McLeod magazine

Volume 27, Issue 2, 2012

Choose Wisely: McLeod Health

Views


Rob Colones

It is an honor and privilege to once again present our McLeod Magazine to the community, as we share the stories of personal experiences and medical victories.

In this issue, we recognize the efforts of our physicians and staff to provide exceptional quality care. These outstanding outcomes are achieved through the dedication to the mission and the values of McLeod Health.

Our McLeod mission is to improve the health and well being of people living within South Carolina and eastern North Carolina by providing excellence in health care.

The core values of McLeod include: the Value of Caring, the Value of the Person, the Value of Quality and the Value of Integrity.

Often we take our health for granted, in that most hospitalizations, surgeries or lifesaving treatments come as a result of facing life's unexpected challenges.

At McLeod Health, we are grateful for the expertise and compassion of those who serve our patients and their families, and we appreciate the opportunity to participate in the journey of restoration and recovery with those who entrust us with their care.

Thank you for Choosing Wisely. Thank you for making McLeod the Choice for Medical Excellence.

Robert L. Colones

Rob Colones,
President,
McLeod Health

McLeod Magazine

is published by
McLeod Health, Florence, S.C.

Rob Colones
President and CEO, McLeod Health

Jumana A. Swindler
Editor, Vice President of Communications & Public Information

Tracy H. Stanton
Co-Editor, Coordinator of Publications

Contributing Writers:
Celeste Bondurant-Bell, Leah M. Fleming, Rachel Gainey, Kristie S. Gibbs, Jessica Wall, Tammy White, and Celia Whitten

Photographers:
Sidney Glass, Chief Photographer and Doug Fraser

Design and Printing:
Sheriar Press, Myrtle Beach, S.C.

(843) 777-2592 · www.mcleodhealth.org

See their story on page 4.


Maylee Addison Parker Brayden

On the Cover:
Matt and Susan Lewis welcomed their bundles of joy last year at McLeod Regional Medical Center.

McLeod extends its gratitude to Collin M. Smith for allowing the medical center to use his images of the Lewis Quadruplets in our publications.

Cover Photography by
Collin M. Smith
Portrait Photography

Inside


IN TIMES OF NEED, McLEOD IS THERE
PAGE 10

LEARNING TO LOVE TO READ
PAGE 14


URINARY INCONTINENCE IS NOT A NORMAL PART OF AGING
PAGE 34

A Quadruple Miracle

by Tracy H. Stanton

Most young married couples dream of the day when they can announce to the world, "we are expecting our first child!" Matt and Susan Lewis of Florence were no different. They just did not expect to announce that they would soon be a family of six!

Married in September of 2005, Matt and Susan waited a few years like other newlyweds before deciding to expand their "nest." In 2009, they began trying to conceive their first child. After a year, they became concerned that something was wrong.

Susan's physician, **Dr. Gary Emerson** who cares for patients at McLeod OB/GYN, began the process to determine why the Lewis' were experiencing conception issues. "The first step was to test my progesterone level," said Susan. "After learning that my level was low, Dr. Emerson recommended a low dose infertility medication called Clomid to help increase my hormone level and our chances of conceiving."

In July of 2010, after four months of taking Clomid, enduring monthly blood work to test the results of the medication and numerous ultrasounds, the Lewis' learned that they were finally expecting. However, at their eight-week OB appointment, Matt and Susan received the devastating news that there was no heartbeat.

These precious miracles are the first set of quadruplets born at McLeod Regional Medical Center.

PHOTO CREDIT: COLLIN M. SMITH

Dr. Emerson recommended a surgical treatment as a result of the fetal demise. A month after her surgery, Susan met with Dr. Emerson to begin the process again with Clomid.

"Three months later, a week before Christmas, I was overjoyed to learn I was pregnant again," Susan said. The couple shared the joyous news with their families at Christmas by presenting them with a present containing a baby's outfit. Susan's dad even joked with them saying, "maybe you will have twins."

A few days later, on December 28, Susan and Matt had an appointment with McLeod OB/GYN to check the progress of the pregnancy. Susan recalls Audrey Atkinson, the ultrasound technician, beginning to count, "one, two, three, four…" As Matt and Susan looked at each other in disbelief, Audrey immediately went to find Dr. Emerson. Susan said, "He walked in the room and said, 'What's going on in here?'"

After reviewing the ultrasound, Dr. Emerson told a speechless Susan and Matt that there were four sacs, two with heartbeats. He explained to the couple that it was too early to conclude anything or make decisions. Matt and Susan decided to the keep the news of possible multiples to themselves for now.

On January 3, Susan had another ultrasound to check the progress of her pregnancy. The couple was blessed beyond measure when they learned there were now four sacs and four heartbeats. During the appointment, Susan recalls Matt saying, "I didn't understand you. Did you say four?"

The couple finally decided it was time to let their families in on their secret. All of the grandparents were overjoyed but shocked with the news that they would have four grandchildren at once.

Dr. Emerson, who has been in practice for 16 years, had never shared in the birth of quadruplets. This was a first for McLeod, too. Since this was considered a high-risk pregnancy, Dr. Emerson consulted on Susan's care with McLeod Maternal Fetal Medicine, a group of obstetrical specialists who treat patients with high-risk or complicated pregnancies. According to Susan, the biggest concern for Dr. Emerson was whether she would be able to carry all four babies and deliver them at a healthy stage in her pregnancy.

"I had never taken care of a mother carrying quadruplets before," explained Dr. Emerson. "Susan was placed on the lowest dose of Clomid we prescribe in infertility cases. The risk of quads taking Clomid was about one out of 100,000. The biggest risks with this type of pregnancy is prematurity, pregnancy-induced hypertension, growth restriction and genetic abnormalities.

"I was due at the end of August," said Susan. "As my pregnancy progressed, my swollen hands and feet seemed to get tighter and tighter. But these little miracles were well worth the small amount of misery I endured with a summer pregnancy." Amazingly, Susan also only gained 65 pounds during her pregnancy. She said her one true complication was an increase in her blood pressure at her weekly OB appointments.

Dr. Emerson said that at around 24 weeks, Susan's activities were altered a bit to keep her off her feet and prescribed extra folic acid. "Our goal was to get her to 28 weeks and amazingly she worked up until that time. We administered steroid injections at 31 weeks for the

During the appointment, Susan recalls Matt saying, "I didn't understand you... Did you say four?"

"Susan did better than I could have ever hoped," added Dr. Emerson. "She is already a pretty laid back and easy going person, and she never got anxious about anything during the pregnancy. Early in her pregnancy, we determined that her cervix was strong enough to support the babies. Around 12 to 13 weeks in her pregnancy everything was progressing well and the babies were growing so I felt good that Susan would be able to carry the babies to a viable stage for survival."

McLeod Neonatologist **Dr. Tommy Cox** said the NICU team was informed that Susan was carrying quadruplets around the start of her second trimester. "We began to mentally prepare for how we would manage their care.

"In the NICU, we had a plan and schedule in place that when the Lewis quads arrived we would have three to four doctors, three respiratory therapists and four nurses standing by on call to assist."

babies' lung development. At this time, Susan's blood pressure was elevated and she was experiencing some contractions."

Susan made it successfully to 24 weeks, then 28 weeks and approaching 32 weeks, Dr. Emerson scheduled her c-section for July 6, 33 weeks gestation. Susan prepared herself that the babies could arrive at any time and had her bags ready to go at a moment's notice. On Thursday, June 30, Susan, Matt and her parents arrived for her weekly doctor's appointment. Following the exam, Dr. Emerson felt it was wise to go ahead and deliver the babies, recalls Susan. "I had less than two hours to mentally prepare myself that this was it – our babies were going to be born today."

"We were going to try and make it to 33 weeks but at 32 weeks her blood pressure was elevated more, she was contracting and her cervix was dilating

indicating that labor was imminent," explained Dr. Emerson. "We had previously decided on a c-section because the risk of a vaginal delivery was too great to safely deliver the babies. The surgery was performed with no complications. I had one of my partners on stand by to assist and the Labor and Delivery staff, Operating Room and NICU teams orchestrated everything perfectly. The entire medical team did a great job planning and preparing in advance for the arrival of the quadruplets."

"I remember walking into the OR and telling Matt when we leave this room we will be a family of six," said Susan.

During the surgery, Matt and Susan remember hearing their first child cry and Dr. Emerson holding up each baby for them to see that they were healthy and strong.

Maylee Margaret arrived first at 11:26 a.m. weighing three pounds, one ounce. She was followed closely at 11:28 a.m. by her two sisters, Addison Claire, three pounds and five ounces, and Brayden Elizabeth, two pounds and 11 ounces. Matthew Parker made his arrival at 11:29 a.m. weighing the smallest at two pounds and six ounces.

The babies were all relatively healthy and they did not require ventilators to assist with breathing, but they were admitted to the NICU because of their size and premature delivery.

"Two days after the babies were born, Maylee developed a collapsed lung," recalls Susan of their time spent in the NICU. "A chest tube was inserted and three days later, she was fine. Brayden also experienced periods of apnea where she would stop breathing and her heart rate would drop which is common in premature babies. She wore an apnea monitor for a short time after going home. Fortunately, Addison and Parker were spared from any complications."

"This was the first set of quads under our care," said Dr. Cox. "But you still treat them like four separate babies. At birth, they all weighed well over two pounds, and they each breathed on their own. Maylee did develop a pneumothorax, a common complication in preemies, but she recovered in 72 hours with placement of a chest tube."

According to Dr. Cox, the babies had their own area in the NICU and they were physically kept near each other. They spent their first two weeks in the NICU and two weeks in the step down unit.

The babies remained in the McLeod NICU for approximately a month growing stronger and receiving around the clock care. "Maylee and Addison came home first on July 29," Susan said. "Brayden followed on August 1, and Parker joined his sisters at home on August 3."

Dr. Cox explained that the babies all made it home four weeks before their actual due date. "The miracle in this case is that Susan made it to 32 weeks carrying four babies. Babies born at this point in a pregnancy normally escape preemie complications and they did as well."

Now 10 months old, each of the babies have developed their own distinct personalities, according to Matt and Susan. And, Addison and Brayden have recently begun crawling which has made the Lewis household even more exciting. Susan said she knows it will not be long before they are all on the go.

"Our family is complete, and we give thanks to God that we were chosen to bring these precious miracles into the world," added Susan.

PHOTO CREDIT: COLLIN M. SMITH

A basket of blessings, Parker, Brayden, Addison and Maylee, have enriched their parents' lives.

An Unexpected Challenge

by Kristie Salvato Gibbs

Crawling, standing, walking, running – most children accomplish these tasks within the first two years of life. Blakeney Moore was no different. At least that is how things appeared.

