBeam STx radiation therapy delivery system. The TrueBeam STx is equipped with On Board Imaging, capable of taking diagnostic images in addition to cone-beam (volumetric) CT images.

only treats patients with intracranial conditions located within the skull. He provides follow up care to these patients back in Florence. “I’m pleased that I will be able to treat these cases right here at McLeod and neither the patient nor I will have to travel out of town for this level of care.”

Dr. Brennan explained that using the TrueBeam STx he will most commonly treat patients who have brain metastases, acoustic neuromas, Trigeminal Neuralgia, and Arteriovenous Malformations (AVMs). However, he is really looking forward to the ability to treat patients with spinal tumors.

“Metastases (the spread of cancer from one organ to another) to the spinal canal that are pushing on the spinal cord can result in paralysis and severe pain.

In these cases, SBRT is often used as a palliative care measure, because it reduces pain significantly for the patient,” he explained.

For the neurosurgeon like Dr. Brennan, this form of treatment involves ablating the tumor without performing a surgical incision. It also means the patient does not suffer any side effects from surgery or anesthesia. “This non-invasive approach utilizes a set of beams that intersect at a single point on the tumor. It is way for us to provide very precise treatment without having to cut. In addition, in the case of Trigeminal Neuralgia, we can target and radiate this nerve which is located only four millimeters from the brain stem.”

#### UNLIMITED GROWTH POTENTIAL

Hyman and the McLeod Radiation Oncology Team are also anticipating the capability to help patients they have not treated in the past. “We will be able to limit or negate the effects of Trigeminal Neuralgia, schwannomas, acoustic neuromas, and Arteriovenous Malformations (AVMs),” explained Hyman.

From a patient centered perspective, the entire team feels this is one more option for patients who will no longer have to rely solely on open surgery to treat their conditions.

“This technology will also provide us with many years of growth before we reach the technological ceiling of what it can accomplish,” said Hyman. “It will be the cornerstone of our radiation therapy program.”

# PROVIDING RELIEF FROM PAIN

by Tracy H. Stanton

Living with chronic, long-term pain can affect all aspects of a person’s life. Pain can prevent an individual from going to work, enjoying family gatherings or participating in physical activity. Pain is also the second most common reason that patients visit doctors, exceeded only by colds and upper respiratory infections, according to the National Institute of Health.



Dr. Bruce Johnson provides a weekly pain management clinic for patients at McLeod Medical Center Darlington.

In an effort to provide residents of Darlington County and the surrounding area with a convenient option for treatment of chronic pain, McLeod Medical Center Darlington is now offering a weekly Pain Management Clinic staffed by **Dr. Bruce G. Johnson**.

Board Certified in Anesthesiology, Dr. Johnson received his medical degree from the University of South Carolina School of Medicine in Columbia, South Carolina. He completed an Anesthesiology residency at the University of Tennessee Medical Center in Knoxville, Tennessee, and an Interventional Pain Management fellowship at Virginia Mason Medical Center in Seattle, Washington.

Dr. Johnson cares for patients at the McLeod Pain Management Clinic located at McLeod Regional Medical Center.

A native of Dillon, South Carolina, Dr. Johnson understands the need to offer medical services close to home. “When a patient is experiencing pain, traveling even a short distance can exacerbate their condition and make them feel worse,” said Dr. Johnson.

By providing pain management treatment options at McLeod Darlington, Dr. Johnson is able to alleviate chronic pain for patients who live and work in Darlington and Lee counties eliminating the need for them to travel to Florence.

Interventional pain management procedures provide pain relief by reducing inflammation and swelling around a joint or nerve. At McLeod Darlington, Dr. Johnson offers epidural steroid injections, Sacroiliac (SI) joint injections, Facet Joint injections, Trigger Point injections, and Peripheral Nerve blocks.

The chronic pain Dr. Johnson treats at McLeod Darlington is often the result of low back pain, neck pain, Cervical/ Lumbar Radiculopathy, Sacroiliac joint pain, Fibromyalgia, post laminectomy syndrome, Reflex Sympathetic Dystrophy (RSD) also known as Complex Regional Pain Syndrome (CRPS), and Degenerative Disc Disease.

Dr. Johnson explained that when he first treats a patient for chronic pain he will often administer a couple of injections two weeks apart. He said it typically may be another six months before he sees the patient again depending on how well they respond to the treatment and the level of their pain.

If you are interested in seeing Dr. Johnson at McLeod Medical Center Darlington for pain management, please consult with your primary care physician. For more information, call (843) 777-1130.

# No Price on Safety

by Tammy White

As one of the largest employers in the region, McLeod Health realizes the importance of a healthy workforce. Healthy employees are essential for a company's long-term success.

McLeod believes a company needs more than just a close proximity to an emergency department when an employee is injured; it needs an ongoing, comprehensive partnership with healthcare professionals who understand the needs of industry.

Part of this partnership can include McLeod Registered Nurses or Nurse Practitioners assigned to on-site work locations through McLeod Occupational Health Services. These nurses provide ongoing medical help, design and implement employee wellness

programs and offer direction on workplace safety.

At this time, McLeod Occupational Health supplies nurses and nurse practitioners for nine different local industries that include: Roche Carolina, Georgia-Pacific, Heinz, RockTenn, ESAB Welding & Cutting, Beneteau USA, Crown Beverage, Charles Ingram Lumber and Honda of South Carolina.

Registered Nurse Kathleen Sinclair

has been the on-site, full-time nurse at Honda for eleven years and an employee of McLeod for twenty-two years.

"I spent many years working in the McLeod Emergency Department," said Kathleen. "When the position became available at Honda, I saw an opportunity to have patients with whom I could build ongoing medical relationships."

And, that is exactly what Kathleen has accomplished with nearly all of the 800 employees at Honda.

"Kathleen is really concerned about all the Honda Associates here," said Edwin Small. "She talks to you like family and that is really a comfort when you are not feeling well."

McLeod Registered Nurse Kathleen Sinclair is pictured with Edwin Small and Scherell McElveen, two of the 800 Honda Associates for whom she cares.