Liz and Arthur Moore describe their daughter as an easy infant. "Blakeney crawled and walked on time. Everything seemed normal," said Liz. "However, when Blakeney was nearing three years of age, we started to notice a difference. Walking up a flight of stairs, Blakeney would swing her legs around instead of bending them at the hips and knees. If she fell down, she would sink straight down, like an accordion."

The Moore's were referred to **Dr. Al Gilpin**, a pediatric orthopedic surgeon who cares for patients at the McLeod Children's Hospital. "We were scheduled for an appointment with Dr. Gilpin for Blakeney, but we ended up in his office earlier than planned with our son Townsend who had broken his foot," said Liz.

Blakeney poses with her bicycle. She is excited about riding her bicycle without training wheels.

While Dr. Gilpin cared for Townsend, Blakeney ran around the office like a typical three-year-old. "Dr. Gilpin told us Townsend was going to be all right," said Liz, "but he needed to speak with us about Blakeney."

He advised the Moore's that they did not need to wait for Blakeney's scheduled appointment to return. He wanted x-rays arranged immediately.

"We were extremely frightened and concerned that Dr. Gilpin wanted to check Blakeney right away," said Arthur. "It was at that moment that we knew we were faced with a very serious situation."

The x-rays revealed a developmental dislocation in both of Blakeney's hips. They had been malformed since birth. The hips and sockets were not rounded as they should normally develop but instead were flat.

"Blakeney was suffering from developmental dysplasia of the hip," explained Dr. Gilpin. "Typically, when we see dysplasia of the hip, it is in only one hip and in an infant. Discovering this condition in both hips of an older child is very rare."

Blakeney had not experienced pain in her hips and her parents had not seen an irregularity in the way she stood and walked. It was difficult for her condition to be recognized at an earlier age, because she was not showing signs of having problems with her legs and hips.

Developmental dysplasia of the hip in children occurs over a period of time, while the child is in the mother's uterus and progressively after birth, according to Dr. Gilpin. The ball (top of the femur) gradually slips out of the socket and does not form correctly.

> "The doctors and nurses did an excellent job taking care of all of us. They were attentive and answered all of my questions."
>
> **– Liz Moore**

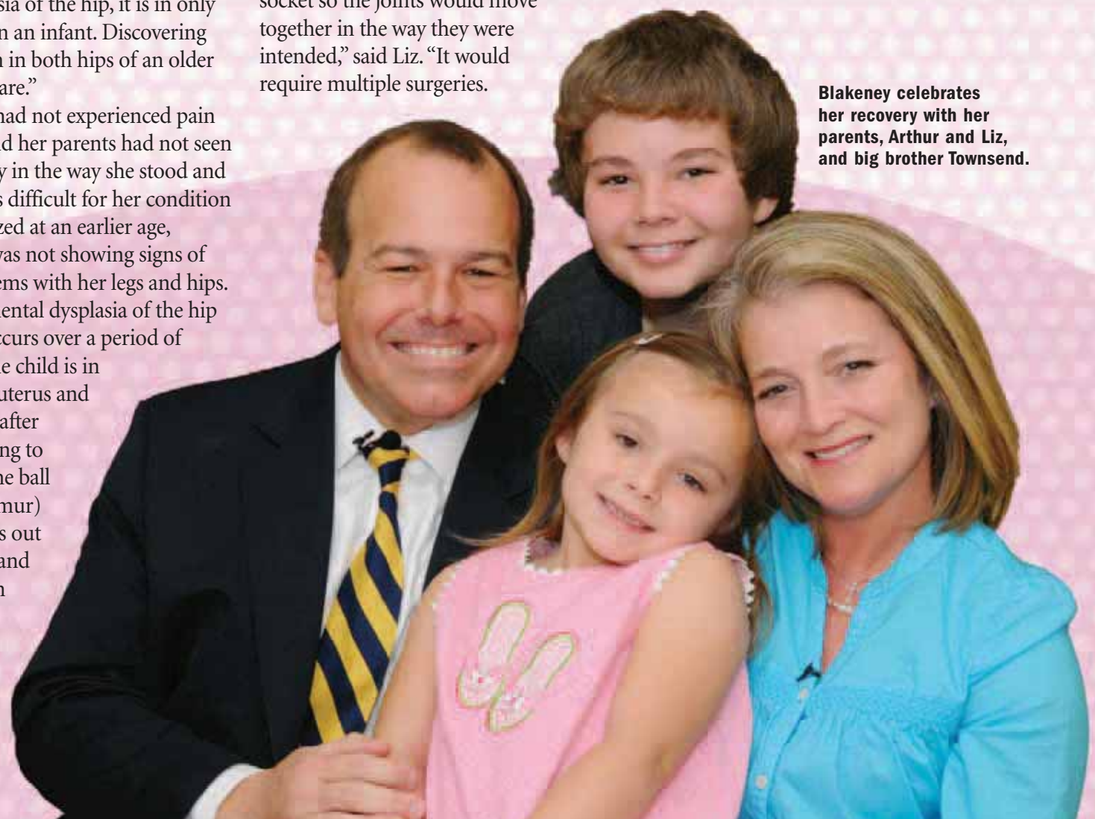
When the hip is not formed properly, the socket does not develop correctly, making both areas flat and unable to work together.

"In order to get a round ball it needs to be in the socket, and to have a round socket you must have a round ball," explained Dr. Gilpin. "Blakeney's condition was highly unusual. If left untreated she would experience significant problems in life with arthritis and ambulatory difficulties."

Surgery was inevitable.

"Dr. Gilpin told us he would do his 'carpentry' and put the ball into each socket so the joints would move together in the way they were intended," said Liz. "It would require multiple surgeries. His recommendation was to perform surgery on one hip, allow her a short recovery period, and then perform surgery on the other hip."

"Initially, we placed the ball of the hips into the sockets followed by reconstruction of the ligaments around the hip," said Dr. Gilpin. "Because the sockets were flat we had to cut the pelvis and reposition the sockets to contain the ball of the hip. Metal pins were inserted in the pelvis to hold everything in place."



Blakeney celebrates her recovery with her parents, Arthur and Liz, and big brother Townsend.

At the conclusion of the first surgery, Blakeney spent three months in a body cast. "A body cast encases the entire body from mid-chest to the feet," continued Dr. Gilpin. "This ensures that the body is not moved and will be able to heal properly." Following the second hip surgery, Blakeney also required a body cast.

"Everything in our world stopped," said Arthur. "Blakeney went from walking, playing and using the restroom by herself to being completely dependent. She spent a total of eight months confined by the body cast."

Following surgery, Blakeney became a patient in the McLeod Children's Hospital Pediatric Intensive Care Unit (PICU) and the children's floor. "The doctors and nurses did an excellent job taking care of all of us," said Liz. "They were attentive and answered all of my questions. It really meant a great deal to us to have a team of people who knew what they were doing and compassionately understood."

"We are so grateful to the doctors and nurses at McLeod Children's Hospital," said Arthur. "Blakeney was their patient, but they also cared for us as her parents. Their knowledge and experience surpassed our expectations."

When Blakeney was released from McLeod Children's Hospital, her hip joints were healing and functional. The Moore family prepared for the next phase of the process. Blakeney required extensive rehabilitation to relearn how to walk and function like she did prior to surgery and time spent in a body cast.

"We discovered that Blakeney had physically healed, but now she could not do anything on her own," said Liz.

"Physical therapy was necessary to help Blakeney regain the functional movements she had lost," said Laura Eberhardt, a Physical Therapist with McLeod Pediatric Rehabilitation Services. "We re-trained her body to physically handle the weight on her legs, to walk again, as well as going up and down stairs. She went through a great deal of stretching and strengthening exercises to stabilize the hip joints and achieve functional mobility. Since her legs have been tight for such a long period of time, Blakeney did not have the optimal range of motion needed to walk with a normal gait pattern."

Blakeney races her brother, Townsend, who is happy to have Blakeney out of the cast and able to enjoy fun activities with him again.

"The stretching was the most difficult for Blakeney because it was so painful," said Arthur. "The physical therapist sang songs and played games when they were helping her with stretching. They tried to make it as fun as possible."

"When I was in the cast, my legs pointed out and my body faced forward," said Blakeney. "I had a pink cast, one with teddy bears and even one with puppy paws. There were pins in my body holding it together."

Blakeney endured six surgeries and one year of therapy. Today, she is a vivacious six-year old. She also continues to see Dr. Gilpin each year to have x-rays performed checking on the growth of her legs.

"Blakeney is an amazing little girl," says Liz. "She runs and jumps with her brother, rides her bike without training wheels and is as full of energy as other children her age. We never expected to go through something as trying as this journey, but we faced the situation and did the best we could. However, we could not have done it without Dr. Gilpin and McLeod Children's Hospital. They have given our little girl the ability to live her life to the fullest."

In Times of Need, McLeod Is There

by Leah Fleming

Little did Dawn and Mitch Walker know how vital and how frequent a role McLeod would serve in the lives of their sons in the coming years.

The Walkers were ecstatic when they discovered they were having twin boys. At the time, the couple lived in Atlanta, Georgia. At 20 weeks gestation, Dawn was placed on bed rest, and she came to Florence to stay with her mother. Faced with pre-term labor and some other difficulties with her pregnancy, Dawn soon required the services of McLeod Regional Medical Center.

"I was very impressed with the facility," said Dawn, "and Mitch and I knew that McLeod was the hospital where we wanted the boys to be born." The Walkers also decided to make Florence their new home.

Dawn later developed preeclampsia, a condition in which a pregnant woman develops high blood pressure and protein in the urine after the 20th week of pregnancy. She spent one week in the hospital before delivering the twins. "This was the beginning of our journey with McLeod," she recalled.

Harrison and William (Will) Walker were born at 32 weeks. They were cared for in the McLeod Neonatal Intensive Care Unit (NICU) for 45 days. "The NICU staff was wonderful. They took such great care of both the boys and us," said Mitch.

Even though the boys were not small in size and weight compared to other twins born at that stage, their lungs were not yet fully developed, and they needed immediate care to help them begin breathing. The Walkers credit the McLeod NICU physicians and staff for saving the boys' lives the day they were born.

However, on the 33rd day in the NICU, Harrison faced a set-back.

"We almost lost Harrison that day," remembered Dawn. "This was the second time his life was saved by McLeod."

Harrison had developed fluid around his lungs, which was preventing his blood from holding onto oxygen. But, the fluid was not showing up on the imaging scans.

McLeod Neonatologist **Dr. Joseph Harlan** made the decision to give Harrison a diuretic, which cleared the undetected fluid from his lungs. Harrison also required a few blood transfusions, but he was on his was to recovery.

The twins came home from the hospital on heart monitors in June of 2004. They were required to wear the monitors for six months. "Harrison did have two spells during that time," said Dawn, "and I had to perform rescue breathing on him once. The McLeod NICU staff had trained us on what to do before we went home. I am a school teacher and also a swim instructor, and trained in CPR, but I still panicked when I had to perform it on my own child."

The boys grew quickly from this point, and the Walkers enjoyed watching them develop their own unique personalities and discover their surroundings. At one-and-a-half years of age, their Pediatrician, **Dr. Thomas Spence** of McLeod Pediatric Associates of Florence, noticed their speech appeared not to be progressing. Their parents agreed, recognizing that the boys had developed a "twin language" – in other words, they could talk to each other, but no one else could understand them. Dr. Spence recommended that the two enter into the speech therapy program at McLeod. The boys remained in the program until they were three years old.

"In addition to saving their lives, McLeod has helped them in so many other ways," Dawn remarked.

Four years later, the boys were each experiencing severe cases of strep throat. Between April and May of 2011, the twins had nine cases of strep all together. Will was also snoring a great deal, and he was waking up several times during the night gasping for breath, according to Dawn.

Today, Will and Harrison Walker are healthy, thriving eight-year-old boys.

"We brought them to **Dr. Shawn McKay** of Farrell and McKay Ear, Nose, and Throat, in Florence," said Dawn. "Dr. McKay recommended that they have their tonsils and adenoids removed in a procedure called a tonsillectomy."

"Tonsillectomy is one of the most common surgical procedures performed in childhood," said Dr. McKay. "More than 525,000 tonsillectomies were performed in this country in 2006. This is more than double the amount performed a decade ago. The reason for this increase is that Tonsillectomy/Adenoidectomy has been recognized as a simple, quick, and very effective treatment for Sleep Disordered Breathing in children.

"Sleep Disordered Breathing is common condition that may include loud snoring, fractured sleep, and even sleep apnea, where children have pauses in their breathing when they are sleeping," he continued.

Dr. McKay explained that the procedure is performed on an outpatient basis and usually takes 20 to 30 minutes. He said parents can expect their child to have a moderate to severe sore throat for about a week following surgery.

The Walkers scheduled the twins to both have the procedure performed on June 8, 2011. After surgery, their recovery seemed to be progressing normally.

However, a little more than a week later, Harrison woke up early one morning with a small amount of blood on his pillow and face. Dawn called Dr. McKay's office, and reached **Dr. Dan Hopla** of Ear, Nose and Throat Associates of Florence, who was the Otolaryngologist on call that morning. Dr. Hopla instructed Dawn to bring Harrison to the McLeod Emergency Department and he would meet her there.

Dawn called her mother and asked her to come over to watch Will, who was still sleeping. After she arrived, Dawn and Mitch took Harrison to the car. But when they got in the driveway, Harrison started coughing up even more blood. Dawn called Dr. Hopla again and described the amount of blood that was now coming out of Harrison's mouth. Based on this information, Dr. Hopla knew that Harrison would require an additional surgery. After they arrived in the Emergency Department, Harrison was taken straight to an Operating Room.

"Tonsillectomy/Adenoidectomy does have risks," said Dr. McKay. "The most prominent risk is significant bleeding that can occur one to two percent of the time, usually on days five through eight after the surgery. When a 'scab' falls off the tonsil bed, there may be a small exposed blood vessel that has not yet sealed over, and it may cause bleeding. Although this does not happen often, it does happen from time to time."

Dr. Hopla called the McLeod Emergency Department and told them to prepare for the Walkers' arrival. He also called the McLeod Operating Room staff and told them that he was on the way. When the Walkers arrived at the Emergency Department, staff was expecting them and ushered them straight back to see McLeod Emergency Physician **Dr. Peter Hyman.**

"When I entered the room, I could see that Harrison had lost a significant amount of blood," said Dr. Hyman. "I could also tell the family was very afraid and anxious. Our role was to give Harrison intravenous (IV) fluids and to get his blood work completed, but also to help calm him and the family. It was important for Harrison to remain calm and still to help keep the bleeding under control."

"I was freaking out, but Dr. Hyman very calmly put his hand on my shoulder and said, 'It is going to be ok. We have seen this before,'" remembered Dawn. "The fact that the physicians and staff were calm really made a difference. Even though it was early in the morning, everyone was responsive and ready to go. The staff was very prompt and efficient."

One nurse in particular stuck out in the minds of the Walkers. Harrison, who was lying down, was having trouble breathing. McLeod Emergency Department Nurse Stephanie Duer retrieved a suction to help keep Harrison's airway open, and instructed him to tilt his head to the side instead of straight back to get some of the blood out.

Mitch and Dawn Walker are thankful to McLeod for saving the lives of their twins Harrison and Will.

The Walkers were amazed at how quickly they found themselves in the pre-operative (pre-op) area for the operating room. "Everything moved right along like it was supposed to," remarked Dawn. "The transporter who quickly wheeled Harrison down the hall knew what he needed to do, but also helped ease Harrison's mind by talking about baseball.

"McLeod also has a true kid's hero in Anesthesiologist **Dr. Ben King.** He was with us when the boys had their first surgery, and he was such an awesome, calming force for us as parents and for our two boys. When we saw his smiling face again as we turned the corner into the pre-op area for the OR, we were able to relax a little. He remembered that Harrison liked to tell jokes and helped make him smile before they rushed Harrison into surgery."

During surgery, Dr. Hopla cauterized the artery and stopped the bleeding. "We can control this type of bleed by cauterization, sutures, pressure, or a combination of all of three," said Dr. Hopla. "After Harrison's surgery, he did not experience any more complications."

The surgery was also very quick. "Seeing Dr. Hopla's smile after the surgery was an enormous relief," said Dawn. Dr. Hopla told Dawn and Mitch that because Harrison had lost a significant amount of blood, he was going to be anemic, and that he would require additional follow-up from his Pediatrician to treat it.

"The recovery time after this surgery is about the same as a standard tonsillectomy, usually about 10 to 14 days," explained Dr. Hopla. "We also inform patients to not perform any strenuous activities for about two to three weeks after surgery."

"McLeod had all the assets they needed to care for our son," said Mitch. "The physicians, operating room and emergency staff were all standing by to help care for Harrison, equipped with specific pediatric tools and technology. If we did not have McLeod, Harrison would not be here today. Even though it was an emergency situation, it was seamless."

"In Florence, we have Ear, Nose and Throat surgeons on call 24 hours a day, seven days a week, so that we can quickly, safely, and effectively deal with this type of bleeding if it should occur," added Dr. McKay.

"From the physicians who are on-call, to the Emergency Department and Operating Room staff, we are prepared and ready to provide emergent patients with the best outcome possible," agreed Dr. Hopla.

When Harrison was ready to be moved to the Children's Hospital floor to recover from surgery, the Children's Hospital staff was there to assist in his recovery. Harrison enjoyed the bright colors in the room, and when he was well enough to walk around the floor, he found a mural of frogs that he particularly enjoyed.

"I really remember the frog painting," said Harrison. "I would stand in front of

it and hold my breath, and pretend I was swimming with all of the frogs. It was really cool. I am also very thankful that McLeod is close to my house."

The Walkers were also impressed with the McLeod team approach to care. After Harrison was discharged from the hospital, Dr. Tom Spence called the Walkers to check on Harrison. The following day they took him to McLeod Pediatrics to have his hemoglobin checked. Even though Harrison was anemic for a short time, he was on the road to recovery.

"We are so incredibly thankful to McLeod," said Dawn. "Not once, not twice, but three times they have saved Harrison's life, and they saved Will's life with the care they gave him in the NICU. They have also helped our children with the valuable services they provide in speech therapy."

"It was not luck," added Mitch. "McLeod has always been ready for us, and I will never stop appreciating that."

Tonsillectomy/Adenoidectomy

Dr. Shawn McKay, Farrell and McKay Ear, Nose and Throat

Numerous studies have shown associations between Sleep Disordered Breathing and neurocognitive disorders such as Attention Deficit Disorder (ADD / ADHD), decreased performance in school, and decreased performance on standardized testing. There is also increasing evidence that Obstructive Sleep Apnea in children may have associations with diabetes, and possibly heart and lung problems. Tonsillectomy/Adenoidectomy has been shown to prevent, and in some cases reverse changes that may occur in Sleep Disordered Breathing. If your child is snoring loudly, or certainly if they are "pausing breathing" while sleeping, be sure to tell your doctor.

Learning to Love to Read

by Kristie Salvato Gibbs

Reading is an important life skill. Whether reading a road sign, a piece of mail or a favorite book, reading is essential in life.

Often you learn how to read at a young age. As you grow older, a transition occurs and you read to learn. Some children develop an early love for reading, but for others, it is a difficult task that can leave them feeling embarrassed and defeated.

Nine-year-old Joshua Acosta and 10-year-old Samule Dinkins know what it is like to have difficulty reading.

"Joshua was in kindergarten when he began to struggle," said Susan Knight, Joshua's mother. "He was able to recognize letters, but he was not able to put sounds together to form words. Reading became so overwhelming that he just stopped trying, and he no longer wanted to go to school. Since we were experiencing problems, the school screened Joshua for developmental issues that could be affecting his ability to read, and I spoke with our pediatrician."

Samule had been experiencing the same sort of difficulties. "I noticed when I read a story to Samule he did not comprehend what I was reading," said Angela Green, Samule's mother.

"He was not catching on as quickly as I thought he should. I felt like he was behind other children his age and not where he should be at this point in his development. I also expressed my concerns to our pediatrician."

Both families were referred by their pediatricians to McLeod Pediatric Rehabilitation for Speech Therapy. "Speech therapy is for the treatment of language delays and disorders, voice and articulation disorders, fluency problems, swallowing disorders, problems induced by hearing loss, and phonological awareness deficits that make it difficult to learn to read and spell," explained Wynne English, Speech Language Pathology Supervisor. "We provide phonemic awareness programs for children like Joshua and Samule who need assistance with language and reading skills.

Joshua is excited about reading one of his favorite books. The progress he has made through speech therapy has elevated him to the appropriate reading level for his age and grade level.

"Phonemic awareness is the understanding of how words are made up of sounds and how the sounds are placed in sequences to form words. When a child accomplishes the skill of phonemic awareness they are then able to read, comprehend and learn how to spell," said Wynne.