Edwin has been an employee at Honda since 1998. He serves as a member of the Purchasing Office Support Staff. Edwin was truly grateful that Kathleen was part of the Honda team the day he suffered a heart attack at work in January of 2011.

"The pain in my chest began as I got to work," said Edwin. "I sat down at my desk hoping I would start feeling better. Trying to relieve some of the pain, I got up and walked out into the hallway." Edwin's co-worker, Scherell McElveen, could see that Edwin did not look well and immediately took him to Kathleen.

"When I described my symptoms to Kathleen she suspected that I was experiencing a heart attack and called 911," added Edwin.

Edwin was immediately transported to McLeod. A heart catheterization performed by Dr. Llewellyn Rowe of Advanced Cardiology Consultants revealed a ninety-nine percent blockage in one of Edwin's heart arteries. A stent was placed in his heart artery and the blood flow to his heart was re-established. After a six-week recovery period, and a return to work physical by his good friend Kathleen, Edwin returned to Honda.

"Kathleen is really concerned about all the Honda Associates here. She talks to you like family and that is really a comfort when you are not feeling well."

- Edwin Small

"Kathleen kept in touch with my wife while I was in the hospital and even after I returned home to make sure I was doing well and to see if we needed anything," said Edwin. "She still watches over me today. I am now a heart attack survivor as well as a diabetic, so Kathleen checks in with me regularly to make sure

I am managing my diabetes appropriately. I would say that Kathleen is one of the best nurses we have ever had at Honda."

Scherell is also an advocate for the benefits of Kathleen's services.

"Kathleen is very concerned about our welfare," said Scherell. "As mothers, women know the importance of taking care of our health for the sake of our family but sometimes a busy life gets in the way. Kathleen is here to make sure I make my health a priority."

"In 1995, I was diagnosed with diabetes. Occasionally, I have days where I feel a little weak, and I will go see Kathleen to have my blood sugar level and blood pressure checked. If the numbers are too high she makes sure I call my physician."

"Kathleen also discusses diet and exercise with me to help in managing my diabetes. She is great to work with and always so helpful," added Scherell.

Michael Collins is a Team Leader in the Differential Department where he supervises a staff of 26.

Michael sends his associates to see Kathleen for first-aid when necessary. "Kathleen will provide the first-aid and if possible send them back to the floor," said Michael. "As Team Leaders, Honda trains us to send our staff to see Kathleen for all medical needs no matter how



As a Team Leader for Honda, Michael Collins believes safety is a top priority for all Honda Associates.

Team. Everyone feared Michael was having a heart attack.

"Kathleen knew I needed oxygen," said Michael. "She said my color did not look good and asked me to lie down for a few minutes. Kathleen insisted that I go to the hospital if I did not start to feel better soon."

"Kathleen observed me for four or five minutes, then she took the oxygen mask off. My labored breathing immediately got worse." Michael was later diagnosed with a collapsed lung.

"I was a smoker prior to this event," said Michael. "While smoking was not the underlying cause of my collapsed lung, it did not help my situation. I needed to quit if I wanted to decrease my chances of this happening to me again. This was just the motivation I needed to give up smoking."

"Honda truly believes safety is important. Associates are encouraged to see Kathleen with any medical questions or concerns. Kathleen is truly awesome. She cares personally and professionally. I believe she is an asset for Honda and McLeod," added Michael.

# GROWING OUR FAMILY TO TAKE The Best Care of Yours

by Megan Watson

McLeod Family Medicine Center welcomes two new faculty physicians, **Dr. Jeniqua Duncan** and **Dr. Heather Shelton**, to the McLeod Family Medicine Residency and Teaching Program. Both women share strong backgrounds in community health and a deep passion for education.

Jeniqua Duncan, DO, MBA, joins the McLeod Health family as the Coordinator of Women's Health for the Family Medicine Residency Program. The McLeod Family Medicine Residency and Teaching Program was formed in 1980 to help fulfill the ever growing need for family medicine physicians.

It was during Dr. Duncan's previous position at a community health center that she began to consider a future in academia. "There were various times when we would have medical students on rotation through our office, and I quickly realized that I enjoyed teaching," she explained.

Dr. Duncan was first attracted to McLeod when she learned that the hospital had received the Quest for Quality Award. "I was impressed that a hospital in the Pee Dee region had won such a prestigious national award with stringent guidelines and goals."

**Dr. Heather Shelton (left) and Dr. Jeniqua Duncan (right) are new faculty physicians for the McLeod Family Medicine Residency Program.**



The American Hospital Association-McKesson Quest for Quality Prize, awarded annually to one hospital in the country, was presented to McLeod Health in July of 2010. McLeod is the first hospital in South Carolina to receive this prestigious honor since the inception of the national Quest for Quality Prize in 2002.

Dr. Duncan was equally impressed during her on-site visit. "As I interacted with the residents and physicians, I realized that McLeod was a hospital whose goal truly was to provide the best health care for the community."

As a Doctor of Osteopathic Medicine (DO), Dr. Duncan was selected as a faculty member by McLeod to help grow and recruit more physicians of the same designation. Osteopathic physicians hold the same rights, privileges, and responsibilities as their MD (Doctor of Allopathic Medicine) counterparts. While education and training of DO's closely mirrors that of medical school, the curriculum emphasizes the relationship of body systems, holistic patient care and disease prevention.

"Dr. Duncan brings a new outlook to our faculty and residency," said **Dr. William Hester**, Director of the McLeod Family Medicine Residency Program. "Her osteopathic training will be of immense value to us as we are interviewing more DO students than ever before. Dr. Duncan will add a new level of expertise to our already outstanding faculty."

The McLeod Family Medicine Center also welcomes back Heather Shelton, MD, MPH. A former graduate of the McLeod Residency Program, Dr. Shelton joins the faculty as Coordinator of Children's Health for the Family Medicine Residency Program. Part of her responsibility in this position will be to work with pediatricians in the area to



**Dr. Jeniqua Duncan and McLeod Family Medicine Resident Dr. James Fleming answer Ruby Scarborough's health questions.**

help mold future relationships with the resident physicians.