McLeod Pediatric Rehabilitation utilizes various teaching programs to assist children (up to the age of 18 years) with improving their reading capabilities. These programs include:

The Literacy Program

This program involves the principles of sound sequencing (Lindamood) to evaluate and treat children who are having difficulty learning to read and spell. It helps to define where the child is breaking down in the process and moves them progressively through the skills they need to become successful readers. The process begins with a reading screen to learn what skills the child already has to determine the plan of action.

The Listening Program (TLP)

TLP is a home-based program designed to help improve brain function, reduce stress and train the brain in the auditory skills needed for effective listening, learning and communication. TLP is a safe, effective, medication-free approach to help children with:

- Attention and concentration
- Listening and auditory processing
- Memory
- Communication and social skills
- Reading
- Sensory processing
- Organizational and planning skills

Fast ForWord®

Fast ForWord® is a computer-based program designed to improve a child's reading and language level by one to two years over eight to 12 weeks.

Speech Language Pathologist Wynne English teaches Samule to break words into syllables, making it easier to read the words. With the help of Wynne and the speech therapy programs, Samule has gained a love for reading and the self-confidence he needed to read out loud to others.

Fast ForWord® adapts to the child's obtained skills and indicates when the child is ready to move to the next level. The program is performed by the child at home. Their progress is reviewed on-line by the Speech Pathologist.

"Helping children learn how to read takes dedication from the speech therapist, parents and child," said Wynne. "Remedial reading programs are designed for children having difficulties performing their work everyday. We identify where the deficits are and provide programs to help children reach their highest potential. Children who do well at reading are confident and perform well. We strive to help **all** children gain that confidence and succeed in reading."

Joshua has been receiving speech therapy for four years. He has also undergone occupational therapy for fine motor skills to help with his handwriting.

"Parents are sometimes apprehensive and reticent to admit that their child is not performing as well as they should," said Susan. "It is better to get help then to continue teaching them on your own. We are very excited that Joshua has learned 90 percent of the required second grade words. He has even started to read with expression. Joshua also has the self confidence now that he did not have before.

"We are very pleased with the therapy we have received at McLeod Pediatric Rehabilitation. If he had not received their help, I know he would still be behind in school," added Susan.

"Samule has been in speech therapy for three years," said Angela. "He is very close to being at his correct grade level for reading, and he is no longer embarrassed to read out loud in front of his classmates. He also gets excited about reading and that makes me so proud.

"I knew Samule could do it. We never gave up and McLeod Pediatric Rehabilitation was there from the start to help us reach our goals."

To inquire about the remedial reading programs offered by McLeod Pediatric Rehabilitation, call 843-777-4075.

A New Treatment Option in Cardiac Care

by Tammy White

Dr. Anil Om is one of the McLeod Cardiologists who performs the Transradial Catheterization procedure.

Today, patients coming to the McLeod Heart and Vascular Institute for cardiac care have an additional option in catheterization treatment. In March, McLeod Cardiologists began offering those patients who meet certain criteria the opportunity to have their catheterization performed using a transradial approach, which is through the artery in the wrist.

McLeod Cardiologists perform thousands of cardiac catheterization procedures a year. A cardiac catheterization is a procedure used to evaluate blood flow to the heart and the heart's pumping ability. Traditionally, a catheterization is performed by inserting a catheter, (a very small, thin tube), into an artery in the groin area. The catheter is then fed through the body's circulatory system to reach the heart.

Nichols resident Bill Fisher was one of the first patients for the transradial procedure during its introductory week at McLeod. Bill was scheduled to have neck surgery with **Dr. Kenneth Kammer**, a Neurosurgeon with Pee Dee Neurosurgical Services. Due to a previous cardiac history, Bill needed to have clearance from his cardiologist, **Dr. Evans Holland**, prior to the surgery with Dr. Kammer. Dr. Holland is an Interventional Cardiologist with Pee Dee Cardiology Associates.

"I had a heart catheterization approximately eight years ago," said Bill. "During my recent appointment with Dr. Holland, I underwent a stress test. From the results of the stress test, Dr. Holland thought it was advisable for me to have another catheterization.

"Dr. Holland discussed the Transradial Catheterization with me and explained that I was a candidate for this method. I had heard of this type of catheterization before, but I did not know it was available at McLeod. I am not surprised however, because McLeod is always a forerunner in new technology and advancements," added Bill.

"This is not a new procedure, but rather one with renewed interest because of improvements in technology," said Interventional Cardiologist **Dr. Anil Om** with Pee Dee Cardiology Associates. He explained that the procedure, transradial catheterization, has evolved over the past 40 years. Dr. Om even received training for the transradial approach during his Interventional Cardiology Fellowship. "Back then the equipment available made it very difficult to perform. Now with advancements in technology, we are able to offer this option which is much easier on the patient."

The Transradial Catheterization may not be an option for everyone. It is a good tool for diagnostic procedures, but for anyone who will require complex intervention, or who has previously had bypass cardiac surgery, a catheterization performed at the groin area is still necessary, added Dr. Om.

One benefit patients can expect with the transradial approach is a reduced risk of vascular complications. "If a patient should begin to bleed in the groin area it is harder to control the bleeding because you are pressing against soft tissue," said Dr. Om. "In the wrist, if bleeding occurs it is easier to compress and stop the bleeding because there is bone right behind the soft tissue."

Those who have experienced a previous heart catheterization often remember the four to six hours of lying completely still with a compression weight on the insertion site at the groin. The wrist insertion site only requires one to two hours of wearing a TR band. The TR band is a plastic band about the size of a wrist watch. It velcro's onto the wrist and then is inflated with a little bit of air to add pressure to the insertion site.

"I was extremely pleased with the new method," said Bill. "I am not the type of person that can sit still for very long, so six hours was excruciating for me. It was amazing how quickly I got to go home after this procedure."

"Patients only need to limit usage of their arm for a couple of days," added Cletus Sawyer, RN, Director of the McLeod Cardiac Catheterization Laboratory.

To determine if a patient is a possible candidate for the transradial method requires a simple test, where the cardiologist compresses one artery leading from the arm to the hand to temporarily cut off the blood flow. Once the physician releases this pressure he compares the color, or the degree of redness of the patient's two hands. This test indicates how well the blood circulates through the artery.

Bill Fisher was extremely pleased with the Transradial Catheterization method. He was also amazed at how quickly he was able to go home after his heart catheterization.

"At this time, there are a limited number of hospitals offering Transradial Catheterization," said Sawyer. "In fact, only 15 to 20 percent of all patients in the United States are having their catheterizations performed using this approach. At McLeod, cardiologists with both Pee Dee Cardiology Associates and Advanced Cardiology Consultants are performing this procedure. We are pleased to be able to offer our patients this new option."

Bill received a good report from Dr. Holland regarding his heart catheterization with no blockages found greater than 30 percent. He was back to work in his office in Mullins on Monday following his procedure on Friday.

The TR band, when inflated, provides the one to two hour required compression at the wrist insertion site.

Blessed With a New Lease on Life

by Rachel T. Gainey

Living with constant and unbearable pain for years, Gina Scott knew that a hysterectomy, a surgery to remove her uterus, was ultimately in her future. "It was all I could do to work, take care of my home, and attend church," she said. Fortunately, when Gina finally embraced the decision to have surgery, she turned to the qualified physicians with McLeod Dillon OB/GYN to provide her care.

Gina Scott, a member of the McLeod Dillon team since 1999, is happy to have her life back thanks to Dr. Craig and the entire medical team.

A resident of Dillon, South Carolina, Gina was diagnosed in 1997 with endometriosis, the abnormal growth of endometrial cells similar to those found inside the uterus that form outside of the uterus.

"Endometriosis is a condition typically seen in women during their reproductive years," according to **Dr. Rebecca Craig** with McLeod OB/GYN Dillon. Dr. Craig joined the practice in Dillon in July of 2011 after relocating to South Carolina from Americus, Georgia. "The main symptom of endometriosis is pelvic pain, and mild to severe cramping that causes pain in the pelvis, back and down the legs. Scarring can also occur depending on the extent or stage of endometriosis.

Dr. Rebecca Craig with McLeod OB/GYN Dillon and the OR team of McLeod Dillon provided excellent care to Gina Scott when she decided to undergo a hysterectomy.

In addition, it is common for a woman with endometriosis to be unable to have children."

A health history and a physical examination can lead a physician to suspect endometriosis, but a laparoscopic procedure or other type of diagnostic surgery is the only way to confirm the diagnosis.

"While there is no cure for endometriosis, during a woman's reproductive years, the goal is to manage the condition in an effort to relieve pain, to limit progression of it, and to restore or preserve fertility," explained Dr. Craig.

Recounting her experience with the condition, Gina said, "I suffered from severe cramps and nausea. I was also anemic and very tired. After my diagnosis of endometriosis, my husband Kevin and I were told that we may not be able to have children. We agreed that I would have a laparoscopic surgery to remove the scar tissue to improve our chances of having children.

"Within six to seven months following the surgery, we were expecting our first child, Layne. After Layne was born, however, I started having problems again. I developed cysts on my ovaries, and battled the cramping and anemia that left me very fatigued. In addition, the bottom of my stomach hurt all the time. To manage the condition and symptoms, I received a series of injections over time," Gina said.

Fortunately, Gina became pregnant again, and her painful symptoms disappeared for the duration of her pregnancy.

"We welcomed our second son, Jacob, into the world, and our family was complete. We were blessed to have two children despite my condition," said Gina.

"As time progressed, my symptoms returned, and my hemoglobin levels began to decrease each time they were checked. I was also susceptible to every cold and virus that was going around. But, I had grown accustomed to the pain, and with small kids at home, I kept putting off another inevitable surgery."

In the summer of 2011, Gina said she recalls being tired constantly. She was also experiencing more pain than usual, and the pain had started to move down her leg. "I prayed for a long time, and realized that God had given me enough common sense to know it was time for me to do something."

That same summer, Dr. Craig began practicing at McLeod OB/GYN Dillon. Gina made an appointment to see her. "She was very thorough," Gina said. "Dr. Craig informed me of my options and gave excellent explanations. She also did not jump right to surgery. She offered several options and let me make an informed choice. I appreciated her approach. I told her that I knew it was time for a hysterectomy. A few days earlier my pain had been so excruciating that I went to the Emergency Department for treatment. I had no doubt that I was making the right decision about surgery."

Gina arrived at McLeod Dillon for surgery on September 27, 2011. "I was very emotional," said Gina. "After our family prayed together, I was taken to the operating room. As soon as I entered the OR, I saw Dr. Craig standing there waiting for me. She could see the emotions all over my face. Immediately, I found comfort in her warm smile. She put her hand on my leg and said, 'you are going to be fine.' "

After surgery, Gina was a patient in the McLeod Dillon Women's Services Unit. "Dr. Craig was very good with my husband and family, who all expressed how impressed they were with her. She was very professional, down to earth and family oriented. She did an excellent job explaining everything to my family and I," says Gina.