Upon her return to the McLeod family, she said, "I missed the intellectual stimulation and the camaraderie between the faculty and the residents."

Dr. Shelton also believes that she brings an additional perspective to the program. "More and more students, especially women, are looking at Family Medicine as a career, because you can really make it what you want. I think it is important for students to have a female physician they can go to for advice on their career decisions," Dr. Shelton added.

"Dr. Shelton is our first MD female faculty member who is also a graduate of our program. Her prior experiences here at McLeod are beneficial allowing her to offer a new viewpoint as someone who has a complete understanding of the complexities of being a resident. Dr. Shelton also has a passion for education and working with residents. We are glad to have her back," said Dr. Hester.

Dr. Shelton's passion for education and medicine is fueled by her desire to give back to the program where she received her own training. "I never had any doubt once I left the McLeod Residency Program that I was well prepared to take on anything that came my way in the profession," said Dr. Shelton.

Prior to her return to McLeod, Dr. Shelton worked in a rural community health center through the National Health Service Corps.

Both Drs. Duncan and Shelton are accepting new patients at the McLeod Family Medicine Center, 843-777-2800.

McLeod Family Medicine Center is located near the Emergency Department on the campus of McLeod Regional Medical Center. Eleven providers currently serve on the faculty. They provide guidance and intense training to the 23 residents currently enrolled in the three-year teaching program.

# The Power of Wound Care

by Tracy H. Stanton

Sometimes, the unexpected happens. And, the effects of it can haunt us a lifetime later.

Kenneth “Pete” McDonald vividly recalls that day in 1951 when he suffered severe injuries as a result of a motorcycle accident. He was headed home to Hartsville, South Carolina, from his Army base in Virginia for Labor Day weekend. The collision occurred as the result of another vehicle making a left turn right in front of Pete and his friend. The bumper of the car smashed into Pete’s leg, causing it to go into the motorcycle. He suffered a compound

fracture breaking both his tibia and fibia, crushing his ankle as well.

“I sat up and realized my shoe had come off, and I could literally see the inside of the bottom of my foot,” he said. Pete added that the sight of his injuries traumatized him to such an extent, he just laid back down and waited for help to arrive.

Pete spent more than a year in military hospitals undergoing treatment for his injuries. He explained that he endured six weeks of traction and a heat

lamp on his leg to prevent gangrene from setting in before the leg was casted.

By the next spring, Pete could walk without a crutch but the bone had been set crooked, he said.

Over the next 12 years, Pete continued to have problems recovering from his injuries. In fact, when he married his wife Jean 48 years ago, he told her, “I don’t know how long I’ll be able to keep this leg.”

McLeod Surgeon Dr. John Sonfield (far right) evaluates how well Pete McDonald’s wound has healed as Certified Wound Care Nurses Penny Pahis and Gary Summerfield observe.



However, Pete did not let it get him down. He settled into married life, raising a family, planting vegetable gardens, and working for Sonoco in Hartsville for 33 and a half years. About every three years, he would suffer a reoccurrence of osteomyelitis in his injured leg.

Osteomyelitis is an infection in the bone that often requires strong intravenous antibiotics to treat it. In some cases, surgery is required to remove infected tissue and bone.

On December 31, 2010, 81-year-old Pete said he wore a new pair of shoes that irritated an area of scar tissue on his injured leg. An infection eventually formed that would not heal and the wound continuously grew larger, despite the antibiotic treatments he received in early 2011.

“They are just tops in my book. They have gone out of their way to do what they can to get me well. I do not think they could have treated me any better.”

– Pete McDonald

Concerned that the leg might need to be amputated, Pete’s orthopedic surgeon referred him to McLeod General Surgeon Dr. John Sonfield, Medical Director of the McLeod Outpatient Wound Care Program.

“Mr. McDonald was sent to me for an evaluation of a non-healing wound on his left lower leg,” said Dr. Sonfield. “He had developed the open wound around January. His treatment before I met him had involved multiple procedures including eight weeks of intravenous antibiotics. I believed that rather than an amputation, Mr. McDonald needed aggressive surgical wound care.

“I asked him and his wife to give me a chance to see if I could get the wound cleaned up and healed. At this point, it was one hundred percent necrotic ‘dead’

tissue. I was confident that if I could get it to granulate or form healthy tissue over the wound, it would heal,” added Dr. Sonfield.

When Pete met with Dr. Sonfield in May of 2011, he recalls Dr. Sonfield saying to him, “There is too much life left in that leg to remove it.” On May 31, five months after Pete’s wound first began to form, Dr. Sonfield performed an uncomplicated surgical debridement of skin, subcutaneous tissue, muscle, bone and tendon on Pete’s leg at McLeod Regional Medical Center.

“Following surgery, on post-operative day two, new, healthy tissue was forming over the wound,” said Dr. Sonfield. “After discharging Mr. McDonald from the hospital, we provided local wound care weekly then biweekly through McLeod Outpatient Wound Care.

Today, his wound is covered by one hundred percent new, healthy tissue, and it looks great.”

The McLeod Outpatient Wound Care Team includes Dr. Sonfield, Manager Gary Summerfield, RN, BSN, WCC; Penny Pahis, RN, BSN, WOCN; and team physicians McLeod General Surgeon Dr. John Gause and Dr. John Mattheis with McLeod Family Medicine Center.

“They are just tops in my book,” said Pete. “They have gone out of their way to do what they can to get me well. I do not think they could have treated me any better.”

“Many times when patients come to us, we are their last hope for healing the wound before an amputation is necessary,” said Summerfield.



Pete McDonald

“Often, these patients have also been told there is nothing else that can be done to help them. However, using our wound care management techniques we are able to completely heal 80 to 90 percent of these patients’ wounds.

“We work hard to treat everyone like they are a member of our family,” added Summerfield. “And, it is very rewarding to treat patients like Pete who come to us with a long-term chronic wound, and they leave us relieved and happy because their wound is finally healed.”