Following the surgery, Gina said the pain was no longer excessive. "Dr. Craig had a plan for managing my pain and she made sure it was well controlled. The nurses were also excellent. They were very attentive and helpful. It is hard to find words to describe how kind they were as they cared for me. It was obvious that they each loved nursing. I was also very impressed that they included my husband when they provided care and medications to me.

"When it was time for me to go home from the hospital, I felt very prepared to take care of myself. Dr. Craig and the nursing staff provided excellent instructions," added Gina.

"Life is wonderful now," she says. "I remember waking up one morning three or four weeks after surgery realizing that I was not in pain. While my body was still healing, the pain I had dealt with for years and years was finally gone. I now have more energy that I can devote to my family, work and church, and I feel 100 percent better. I do not know why I waited so long before I made the decision to have a hysterectomy."

Today, Gina praises the Lord for the blessings in her life. "My husband and I have two beautiful children that we love unconditionally. Layne is now thirteen and Jacob is seven. And, I am grateful that I work at a medical center that is devoted to providing excellent, high quality care. Thanks to Dr. Craig and the entire medical team at McLeod Dillon, I have my life back."

"Dr. Craig was very good with my husband and family, who all expressed how impressed they were with her. She was very professional, down to earth and family oriented." **– Gina Scott**

ABOUT DR. REBECCA CRAIG

Dr. Rebecca Craig is board certified in Obstetrics and Gynecology. "In medical school, when I saw my first delivery of a baby, I knew that would be my life's work," recalls Dr. Craig. "It is very exciting to be even a small part of the beginning of a new life." Dr. Craig is equally interested in the health of women of all ages.

Dr. Craig received her degree in medicine from Meharry Medical College in Nashville, Tennessee, in 2002. She completed an OB/GYN Residency in 2006 at the Tulane University School of Medicine in New Orleans, Louisiana. Dr. Craig is a member of the American College of Obstetrics and Gynecology and the South Carolina Medical Association.

McLeod OB/GYN Dillon is located in the McLeod Dillon Professional Building at 705 N. 8th Avenue, Suite 3B, in Dillon. They welcome new patients. For additional information or to schedule an appointment, please call (843) 841-3825.

CHAMPIONING Patient Safety

Dr. Michael Rose, Vice President of Surgical Services for McLeod Health, has been recognized as a recipient of the 2012 Lewis Blackman Patient Safety Champion Healthcare Executive Award. This distinction is given to a South Carolina hospital executive whose vision, guidance, and support have played a critical role in creating better, safer hospitals.

Dr. Rose accepted this award on behalf of the McLeod Surgical Services Team during the Fifth Annual *Every Patient Counts* Patient Safety Symposium in April. Dr. Rose is the second McLeod Health recipient of this honor. Donna Isgett, Senior Vice President of Quality and Safety, received the Healthcare Executive Award in 2009.

Sponsored by the South Carolina Hospital Association (SCHA), Health Sciences South Carolina, PHT Services, LTD, and Mothers Against Medical Errors, the Patient Safety Champion Awards are named in honor of Lewis Wardlaw Blackman, a Columbia, South Carolina boy whose life was cut short in 2000 as the result of potentially preventable medical complications after an elective surgical procedure.

Hospitals across the state, and throughout the country, are working together to improve patient safety and healthcare quality so that each patient's experience is as safe as possible, which is key to the SCHA's *Every Patient Counts* initiative.

More than two years ago, Dr. Rose and McLeod Surgical Services led a charge to adapt the Surgical Safety Checklist introduced by the Institute of Healthcare Improvement for surgical patient care at McLeod. This checklist, sponsored by the World Health Organization and championed by national healthcare leader Dr. Atul Gawande, is designed to improve care, foster clear communication and encourage positive, engaging behavior between the members of the surgical team. Dr. Rose and the team incorporated surgical time-out guidelines set forth by the Joint Commission to create a McLeod specific safety checklist.

The team engaged McLeod Surgeons in the safety checklist philosophy and expanded the concept to every operating room at McLeod Regional Medical Center. Their objective was to reach "every person, every patient, every time." The next phase for Dr. Rose and the team is to move forward and take what they have learned and share it with other healthcare facilities throughout South Carolina and other states.

"Dr. Rose's medical expertise and commitment to patient safety continues to support the efforts of McLeod Health, as our organization evolves into one of the top performers in the United States for providing consistent quality healthcare," said Rob Colones, President of McLeod Health.

"Dr. Rose's insight and knowledge have led our surgical teams into making improvements that have a direct and crucial impact on the quality and safety of patient care at McLeod."

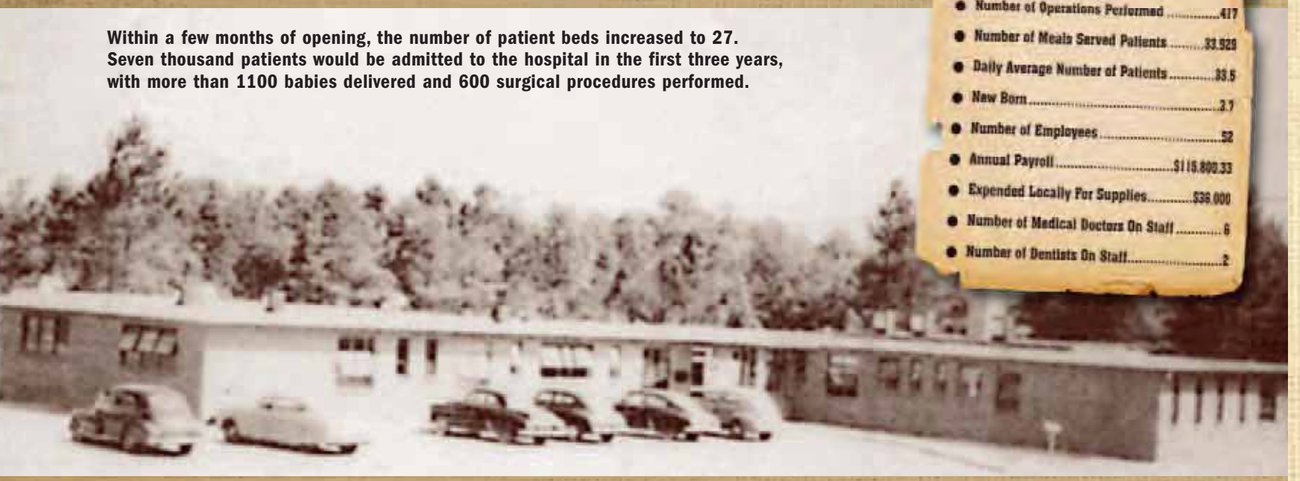
Dr. Rose is a physician and a member of the McLeod Health management team. He provides direct patient care as a practicing anesthesiologist and serves as a member of the McLeod Health Board of Trustees. On a statewide level, Dr. Rose serves as the Chairman of the Safe Surgery 2015 Leadership Team for the SCHA. His passion for safe surgery, eliminating risks, decreasing never events, and improving the care to the surgical patient is demonstrated by this endeavor.

Dr. Michael Rose (center) with Keith Torgersen and April Howell received the SC Patient Safety Champion Award on behalf of the McLeod Surgical Services Team.

A Legacy of Commitment A Future of Quality Service

by Celeste Bondurant-Bell

It will always be questionable whether the city of Loris' name originated from a novel or a family pet. But there is no question as to the prosperity of this small community in northwestern Horry County in the 1900's.



Within a few months of opening, the number of patient beds increased to 27. Seven thousand patients would be admitted to the hospital in the first three years, with more than 1100 babies delivered and 600 surgical procedures performed.

By the mid-thirties, Loris had a thousand residents. In the Loris Centennial history book, Jennings W. Hardwick, mayor, was quoted as saying that 50% of South Carolina's tobacco crop was grown in a 25 mile radius of this small town. Its four warehouses sold six million pounds a year. Strawberries, beans, potatoes, sweet potatoes, lettuce and poultry were also exported to northern markets.

In 1943, the late Dr. W.K. Rogers established Rogers Hospital on Broad Street. His original 3-bed clinic was located over Wolpert's Department Store, and provided services for minor surgery and maternity care. In the fall of 1945, Dr. Rogers suggested at a Civitan meeting that the growing rural community would benefit from having its own hospital. A three-man committee made up of E.E. Prince, D.O Heniford and Sam D. Hickman, was appointed to study the matter. It would take another five years of planning, petitioning, legislation and fundraising before that dream would become a reality.

Mr. Prince sought after funding for the project in many ways. He went to see then SC Senator Frank Thompson and asked the senator to introduce a bill which would allow bonds to be issued for a hospital. Senator Thompson told Prince he would have to be convinced people in northern Horry County would agree to be taxed in order to support the project.

In 1946, the Loris Civitan Club had 30 members. Prince organized 15 two-man teams to go door-to-door with a petition favoring a tax to support the proposed hospital. Almost everyone signed the petition and when the SC General Assembly convened in 1946, Senator Thompson introduced legislation which allowed the sale of $80,000 in bonds for Loris Community Hospital.

On March 23, 1946, Act 742 was passed by the South Carolina General Assembly to create the Loris Community Hospital District. The Act also created a Board of Commissioners to govern the operation of the hospital. Five Commissioners were initially appointed and would serve until successors were appointed by the Governor, upon the recommendation of a majority of the Legislative Delegation. The first five Commissioners appointed were: S.F. Horton, C.A. Lupo, E.E. Prince, E.W. Prince, Sr., and L.M. Vaught.

The board, armed with $80,000 of bond money and a four acre tract donated by the Burroughs and Collins Company, began a long hard drive to raise other financing necessary to build the proposed 23-bed hospital. The county delegation provided $15,000. Contributions from the community amounted to $3000 and the Federal Hill-Burton fund contributed matching funds of one-third of the amount raised from other sources. The total cost of the original building, furnishings and equipment was $157,350.

On May 15, 1950, Loris Community Hospital opened its doors with 23 patient beds, a handful of physicians and a small, but dedicated staff. In that moment, Loris Community Hospital's mission was born and a long-standing

By 1959, Loris Community Hospital was already considered one of Horry County's largest employers and a vital part of the economic and physical well-being of the community.

1950

Dr. W.K. Rogers and his clinic serve as the inspiration for the creation of Loris Community Hospital.

E.W. Prince, Sr. is appointed to serve as the first chairman of the board of commissioners.

When the hospital opens its doors on May 15, 1950, it has one administrative office, one operating room, a delivery room, an emergency room and laboratory. The first baby ever born at Loris Community is born later that day—Mother's Day.