McLeod Outpatient Wound Care is a surgeon-led program. The goal of the program is to heal chronic, non-healing wounds in a minimal amount of time utilizing medical and surgical care in addition to advanced wound care technologies. This team of surgeons and wound care certified nurses provide care to patients with slow-healing wounds using a comprehensive approach to heal wounds that have resisted other treatments while helping patients avoid amputation and recurrent infections.

*The McLeod Outpatient Wound Care Program is located on the first floor of the McLeod Plaza in the Imaging Center, 800 E. Cheves Street. If you have questions about a wound or need more information, contact McLeod Outpatient Wound Care at 843-777-5646.*

# A Network Built on a Commitment to Patients

by Leah Fleming

There is a special team of 600 physicians and staff members at McLeod that work daily to protect the health and promote the well-being of residents living in seven counties across South Carolina. Providing unsurpassed medical care to the region, this network of nearly 40 physician offices is known as McLeod Physician Associates (MPA).

MPA physicians and their staff offer patients medical care encompassing a large spectrum of specialties including:

- Family and Internal Medicine
- Pediatrics
  - Pediatric focused Critical Care, Orthopedics, Cardiology, Endocrinology and Diabetes Education
- Obstetrics and Gynecology and Maternal-Fetal Medicine
- General Surgery and Trauma Services
- Cardiology, Vascular Surgery, and Cardiothoracic Surgery
- Orthopedics
- Oncology and Hematology
- Pulmonology and Critical Care
- Neurology
- Psychiatry
- Urology

Patients experience unique benefits by choosing MPA for their healthcare needs. Because this large network is a part of the McLeod Health system, practices can more expediently obtain and share medical records and diagnostic reports for consultations.

This provides patients with continuity of care between MPA offices, and makes those visits more efficient for the patient. In addition, MPA provides the support staff and resources needed for operating a physician’s office, including financial support and human resources. This collaboration allows MPA physicians to focus more time on their patients’ medical needs, and also helps keep costs down. Because of its size, MPA is able to negotiate prices with vendors and suppliers, helping to keep purchasing prices down, too.

MPA also offers patients living in rural areas more convenient access to highly skilled physicians. Counties where MPA practices are located include Florence, Darlington, Lee, Sumter, Marion, Dillon and Horry counties.

When recruiting physicians and staff, MPA looks for candidates who are a good fit with the McLeod culture – patient focused and quality driven. To add to this mission, MPA continually assesses and advances the use of technology in medicine, and employs state-of-the-art management tools and information systems.

A growing component of MPA is Information Systems. This division is responsible for all of the practices’ data management, including obtaining, installing, maintaining, and training physicians and staff on relevant hardware and software. Currently, a large focus for MPA has been implementing a new integrated practice management system. This state-of-the art system consolidates patient scheduling and billing tasks, resulting in fewer steps for patients and staff.

Additionally, with the growing use and demand nationwide for electronic documentation, the Information Systems team has been working with each MPA practice to “go-live” with a new electronic medical records system. Electronic medical records allow physicians to get information needed in a faster and more efficient manner.

“We are experiencing great progress and look forward to continued expansion,” said Dane Ficco, Senior Vice President of McLeod Physician Associates. “MPA is strategically growing to bring McLeod Physicians and quality care to more patients.”

## McLeod Physician Associates Practices and Physicians by County

### FLORENCE COUNTY

- **Family Medicine Associates of Florence**  
Dr. Jeffrey Hatchell, Dr. Daniel Hyler
- **Florence Diagnostic Associates**  
Dr. Fripp Ducker, Dr. Michael Mitchell, Dr. Conyers O’Bryan, Jr.
- **Jeter & Skinner Family Practice**  
Dr. Joslyn Angus, Jr., Dr. Michael Barrett, Dr. Prakash Beeraka, Dr. Gilliam Skinner
- **McLeod Family Medicine Health & Fitness**  
Dr. Jimena Burnett, Dr. Richard Mohr, III
- **McLeod Family Medicine Johnsonville**  
Dr. Kenneth Faile
- **McLeod Family Medicine Lake City**  
Dr. Neena Singh
- **McLeod Family Medicine West**  
Dr. Patrick Jebaily, Dr. Guy McClary, Jr.
- **McLeod Family Practice Timmonsville**  
Dr. Focell Jackson-Dozier
- **McLeod Pediatric Associates of Florence**  
Dr. Michael Collins, Dr. Karen Hill, Dr. Patrice Minter, Dr. Brian Naylor, Dr. Thomas Spence, Dr. Timothy Spence, Dr. Weave Whitehead, Jr.
- **McLeod Senior Health Associates**  
Dr. Lynne Maroney
- **Medical Plaza Family Medicine**  
Dr. Richard Alexander, Jr., Dr. Donald Behling, Dr. Edward Behling, Dr. Cory Smith
- **Pee Dee Regional Family Medicine**  
Dr. Charlotte Francis
- **McLeod Cardiothoracic Surgical Associates**  
Dr. Jamie Holland, Dr. Gregory Jones
- **McLeod Maternal-Fetal Medicine (affiliation with MUSC)**  
Dr. Mark Alanis, Dr. Eugene Chang, Dr. Laura Goetzl, Dr. Donna Johnson, Dr. Jill Mauldin, Dr. Roger Newman, Dr. Charles Rittenberg, Dr. Christopher Robinson, Dr. Scott Sullivan, Dr. James VanDorsten
- **McLeod Neurological Associates**  
Dr. Roland Skinner, III
- **McLeod OB/GYN Associates**  
Dr. John Browning, Dr. Gary Emerson, Dr. Cynthia Kolb, Dr. Christopher Shaw, Dr. Charles Tatum
- **McLeod Oncology and Hematology Associates**  
Dr. Rajesh Bajaj, Dr. Stuart Markwell, Dr. Michael Pavy, Dr. Sreenivas Rao, Dr. James Smith
- **McLeod Orthopaedics**  
Dr. Rodney Alan, Dr. Brian Blair, Dr. Albert Gilpin, Jr., Dr. Thomas Mezzanotte, Dr. Kyle Watford
- **McLeod Pediatric Subspecialists**  
Dr. Carl Chelen, Dr. Pamela Clark, Dr. Charles Trant, Jr., Dr. Judith Ugale
- **McLeod Pulmonary and Critical Care Associates**  
Dr. Vinod Jona
- **McLeod Urgent Care Center**  
Dr. Elizabeth Dickinson, Dr. Richard Ferro, Dr. Gabriel Fornari, Sr., Dr. Angela Hollis
- **McLeod Urology Associates**  
Dr. Thomas Barnett, Dr. Brian Evans, Dr. David Horger, Dr. Wallace Vaught, Jr.
- **McLeod Vascular Associates**  
Dr. Chris Cunningham, Dr. Ganesha Perera
- **Pee Dee Surgical Group and McLeod Trauma Services**  
Dr. Reginald Bolick, Dr. John Gause, Dr. Ed Lee, Dr. Amy Murrell, Dr. Joseph Pearson, Jr., Dr. Keith Player, Dr. Mark Reynolds, Dr. John Sonfield, Dr. Thomas Wilson