The first administrator of the hospital is Mrs. Geneva Quinn. She serves while also working as superintendent of nurses and as an operating room nurse.

Between May 15 and December 31, 1950, a total of 1149 patients are admitted and 192 babies are born in Loris Community Hospital.

1951

E.E. Prince, Jr. is appointed chairman of the board, and serves for 38 years.

1958

Operating near capacity by its eighth anniversary, the hospital continues to function without a financial loss and with an average length of stay of only 3.6 days compared to the state average of 7 days.

1963

S.F. Horton, secretary of the board of commissioners, welcomes guests to the opening of the new nursing home.

1971

The Prince family continues its support with the addition of E.W. Prince, Jr. to the board of commissioners.

1973

Loris Community Hospital receives $25,000 from The Duke Endowment to assist with a $183,000 renovation to include new technology for x-ray, laboratory, the intensive care unit, and emergency department.

1974

On July 18, Loris Community Hospital dedicates its new intensive care unit with an open house. The four-bed facility is designed to provide immediate, life-saving treatment for victims of heart attack and other illnesses.

1982

The family tradition continues as Mrs. Margaret Prince joins the board of commissioners.

commitment to caring and improving the quality of lives began.

The opening of Loris Community Hospital in 1950 was followed by 67 years of vision, commitment, growth, and innovation—each decade representing another building block in creating the foundation for good health that is today's healthcare system.

By 1959, Loris Community Hospital was already considered one of Horry County's largest employers and a vital part of the economic well-being of the community. Over the next 10 years, the number of beds would more than double and major additions of x-ray technology, a surgical recovery room, nursery and several other departments would take place. The hospital established itself as a fiscally sound healthcare facility.

In the 1960s, Loris Community Hospital experienced a tremendous period of growth and expansion, starting with the addition of a long-term care facility in 1963. The Extended Care Center had an original capacity of 40 beds and was considered extremely modern for its time. It offered a full range of medical care and rehabilitative services for residents. Major additions to the hospital in 1961, 1967, and 1968 expanded nearly all inpatient, outpatient and surgical services. Throughout the 60s, several prominent physicians also joined the medical staff – a few of whom are still on the staff today. Even with the tremendous growth, the hospital managed to keep patients' costs to a minimum while also remaining financially sound. By the end of the 60s, Loris Community Hospital was a 105-bed acute care facility with all private rooms.

A characteristic that marked the hospital in the 70s and 80s was the level of technology it achieved. Loris Community Hospital had already accumulated some of the most modern diagnostic tools available. To make it easier for patients to receive diagnostic and rehabilitative services, the hospital had added a new CT scanner, mammography unit, lithotripsy, dialysis and cardiac rehabilitation. The array of services and procedures that could be performed in-house was considered extraordinary for a hospital of its size. Under the leadership of administrator Frank Watts, expansions and renovations provided the best in diagnostic and treatment equipment, allowed for future technological developments, and improved emergency and outpatient capabilities. The hospital continued to rank among the top for having the lowest inpatient cost per stay among hospitals in the southeast.

By the mid-90s, Loris was considered one of the fastest-growing municipalities in South Carolina, with a town population growth of 49 percent between 1990 and 1996. To keep pace with the growing communities and their increasing medical needs, Loris Community Hospital looked toward the future with a strong vision of healthcare. The addition of numerous outreach facilities throughout the county and surrounding areas highlighted the 90s. In July of 1996, the umbrella name, "Loris Healthcare System" was introduced to the public. The new name more accurately reflected the network of services, facilities and healthcare options provided by the growing healthcare system.

Looking ahead to the new millennium, the Board of Commissioners and administration also predicted a need for expanded emergency and inpatient care for growing neighboring communities along the coast. Plans for Seacoast Medical Center were unveiled and construction began in August of 1998. Seacoast Medical Center, initially a comprehensive outpatient facility providing outpatient surgery, diagnostic services and 24-hour emergency care, opened on October 1, 2000.

In 2004, a certificate of need application was filed to bring inpatient services to Seacoast for the purpose of making quality care more convenient and accessible for the communities along the north strand and in southern Brunswick County, North Carolina. The filing of this application was met with great opposition and the ensuing legal battles delayed construction for almost three years.

Groundbreaking ceremonies for the largest and final expansions at both Loris Community Hospital and Seacoast Medical Center were held in January of 2009. At Loris, the $18 million project included a new intensive care unit (ICU) and emergency department (ED). The first patients were admitted into the new ED and ICU on the morning of September 1, 2010. At Seacoast, the addition of inpatient care became a reality on July 11, 2011. The project was the result of years of planning and hard work by the board, administration, medical staff and employees. And it represented Loris Healthcare System's commitment to bringing inpatient services to the north strand communities.

Alexander Logan, MD, Donald Hardee, Tim Browne and Arnold Green officiate opening of Seacoast Medical Center in October 2000.

Board members: E.E. Prince, A.D. Strickland, Lundy Vaught, and Shelton Hayes

In February 1999, the Board of Commissioners and local legislative officials broke ground for the new medical facility.

Seacoast Medical Center opened in 2000 as an outpatient surgery and diagnostic center; and also brought 24-hour emergency care to the north strand.

1984

Dr. James Craigie, MD is appointed to the Loris Community Hospital Board of Commissioners.

On April 4, 1984, Mr. Eldred Prince retires, ending 38 years on the hospital board, 36 of those years serving as board chairman.

1987

In February of 1987, U.S. Senator Strom Thurmond is the guest speaker for the ground-breaking ceremony of Loris Community Hospital's $10.5 million renovation project. This project resulted in the relocation and renovation of the entire hospital. The project was completed in 1989.

Loris Community Hospital begins offering advanced CT diagnostic service. The unit enables the hospital to have an important diagnostic tool available so patients do not have to travel miles for the service.

1992

Loris Community Hospital celebrates the grand opening of its $3.4 million 88-bed Extended Care Center. The event draws nearly 400 people.

Loris Community Hospital is designated a South Carolina Level III Emergency Trauma Center by the South Carolina Department of Health and Environmental Control.

1994

Loris Family Health Center opens to expand non-emergency health services to the medically underserved.

1995

Mt. Olive Family Health Center opens.

North Myrtle Beach Medical Center opens to address the need for additional primary care in the North Myrtle Beach area.

Loris Community Hospital acquires Loris Orthopaedics & Sports Medicine with offices in Loris and in North Myrtle Beach.

To improve access to affordable quality healthcare, Loris Community Hospital establishes Campus Health Centers at Loris and North Myrtle Beach High Schools.

1996

The hospital builds a state-of-the-art Center for Health & Fitness. The center provides a full range of fitness programs in addition to massage therapy, health education and wellness screenings.

Today, Loris Community Hospital is a 105–licensed bed hospital which cares for more than 4,300 inpatients, nearly 400,000 outpatients and more than 21,000 emergency cases annually. Seacoast Medical Center is licensed for 50 beds, and cares for nearly 200,000 outpatients and 20,000 emergency cases each year. Both hospitals offer medical/surgical, orthopedics and pediatric care as well as intensive and progressive care units. Other services include obstetrics/gynecology, dialysis, a diagnostic cardiac catheterization laboratory, sleep disorders clinic, rehabilitation and cardiopulmonary departments.

In early 2011, Loris Healthcare System signed a letter of intent that established the framework for a partnership with McLeod Health. The board of commissioners and administration realized that they must explore new opportunities to strengthen the healthcare system and expand the services and quality of care provided to the community. They knew they could accomplish this by embracing a culture of change and growth. McLeod Health shared similar mission and values, a not-for-profit structure, commitment to quality and an established history of working with Loris Healthcare System.

Just as the community voted to be taxed in order to build the original hospital in 1946, the community voted once again in November 2011 to allow the Loris Community Hospital District to merge with McLeod Health. On January 1, 2012, Loris Community Hospital became McLeod Loris and Seacoast Medical Center became McLeod Seacoast.

Over the years, the vision of offering outstanding medical care close to home has become a reality. Though many things have changed, the mission remains the same: a primary goal to still care for the community's health and well-being. The two hospitals look forward to meeting the health care needs of its communities for many years to come.

MEDICAL STAFF

Loris Healthcare System has benefited over the years by a very competent and stable medical staff. A key component to its success has been its medical staff. Over the years, they have worked as a team to provide outstanding medical care to the surrounding communities. The hospital is proud of its dedicated, caring medical staff and the legacy of care they have provided.

Dr. W.K. Rogers – It was Dr. Rogers' 3-bed clinic that inspired the construction of Loris Community Hospital. Dr. Rogers provided care for patients until his death in 1971.

Dr. John D. Thomas, Sr. served as the first chief of staff for Loris Community Hospital. He received his medical degree from Medical College of The State of South Carolina in 1912. Local history states the sign on Dr. Thomas's office read Horse and Buggy Doctor – since the mode of transportation in those days was horse and buggy. There were no area hospitals in the early days of his practice, so it was necessary many times for him to make home visits, sometimes as far as Myrtle Beach. His son, Dr. Thomas, Jr. recalls a time when his father had a patient who needed surgery. He, along with the patient, took the train from Loris to Chadbourn and then changed trains and went to the McLeod Infirmary in Florence for the surgery.

On September 24, 1975, Dr. John D. Thomas, Sr., died at the age of 85 after practicing medicine for more than 60 years. It was estimated that prior to his retirement in 1972, Dr. Thomas delivered more than 5000 babies.

Dr. John D. Thomas, Jr. – After medical school, Dr. John Thomas, Jr. attended the McLeod Infirmary for a rotating internship. He spent three months as a resident physician in Obstetrics and Gynecology under Dr. Ziegler in Florence. Dr. Thomas returned to Loris in February 1947 and practiced with his father for seven years. In 1954, Dr. Thomas, Jr., affectionately known as Dr. John, opened his own practice, and continued to practice until his death in 2000.

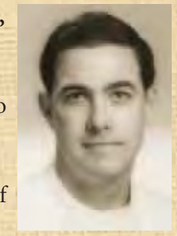
A Florence County native, **Dr. W.H. Johnson** is descended from a long line of medical doctors on both sides of his family. He established his first office in 1949 in a room at the clinic run by the late Dr. W.K. Rogers. In those early days of medicine, there were no specialists – just dedicated doctors and nurses interested in the health of the community. Dr. Johnson continued seeing patients until 1988. In July of 1988, memorial services were held for the well-loved and respected physician. Dr. Johnson died after serving 38 years of practice in family medicine.

1962

William A. Stout, MD, family physician, joined the staff of Loris Community Hospital. Dr. Stout continued to see patients in his Tabor City office until his death in 2008.

In August of 1962, **Dr. James Craigie,** a surgeon from Buffalo, NY, is hired at Loris Community Hospital. An outstanding example of physician leadership, Dr. Craigie served on the board of commissioners for more than 10 years and served as chairman during his board tenure. Upon retiring from his surgical practice, Dr. Craigie has served as vice president of medical affairs.

1965



Eston Williams, MD, a family physician, joined the medical staff and continues to see patients in his Tabor City office. Dr. Williams is one of the charter members of the Horry County Medical Society. He was named Physician of the Year in 2008.

1978

Stephen D. Grubb, MD joined the medical staff. Dr. Grubb continues to be one of the most well-respected and busiest primary care providers in Horry County.

1982

Gary J. Barrett, MD brings internal medicine to the Loris community and the medical staff, and continues to provide care to patients today.

Tabor City native, **T. Chuck Mills, MD**, joined the medical staff as a family physician. He continues a busy primary care practice and also serves on the board of commissioners.

ORIGINAL MEDICAL STAFF:

(Left to right) J.D. Thomas, Sr., MD, *Chief of Staff* · W.H. Johnson, MD · J.D. Thomas, Jr., MD · Grover S. Cox, MD
Croft Norton, MD · Ross M. Williamson, MD · R.C. Harrelson, Jr., MD · W.K. Rogers, MD

1997

The North Myrtle Beach Physical Rehabilitation Center opens in July.

Loris Community Hospital announces the expansion of its healthcare services network along the coast with the addition of Seacoast Medical Center, an ambulatory surgery and 24-hour emergency facility.

1998

The Calabash Imaging Center opens in Calabash Medical Center. The Calabash Imaging Center provides imaging and mammography services.

2001

Three labor/delivery rooms are added to the Women's Services at Loris Community Hospital in September.

In October, the open MRI receives its first patient at Seacoast Medical Center. This is the first open unit to be located in a hospital owned facility in Horry County.

The Sylvia Kitchen Memorial Nursing Scholarship Fund Golf Tournament raises more than $8,000 in December. The Fund is established in honor of the former vice president of nursing who lost her battle with cancer.

2003

The hospital receives a Duke Endowment grant for $290,000 for establishment of Cedar Branch Family and Children's Health & Wellness Center.

2004

Donald Hardee retires from hospital board.

2005

Memorial garden for Sylvia Slone Kitchen established.

The board of commissioners makes a commitment to increase development of care for cardiac patients and expand to add diagnostic cardiac catheterization.

Loris Healthcare System partners with North Myrtle Beach Aquatic & Fitness Center to offer health and rehab services at new fitness facility.

2006

Loris/Seacoast Healthcare Foundation is established.

VISIONARIES

The action of those original, dedicated individuals has made a difference, and continues to make a difference, in the lives of many. As founders of Loris Healthcare System, they implemented a creative and discriminating vision of an organization dedicated to excellence in every endeavor.

No single person has done more to shape this healthcare system than Mr. E. E. Prince, who spearheaded the effort from 1946-1950 to charter a healthcare institution for the people of northern Horry County. His long-time friend and professional associate, Mr. S.F. Horton gives most of the credit for the success of Loris Community Hospital to EE Prince. "If it had not been for Eldred, we wouldn't have had a hospital. During the first year or so, he worked almost full-time getting the hospital off the ground," stated Horton in a 2000 interview. "The rest of us had neither the ability nor the time. Tobacco got us on our feet, but it is the hospital that has helped us sustain our economic health." Mr. Prince served as the chairman for the board of commissioners from 1946 until 1984.

"During my long career, I've had the fine people of this community place me in various leadership roles. Of all the projects wherein I've been placed in a leadership position, I must say that I get more satisfaction from the hospital project than any other."

– EE Prince,
Board of Commissioners
1946 – 1984

Under the leadership of Mr. Frank Watts, administrator from 1968 until 1995, the healthcare system experienced incredible growth and prosperity. He, like the gentlemen who founded the hospital, realized that a hospital is more than bricks and mortar. It is a commitment to improving a community's health and providing that community the most progressive diagnostic and therapeutic services available. When Frank Watts assumed the reins as administrator in 1968, the hospital's annual payroll was $653,000 for a staff of 148 employees. When he retired in 1995, payroll exceeded $25 million and more than 600 people worked at the hospital. After only one year on the job, Watts dramatically improved the hospital's bottom line. Net income increased from $85,868 in 1968 to $226,290 in 1969. There was some concern expressed by some board members that a $226,290 profit might be a bit much for a not-for-profit hospital. But that concern was soon dispelled after realizing the urgent need for expanding facilities and services.

Like the visionaries who initially saw the need for a community hospital, Mr. Frank Watts and then board chairman, Mr. Donald Hardee, saw the need for healthcare along the coastal communities and wanted to grow and continue the legacy of healthcare excellence offered by Loris Community Hospital. In the early 90s, Mr. Watts and Mr. Hardee first met with local legislative delegates and presented the idea of healthcare in the North Myrtle Beach and Little River communities. The idea for Seacoast Medical Center was born that day. Mr. Hardee spent his remaining years on the board dedicated to the planning, construction and opening of Seacoast Medical Center. It is worth noting that Mr. Hardee was married to the former Hannah Hickman, daughter of Samuel D. Hickman, one of the members of the original three-man group who set out to plan, petition, and raise funds for the original Loris Community Hospital.

"I have had the good fortune to work with some of the best people in the state. I have often said the hospital's greatest asset was its employees. We were fortunate to have the caliber of people we had. For any success I have had, I owe to our dedicated employees, our board of commissioners and our medical staff. It was indeed a privilege for me to be associated with such a fine, caring group for so many years."

– Frank Watts, Administrator
1968 – 1995

"I thank God for the original people who had the vision to start the hospital. Loris Community Hospital continues to play a prominent role in the economic health of the community."

– Donald Hardee,
Chairman, Board of Commissioners
1984 – 2000

Principals

S.F. Horton
Original board commissioner

C.A. Lupo, Sr.
Original board commissioner

E.E. Prince
Original board commissioner/ committee member

E.W. Prince, Sr.
Original board commissioner

L.M. Vaught
Original board commissioner

Sam Hickman
committee member

D.O. Heniford
committee member

Board of Commissioners

S.F. Horton *1946 – 1974*
C.A. Lupo, Sr. *1946 – 1956*
E.E. Prince *1946 – 1984*
E.W. Prince, Sr. *1946 – 1951*
L.M. Vaught *1946 – 1978*
Allard D. Strickland *1951 – 1981*
Shelton T. Hayes *1956 – 1981*
E.W. Prince, Jr. *1971 – 1982*
Bruce Fipps *1975 – 2000*
Thomas Dewitt *1977 – 1995*
A.B. Grainger *1981 – 1997*
Margaret S. Prince *1982 – present*
James Craigie, MD *1984 – 2005*
Donald Hardee *1984 – 2003*
Hoyt Hardee *1984 – present*
H.B. Buffkin, Jr. *1988 – 1998*
J.P. Jones, *ex-oficio* *1988 – present*
Doris P. Hickman *1995 – present*
Frankie Blanton *1998 – present*
J. Bryan Floyd *1998 – 2003*
Tracy P. Ray, OD *1998 – present*
Robert Ziff, MD *1998 – 2006*
Ronald Fowler *2000 – present*
Frank V. Boulineau, III *2004 – present*
Alexander C. Logan, III, MD *2005 – present*
Chuck Mills, MD *2006 – present*

2006
Chuck Mills, MD is appointed to board of commissioners.

2007
Loris Community Hospital rates in top 2% of 998 hospitals nationwide according to Press Ganey, a nationally recognized healthcare survey organization.

2008
Mr. EE Prince passes away. Mr. Prince was truly an extraordinary individual who led a life dedicated to community enhancement. His work to make this community a better place to live will be remembered by all who knew him and will continue to benefit future generations.

2009
Ground breaking for inpatient addition at SMC.

Ground breaking for new ED and ICU at LCH.

2010
LHS garners national attention for quality in Consumer Reports March 2010 issue.

New ICU and ED at Loris Community Hospital opens in September.

2011
The hospital partners with MUSC to offer enhanced care for stroke patients.

First patients admitted to new inpatient addition at SMC on July 11.

Mr. Dick Tinsley is appointed new administrator in August.

Outpouring of support from community when healthcare referendum passes, opening way for McLeod partnership.

2012
Ensuring quality healthcare and strengthened patient care, Loris Community Hospital becomes McLeod Loris and Seacoast Medical Center becomes McLeod Seacoast with new finalized McLeod Health partnership.

Family-Centered Medicine

by Leah Fleming

From Left to Right: The Jebaily's, Hannah Grace Jebaily, Dr. DeAnn Jebaily, Dr. Patrick Jebaily, and the McClary's, Reese McClary, Beth McClary, Dr. Guy McClary, and Guy McClary, are pictured here in Timrod Park.

Dr. Patrick Jebaily and **Dr. Guy McClary** share a long and meaningful friendship. The two met the first day of medical school, in 2004, at the Medical University of South Carolina in Charleston.

While both physicians have family members in the healthcare profession, the two men entered medicine from different approaches.

A native of Florence, Dr. Jebaily knew he wanted to join the medical field at a young age. As a child, he was especially enamored with medicine. At the age of nine, Dr. Jebaily asked his parents for a Physician's Desk Reference (a manual of specific pharmaceutical drugs). This was indeed an unusual request, as most young boys that age would probably ask for a bicycle.

Dr. McClary, originally from Kingstree, chose medicine as a "second profession." While he was a student at Clemson University, he worked in the field of engineering. However, after graduating from Clemson with a degree in engineering, Dr. McClary made the decision to return to school to become a doctor.

"I always liked a challenge and to answer questions," he said. "Medicine seemed like a good fit."

Following four years of medical school, and many long hours studying, the two men celebrated their graduation. Drawn to the specialty of family medicine, they chose the McLeod Family Medicine Residency Program from among the nation's leading hospitals to complete the additional three years of extra training needed to become a family medicine physician.

They agreed that Florence would be a place they would like to call home, and that the McLeod Residency program provided the knowledge and experience they needed.

"I enjoy family medicine because I can help patients with all aspects of their healthcare and assist them in better managing their overall health," said Dr. McClary.

"I think the epitome of family medicine is taking care of families," added Dr. Jebaily. "We really enjoy getting to know our patients and their families."

As the two neared completion of the residency program in 2011, McLeod Physician Associates (MPA) suggested that the young doctors stay with the McLeod "family." A need for a primary care practice for families living on the west side of Florence existed and this would be a solution. They considered and accepted the opportunity to join MPA and work together.