### DARLINGTON COUNTY

- **McLeod Family Medicine Darlington**  
Dr. Bonnie Crickman, Dr. Thomas Dickinson, Dr. Thomas Hokanson, Dr. Parker Lilly, Dr. Jeffrey Scharstein
- **McLeod Psychiatric Associates**  
Dr. Elin Berg, Dr. George Jacob, Dr. Cathy Layne
- **McLeod Urgent Care Darlington**  
Dr. Elizabeth Dickinson, Dr. Richard Ferro, Dr. Gabriel Fornari, Sr., Dr. Angela Hollis

### DILLON COUNTY

- **McLeod General Surgery Dillon**  
Dr. Mamdouh Mijalli
- **McLeod OB/GYN Dillon**  
Dr. Rebecca Craig, Dr. Jonathan Eli-Phillips
- **McLeod Orthopaedics Dillon**  
Dr. Michael Sutton
- **McLeod Pediatrics Dillon: Dr. Danté Lewis**
- **McLeod Pediatrics Dillon: Dr. Yvonne Ramirez**

### HORRY COUNTY

- **Dr. Nathan Almeida Cardiology**
- **McLeod OB/GYN Seacoast**  
Dr. Breton Juberg, Dr. Chris McCauley, Dr. Linda McClain, Dr. Denise Teasley
- **McLeod Orthopaedics Seacoast**  
Dr. Frederick Hamilton, Dr. David Lukowski
- **Southern Surgical Associates**  
Dr. Robert DeGrood, Dr. Trevor Poole

### LEE COUNTY

- **Pate Medical Associates**  
Dr. John Pate

### MARION COUNTY

- **McLeod Family Medicine Marion County**  
Dr. J.S. Garner, III, Dr. J.S. Garner, IV, Dr. John Odom

### SUMTER COUNTY

- **McLeod Cardiology Associates Sumter**  
Dr. Dale Cannon, Jr.



EXPANDED AND MODERNIZED CANCER CENTER

## THE CAMPAIGN FOR MCLEOD HEALTH



### THE MCLEOD HEALTH FOUNDATION

Today, based on the commitment to access and excellence and inspired by the theme of One Vision, One Future, McLeod Health is making a significant investment to improve and enhance its services, beginning in Florence with an expanded and modernized Cancer Center and an expansion of the McLeod Hospice House, and including the Dillon campus with the expansion of McLeod Dillon Hospital Emergency Department.



EXPANSION OF MCLEOD HOSPICE HOUSE



# McLeod News

## MCLEOD PHYSICIAN ASSOCIATES WELCOMES COASTAL PHYSICIANS

On January 1, 2012, McLeod Physician Associates welcomes 16 new physicians and 11 practices in the Loris, Little River, Longs, Green Sea and Ocean Isle Beach areas of South and North Carolina to the McLeod Health system. Currently:

- **Dr. David Lukowski** has joined **Dr. Frederick Hamilton** at McLeod Orthopaedics Seacoast. In addition to treating patients' general orthopedic needs, Dr. Lukowski completed a fellowship in Hand and Upper Extremity Surgery. Dr. Lukowski cares for patients at Seacoast Medical Center in Little River.

- New McLeod Cardiologist **Dr. Nathan Almeida** cares for patients at the Loris and Seacoast offices of Pee Dee Cardiology Associates.
- McLeod Physician Associates is also pleased to announce the affiliation of **Dr. Robert DeGrood** and **Dr. Trevor Poole** of Southern Surgical Associates. Southern Surgical Associates has offices in both Loris and Little River.

- Four physicians specializing in Obstetrics and Gynecology have also joined McLeod Physician Associates. **Dr. Breton Juberg** and **Dr. Chris McCauley**, formerly of North Strand OB/GYN, and **Dr. Linda McClain** and **Dr. Denise Teasley**, formerly of Palmetto Associates for Women, have merged together to form McLeod OB/GYN Seacoast with offices in both Loris and Little River.

McLeod Physician Associates is pleased to provide McLeod quality care to residents of these areas and is working with other physicians for future collaboration as well.

## PHYSICIANS PARTNER TO OFFER EXCEPTIONAL CARE



(Left to right) **Dr. David Horger**, **Dr. Brian Evans**, **Dr. Wallace Vaught** and **Dr. Thomas Barnett** care for patients at McLeod Urology Associates.

McLeod Physician Associates is pleased to announce that **Dr. Thomas Barnett**, **Dr. Wallace Vaught**, and **Dr. David Horger** have joined together to open McLeod Urology Associates in

Florence. This highly skilled and respected group also welcomes **Dr. Brian Evans** to the team, which now offers patients nearly 90 years of combined experience.

McLeod Urology Associates delivers state-of-the-art quality care, including treatment for kidney stones, recurrent urinary tract infections, urinary incontinence, voiding dysfunction, and cancers of the kidney, prostate, bladder and male genitalia. These physicians also offer a variety of individualized treatment methods, including the latest in technology with laparoscopic surgery.

McLeod Urology Associates welcomes referrals from primary care physicians, and every effort is made to schedule appointment times that are accommodating to patients.

McLeod Urology Associates is located in the McLeod Medical Plaza, 800 East Cheves Street, Suite 350, in Florence. They can be reached by calling (843) 665-2000.

# McLeod News

## MCLEOD AWARDED ACCREDITATION FROM THE JOINT COMMISSION

McLeod Regional Medical Center has once again earned The Joint Commission's Gold Seal of Approval™ for accreditation by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in hospitals. The tri-annual accreditation recognizes McLeod Regional Medical Center's dedication to continuous compliance with The Joint Commission's state-of-the-art standards.

McLeod facilities in Florence and Darlington underwent a rigorous unannounced on-site survey in November. A team of Joint Commission expert surveyors evaluated McLeod Regional Medical Center, McLeod Medical Center Darlington, McLeod Home Health, and McLeod Hospice, for compliance with standards of care specific to the needs of patients, including infection prevention and control, leadership and medication management.

"With Joint Commission accreditation, we are making a significant investment in quality on a day-to-day basis from the top down. Joint Commission accreditation provides us a framework to take our organization to the next level and helps create a culture of excellence," said Marie Segars, Administrator of McLeod Regional Medical Center. "Continuing Joint Commission accreditation, for our organization, is a major step toward maintaining excellence and continually improving the care we provide."



## NURSING UNITS RELOCATE TO EIGHTH FLOOR OF THE MCLEOD PAVILION

Renovating and upgrading facilities is one way McLeod Health plans for the future. Part of Vision 2015 includes renovations to the McLeod Tower, the first McLeod Regional Medical Center building that opened in 1979. In preparation for this remodeling, the Cancer Services Nursing Unit and the Medical Nursing Unit recently relocated from the McLeod Tower to the eighth floor in the McLeod Pavilion.

"When we added the five additional floors to the Pavilion in 2007 the eighth floor was not completed at that time," said Dale Locklair, Vice President of Procurement and Construction.

"This floor was kept vacant to accommodate future needs." In order to remodel the McLeod Tower, a location was needed that would enable the rotation of the nursing units out of the McLeod Tower one floor at a time. To fulfill that need, the Pavilion eighth floor was completed in preparation for renovation of the McLeod Tower.

"The design of the eighth floor, along with its warm, soothing palette of colors and cherry wood trim, which began with the new McLeod Heart and Vascular Institute, is the look that will be carried forward in each new nursing unit in the McLeod Tower," added Locklair.

## FIRST SET OF QUADS BORN AT MCLEOD



The first set of quadruplets born at McLeod Regional Medical Center on June 30, 2011, are pictured here with proud parents Susan and Matt Lewis of Florence. This "really big" bundle of joy includes three girls and one boy. Maylee, Addison, Brayden and Parker were delivered at 32 weeks by Dr. Gary Emerson with McLeod OB/GYN. For four weeks, the babies received care in the McLeod Neonatal Intensive Care Unit. They are continuing to do well and are developing very individual personalities.

# McLeod News

## MCLEOD PARTNERS WITH LOCAL INDUSTRIES

As McLeod begins to construct a new Intensive Care Services Tower, the facility growth brings with it the opportunity to collaborate with local industries. Two of these partners include SteelFab, Inc. and Otis Elevator Company.

The expansion to the new ICU Tower will meet the critical care needs of the population served in the northeastern region of South Carolina and beyond. This relocation of existing ICUs and conversion of medical-surgical units from the McLeod Tower to additional bed space in the ICU Towers, will also allow time for renovation and expansion of patient rooms with a focus on patient centered care in the McLeod Tower.



McLeod employees signed the first steel truss lifted into place on the ICU Tower Expansion. These signatures will forever be part of the six floor addition. Steel in the new tower is manufactured locally by SteelFab and Otis Elevators will install their new energy-efficient elevators.

### SteelFab of Florence

SteelFab in Florence is manufacturing the steel for the new ICU Tower at McLeod Regional Medical Center. The company is responsible for fabricating and installing the structural steel for the ICU Podium (foundation) level and the Tower levels.

"We have been working with McLeod and the contractor for more than a year on the design and layout of the framing. At this stage, we are installing the Podium level steel and fabricating the Tower steel," said Rob Rutherford, President of SteelFab.

Rutherford explained that the bulk of the steel is being fabricated in their Florence shop. The work performed in the Florence plant adds up to more than 12,000 man hours of steel fabrication. SteelFab has also hired eight additional employees in its Florence plant to keep up with the volume of work created by this project.

"It has been great seeing some of our employees who have been patients at McLeod help build the new tower that may one day ultimately benefit them in return," said Rutherford.

### Otis Elevator

McLeod's relationship with Otis Elevator began in 1935 when the company installed elevators in the McLeod Infirmary. Otis has provided elevator maintenance service on McLeod elevators for more than 75 years.

"Otis has also been a participant and supplier for virtually all of the elevator work that has occurred in conjunction with the recent growth on the campus of McLeod Regional Medical Center," said Mark Belcher, General Manager for Otis - South Carolina.

Belcher added that in 2005-2006, Otis provided new elevators when the McLeod Pavilion expanded from five

floors to 12. "This singular project nearly doubled the number of elevators at the site," he explained.

"Recently, we were selected to provide new elevators for the ICU Tower expansion that is now underway. Once this project is completed, Otis will be maintaining nearly 40 elevators on the McLeod campus," said Belcher.

Several of the elevators that Otis will install in the new ICU Tower will be the first of a new industry innovative design called Gen2, according to Belcher. He explained that these elevators do not require a machine room in the traditional sense, and they are exceptionally energy efficient. In addition, these elevators offer superior ride quality.

Otis' new Florence, South Carolina, factory will manufacture a new release of the Gen2 model for the entire North American and Canadian markets.



# An Evening of Hope

The contributions of generous donors and sponsors, talented performers and tireless volunteers helped to create one of the most memorable evenings in McLeod Health history. Attendees of the 12th Annual Cancer Benefit, held at the Florence Little Theatre in October, were entertained with live performances by many well known, regional artists who are cancer survivors or who have had a loved one impacted by cancer. Thanks to the generosity of many individuals and businesses, \$70,000 was raised to benefit the campaign supporting the new McLeod Cancer Center.



# New Physicians



**Nathan Almeida, M.D., M.S.** Board Certified in Internal Medicine and Nuclear Cardiology  
Dr. Almeida received his medical degree from Goa Medical College in Goa, India. He completed a Cardiology residency at Creighton University Medical Center in Omaha, Nebraska, where he also completed a fellowship in Cardiology. Dr. Almeida joins McLeod Physician Associates and cares for patients at the **Loris and Seacoast offices of Pee Dee Cardiology Associates.**



**Lynn Campbell, D.O.** Emergency Medicine  
Dr. Campbell received her medical degree from Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. She completed an Emergency Medicine residency at Genesys Regional Medical Center in Grand Blanc, Michigan. Dr. Campbell cares for patients at the **McLeod Regional Medical Center Emergency Department.**



**Temujin Chávez, M.D.** Board Certified in Internal Medicine and Infectious Disease  
Dr. Chávez received his medical degree from the University of Pennsylvania in Philadelphia, Pennsylvania. He completed an Internal Medicine residency at the Naval Medical Center in Portsmouth, Virginia. He also completed an Infectious Disease fellowship at the National Capitol Consortium in Washington, D.C. Dr. Chávez cares for patients at **Carolina Health Care.**



**Rebecca Craig, M.D.** Board Certified in Obstetrics and Gynecology  
Dr. Craig received her medical degree from Meharry Medical College in Nashville, Tennessee. She completed a residency in Obstetrics and Gynecology at Tulane University in New Orleans, Louisiana. Dr. Craig cares for patients at **McLeod OB/GYN Dillon.**



**Robert DeGrood, M.D.** Board Certified in Surgery  
Dr. DeGrood received his medical degree from the American University of the Caribbean in Plymouth, Montserrat, British West Indies. He completed a Surgery residency at St. Vincent's Hospital and Medical Center in New York, New York. Dr. DeGrood cares for patients at **Southern Surgical Associates in Loris and Little River.**



**Jeniqua Duncan, D.O., M.B.A.** Board Certified in Family Medicine  
Dr. Duncan received her medical degree from the University of Health Sciences College of Osteopathic Medicine in Kansas City, Missouri. She completed a Family Medicine residency at Florida Hospital East Orlando in Orlando, Florida. Dr. Duncan cares for patients at the **McLeod Family Medicine Center.**

# New Physicians



**Brian Evans, M.D., M.P.H.** Urology  
Dr. Evans received his medical degree from the Medical College of Ohio in Toledo, Ohio. He completed a residency in Urology at Duke University Medical Center in Durham, North Carolina. Dr. Evans cares for patients at **McLeod Urology Associates.**



**Michelle Huxford, M.D.** Emergency Medicine  
Dr. Huxford received her medical degree from East Carolina University in Greenville, North Carolina, where she also completed an Emergency Medicine residency. Dr. Huxford cares for patients at the **McLeod Regional Medical Center Emergency Department.**



**Patrick Jebaily, M.D.** Family Medicine  
Dr. Jebaily received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. Jebaily cares for patients at **McLeod Family Medicine West.**



**Breton Juberg, M.D.** Board Certified in Obstetrics and Gynecology  
Dr. Juberg received his medical degree from Wright State University in Dayton, Ohio. He completed an Obstetrics and Gynecology residency at Bowman Gray School of Medicine in Winston-Salem, North Carolina. Dr. Juberg cares for patients at **McLeod OB/GYN Seacoast in Loris and Little River.**



**David Lukowski, M.D.** Orthopedics  
Dr. Lukowski received his medical degree from West Virginia University in Morgantown, West Virginia. He completed an Orthopedic residency at Akron General Medical Center and the Children's Hospital Medical Center of Akron, in Akron, Ohio. He also completed a Hand and Upper Extremity Surgery fellowship at Wake Forest University Baptist Medical Center in Winston-Salem, North Carolina. Dr. Lukowski cares for patients at **McLeod Orthopaedics Seacoast.**



**Chris McCauley, M.D.** Board Certified in Obstetrics and Gynecology  
Dr. McCauley received his medical degree from West Virginia University in Morgantown, West Virginia. He completed an Obstetrics and Gynecology residency at the Charleston Area Medical Center in Charleston, West Virginia. Dr. McCauley cares for patients at **McLeod OB/GYN Seacoast in Loris and Little River.**

# New Physicians



**Linda McClain, M.D.** Board Certified in Obstetrics and Gynecology  
Dr. McClain received her medical degree from East Carolina University in Greenville, North Carolina. She completed a residency in Obstetrics and Gynecology at the University of South Florida in Tampa, Florida. Dr. McClain cares for patients at **McLeod OB/GYN Seacoast in Loris and Little River.**



**Guy McClary, Jr., M.D.** Family Medicine  
Dr. McClary received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. McClary cares for patients at **McLeod Family Medicine West.**



**Caroline McKillop, M.D.** Anesthesiology  
Dr. McKillop received her medical degree from the Medical University of South Carolina in Charleston, South Carolina, where she also completed an Anesthesiology residency and a fellowship in Cardiothoracic Anesthesiology. Dr. McKillop cares for patients with **Medical Anesthesia Consultants.**



**Justin Mitchell, M.D.** Internal Medicine  
Dr. Mitchell received his medical degree from St. George’s University in Grenada, West Indies. He completed an Internal Medicine residency at the University of South Carolina/Palmetto Richland in Columbia, South Carolina. Dr. Mitchell cares for patients at **McLeod Regional Medical Center as a Hospitalist**, also known as an Inpatient Physician.



**Payal Patel, M.D.** Internal Medicine  
Dr. Patel received her medical degree from St. George’s University in Grenada, West Indies. She completed an Internal Medicine residency at Maryland General Hospital in Baltimore, Maryland. Dr. Patel cares for patients at **McLeod Regional Medical Center as a Hospitalist**, also known as an Inpatient Physician.



**Trevor Poole, M.D.,** Board Certified in Surgery  
Dr. Poole received his medical degree from West Virginia School of Medicine in Morgantown, West Virginia. He completed a Surgery residency at Riverside Methodist Hospital in Columbus, Ohio. Dr. Poole cares for patients at **Southern Surgical Associates in Loris and Little River.**

# New Physicians



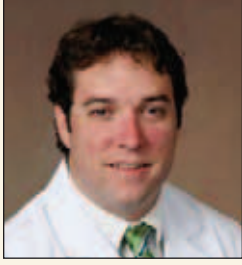
**Heather Shelton, M.D., M.P.H.** Board Certified in Family Medicine  
Dr. Shelton received her medical degree from Mercer University in Macon, Georgia. She completed a Family Medicine residency at McLeod Regional Medical Center in Florence, South Carolina. Dr. Shelton cares for patients at the **McLeod Family Medicine Center.**



**Erik Stopa, D.O.** Emergency Medicine  
Dr. Stopa received his medical degree from NOVA Southeastern University College of Osteopathic Medicine in Fort Lauderdale, Florida. He completed an Emergency Medicine residency at Louisiana State University in Baton Rouge, Louisiana. Dr. Stopa cares for patients at the **McLeod Regional Medical Center Emergency Department.**



**Denise Teasley, M.D.** Board Certified in Obstetrics and Gynecology  
Dr. Teasley received her medical degree from the Medical University of South Carolina in Charleston, South Carolina. She completed an Obstetrics and Gynecology residency at the University of South Alabama in Mobile, Alabama. Dr. Teasley cares for patients at **McLeod OB/GYN Seacoast in Loris and Little River.**



**J. Nicholas Wallace, M.D.** Board Certified in Internal Medicine  
Dr. Wallace received his medical degree from the University of South Carolina in Columbia, South Carolina. He completed an Internal Medicine residency at the Medical University of South Carolina in Charleston, South Carolina. Dr. Wallace cares for patients at **Dillon Internal Medicine.**

# Returning to McLeod



**Kristopher Crawford, M.D.** **Emergency Medicine**  
Dr. Crawford received his medical degree from the Medical University of South Carolina in Charleston, South Carolina. He completed a residency in Family Medicine at McLeod Regional Medical Center in Florence, South Carolina. Dr. Crawford cares for patients as the Medical Director of the **McLeod Medical Center Dillon Emergency Department**.



**Prabal Guha, M.D.** **Board Certified in Internal Medicine and Cardiovascular Disease**  
Dr. Guha received his medical degree from Lady Hardinge Medical College (Delhi University) in New Delhi, India. He completed an Internal Medicine residency at Wayne State University in Detroit, Michigan. He also completed a Cardiology fellowship at Upstate Medical University in Syracuse, New York, and an Electrophysiology fellowship at the Medical College of Virginia in Richmond, Virginia. Dr. Guha cares for patients at **Pee Dee Cardiology Associates**.



**Janet Woolery, M.D., M.A.** **Board Certified in Psychiatry and Addiction Psychiatry**  
Dr. Woolery received her medical degree from Georgetown University in Washington, D.C. She completed a residency in Psychiatry at the University of Maryland in Baltimore, Maryland, where she also completed a fellowship in Psychiatry. Dr. Woolery cares for patients at **McLeod Regional Medical Center and McLeod Medical Center Darlington**.

## New Residents



**Sheron Abraham, D.O.** received her B.S. in Biology from Francis Marion University in Florence, South Carolina, and her medical degree from Edward Via Virginia College of Osteopathic Medicine in Blacksburg, Virginia.



**Bonnie Grossman, M.D.** received her B.S. in Dietetics from the University of Maryland in College Park, Maryland, and her medical degree from the Medical University of South Carolina in Charleston, South Carolina.



**Clifton Bolinger, M.D.** received his B.S. in Biology from Marshall University in Huntington, West Virginia, where he also received his medical degree.



**Matthew Jenkins, M.D.** received his B.S. in Biology from Georgia College and State University in Milledgeville, Georgia, and his medical degree from Mercer University School of Medicine in Macon, Georgia.



**Valarian Bruce, M.D., M.H.S.** received his B.S. in Physical Education and Health from the College of Charleston in Charleston, South Carolina. Dr. Bruce also received a B.S. in Physical Therapy and a master's degree in Health Sciences from the Medical University of South Carolina in Charleston, South Carolina, where he also received his medical degree.



**Hang Pham, M.D.** received her B.S. in Biochemistry from Wichita State University in Wichita, Kansas, and her medical degree from the University of Kansas at Wichita.



**Marlon Clarke, M.D.** received his B.S. in Biology from Benedict College in Columbia, South Carolina, and his medical degree from the Medical University of South Carolina in Charleston, South Carolina.



**Michael Smith, M.D., Ph.D.** received his B.S. in Biology/Chemistry from Voorhees College in Denmark, South Carolina, and his Ph.D. in Microbiology/Tumor-Immunology from Howard University in Washington, D.C. He received his medical degree from the Medical University of South Carolina in Charleston, South Carolina.



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**Help choose her Hospice.**

It's a decision you'll always feel good about if the choice is McLeod Hospice. For more than 30 years, we've provided comfort and a very special way of caring to terminally ill patients and their families. Our comprehensive and compassionate approach to care encompasses the finest facility and specially trained physicians, nurses and staff that are available 24/7 to ensure a Hospice and Palliative Care experience that is second to none. It's a difference measured not only in the heartfelt feedback we receive from friends and family of our patients, but in the ever growing demand for our exceptional services.

As we proceed with our urgently needed expansion of the McLeod Hospice House, we'll continue to go above and beyond to be the best we can be in serving you and your family.

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[www.McLeodHospice.org](http://www.McLeodHospice.org) 843-777-2564

# McLeod Health

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