"Our practice styles really complement each other," said Dr. Jebaily. "We are both efficient, hard workers, and we each enjoy both the medical and personal sides of medicine." Their drive and determination was also evident during their years of medical training as they both served in leadership roles. Dr. McClary serving as President of their College of Medicine Class, and Dr. Jebaily being named Chief Resident of their Residency Class.

> "We look forward to caring for generations of families for years to come."
>
> – Dr. Guy McClary

Dr. Patrick Jebaily and Dr. Guy McClary care for patients at McLeod Family Medicine West located on West Palmetto Street in Florence.

Their new practice, McLeod Family Medicine West, opened in August of 2011. The word quickly spread to McLeod physicians and staff who became excited about continuing to work with the pair.

"It was flattering to walk through the halls and hear members of the McLeod team say that they were looking forward to the opening of our new practice," said Dr. McClary. "We were encouraged by their support and enthusiasm."

McLeod Family Medicine West offers general medical care to patients, helping improve their overall health. Drs. Jebaily and McClary are specially trained to care for the majority of illnesses, from acute care to chronic disease, as well as preventative care for all ages. They also help patients with referrals to specialists, and coordinate and facilitate communication between these health care providers.

In addition, they also strive to develop long-lasting relationships with their patients which provides them with critical information regarding the patient's family dynamic, social supports and stressors.

Their families are good friends, too, which further strengthens the bond of these two physicians. "I think this makes for a stronger partnership," said Dr. Jebaily. He and his wife, **Dr. DeAnn Jebaily**, have a daughter, Hannah Grace. Dr. DeAnn Jebaily is also graduating from the McLeod Family Medicine Residency Program this summer. She will join the McLeod Hospitalist team in practice.

Dr. McClary and his wife, Beth, a nurse, have a son, Guy, and a daughter, Reese. "Florence is a great fit for our families," he said. "We are excited to be a part of this community and look forward to caring for generations of families for years to come."

McLeod Family Medicine West is located at 3013-B West Palmetto Street in Florence. For more information or to make an appointment, please call (843) 777-7370.

SAVING *Lives*

Members of the McLeod Mortality Committee have dramatically improved mortality outcomes by implementing care processes with the assistance of nurse rovers and pharmacists.

by Tracy H. Stanton

Dedicated to improving the quality of care provided to patients and families each day, McLeod Regional Medical Center recently participated in a national project that resulted in saving lives and reducing healthcare spending.

During the past three years, 278 hospitals including McLeod Regional Medical Center engaged in a national collaborative called QUEST®, led by Premier Healthcare Alliance. As part of this initiative, these top performing hospitals saved an estimated 24,820 lives and reduced healthcare spending by nearly $4.5 billion.

The results from the third year of the QUEST project were announced at the beginning of the year as part of a Capitol Hill briefing in Washington, D.C. Donna Isgett, Senior Vice President of Corporate Quality and Safety for McLeod Health, was selected by McLeod and Premier with the distinction of presenting McLeod quality improvement outcomes to the congressional members.

"McLeod and the QUEST collaborative gave us the ability to look at our organization and our work differently," said Isgett. "Initially, when the McLeod Quality and Safety team reviewed our data we thought we were doing well, but when we compared ourselves to others we realized we could continue to improve. For mortality, the team talked to other top performers to learn how they tested, analyzed and measured their data to come up with better processes. A committee of McLeod physicians, led by **Dr. Alan Blaker**, analyzed the data and implemented improvement processes to save lives at McLeod."

Physician Led

As the first leader of the McLeod Clinical Effectiveness efforts to improve quality and patient care, Dr. Blaker, a cardiologist with Pee Dee Cardiology, agreed in the summer of 2009 to review the mortality data to determine how McLeod could improve in this area. For three months, Dr. Blaker and the Clinical Effectiveness team obtained accurate risk adjusted data and conducted a review of the hospital's mortality cases. Based on their findings, Dr. Blaker moved forward with a committee designed to improve mortality at McLeod. The committee began meeting in January of 2010.

"At McLeod, our mortality rate was as expected or average," explained Dr. Blaker. "After reviewing the preliminary data, the committee determined the areas where we could improve. We knew that if we did the right thing on every patient, it would improve mortality."

Patients at high risk of dying in the hospital, according to Isgett, include those with a life-threatening illness, patients who transition from an intensive care unit within the last 24 hours, patients who control their own pain pump, patients under restraints, patients who have an abnormal heart rhythm in the last 24 hours, or patients the telemetry unit has concerns about.

"Using the Quest data from other hospitals in the collaborative, we worked to initiate care that has been proven to reduce mortality," said Dr. Blaker.

Data Driven

Meeting on a monthly basis, the group conducted a 100 percent mortality review on every patient who had died in the hospital.

The committee determined that improvement required a change in the system across all departments. "As we moved forward in our work we found opportunities to save patients before they got too sick. But, first we had to learn to avoid reacting and implement pro-active processes to provide care to patients at risk of dying," explained Dr. Blaker.

However, it is not always obvious what is wrong with a patient when they come into the hospital which results in a delay in diagnosis. Instead of waiting for a definitive diagnosis, Dr. Blaker's team determined that initiating care sooner saved lives.

"If you waited to have an established diagnosis, then it was too late to reduce mortality," said Dr. Blaker. "We found that if we suspected a life-threatening diagnosis, and we started treatment immediately, we could make an impact. The benefit of this approach outweighed the risk, and we could always stop treatment once a diagnosis was confirmed.

"For example, if we suspect possible sepsis, a potentially life-threatening complication of an infection, in a patient who has come in through the Emergency Department, we begin administering antibiotics immediately while we investigate the source of the infection."

Evidence Based

This quicker response to patient care also involves admitting patients to the intensive care unit if their condition appears unstable to prevent them from rapidly deteriorating on the floor.

Another development within the hospital that improved mortality involved nurse rovers. A component of the McLeod Rapid Response Team, the nurse rovers identify and manage at risk patients in the hospital. Intensive care unit trained nurses, these RNs 'rove' the hospital to assist the patient's nurse in assessing and identifying patients at risk for changes in conditions.

"They offer all of us a higher level nursing opinion of the patient's condition and can initiate emergency care. The Rovers also follow up on patients moved out of the ICU to ensure the patient does not relapse," explained Dr. Blaker.

Another opportunity to improve mortality for the committee involved the role of pharmacists. "The pharmacists are instrumental in reviewing the patient's blood cultures. If the results are positive, they determine the appropriate antibiotic to administer to the patient as well as inform us of which antibiotics are resistant to the patient's infection.

"Communications and cooperation between the medical staff, admitting and emergency physicians and our nurses has been excellent in adopting these new techniques," said Dr. Blaker.

"We have dramatically improved our mortality rate," added Isgett. "In an 18 month period, we saw a reduction in our mortality equivalent to 180 lives. This is the strongest work we have ever accomplished in quality, and it is all thanks to the diligence and dedication of Dr. Blaker and the physicians and staff members of the mortality committee."

Mortality Committee Members

- Dr. Christina Andrew *Hospitalist*
- Dr. Mark Fox *Palliative Care*
- Dr. Bryon Frost *Emergency Medicine*
- Dr. Venugopal Govindappa *Nephrology*
- Dr. Coy Irvin *Medical Services*
- Dr. Kathryn Jarvis *Family Medicine Resident*
- Dr. Vinod Jona *Pulmonology*
- Dr. Greg Jones *Cardiothoracic Surgery*
- Dr. John Mattheis *Family Medicine*
- Dr. Mark Reynolds *Trauma Surgery*
- Dr. Jeremy Robertson *Emergency Medicine*
- Dr. Deborah Wheeler *Hospitalist*
- Dr. Ryan Williams *Family Medicine Resident*
- Tony Derrick *Nursing Administration*
- Stacy Holley *CE Outcomes*
- Donna Isgett *Corporate Quality and Safety*
- Cathy Stokes *CE Care Manager*
- Mavis Turner *Medical Records*
- Leigh Windham *CE Outcomes*

Urinary Incontinence Is Not a Normal Part of Aging

by Jessica Wall

Urinary incontinence affects 13 million Americans. On average, however, individuals wait almost nine years before seeking treatment because they are too embarrassed to talk with their doctor about the condition.

Urinary incontinence is the involuntary loss of urine. There are three major types of urinary incontinence: stress, urge, and mixed. Stress incontinence is urine leakage during normal activities such as coughing, sneezing, laughing, or exercising, which may increase abdominal pressure. Urge incontinence occurs when the individual feels a strong need to urinate, even though the bladder may only contain a small amount of urine. Often the individual is unable to reach the bathroom in time. Mixed incontinence is a combination of both stress and urge incontinence.

Approximately 15 to 30 percent of individuals over the age of 60 suffer from urinary incontinence. It is most commonly seen in women, although the condition affects men and children as well. The cause of urinary incontinence is weak pelvic muscles, which can result from childbirth, infection, prostate surgery, medications, hormonal changes, trauma, constipation, abdominal surgery, urinary tract infections, and some neurological diseases.

McLeod Darlington is the only healthcare provider in the Pee Dee to offer physical therapy as a treatment for urinary incontinence and pelvic floor dysfunction. The goal of physical therapy is to help patients strengthen their pelvic floor muscles as well as educate patients on bladder retraining. Contrary to other forms of treatment, such as medications or invasive surgical procedures, physical therapy focuses on behavioral techniques such as biofeedback for kegel exercises, bladder retraining, education, and nutritional guidelines.

The average number of physical therapy sessions is three to six, although some individuals may require more, depending on the severity of pelvic muscle weakness and leakage. Each session lasts approximately one hour.

Laura Conner, a physical therapist at McLeod Darlington, works with patients who suffer from urinary incontinence. She explains that the initial session involves a thorough evaluation of the patient through dialogue and biofeedback.

Biofeedback is a technique that uses a special sensor probe inserted by the patient to monitor the patient's pelvic muscle activity. The sensors are attached to a computerized instrument which displays the pelvic muscle activity on a color screen so that both the patient and physical therapist can see how the muscles are working. The patient remains fully clothed during the biofeedback technique.

From this technique, Conner determines the severity of the patient's pelvic muscle weakness and prescribes a personalized exercise regimen designed to target the patient's particular muscle weakness. Between sessions, the patient is responsible for doing the prescribed exercises.

Conner adds that most people do not realize that they are performing kegel exercises incorrectly so the biofeedback is important for them to learn how to do the exercises the proper way.

"For the treatment to work, the patient must be committed to the exercise part of the program," explains Conner who sees her role as that of an encouraging coach. If compliant, the patient should begin to see improvement within two to three weeks.

Conner recommends that patients continue with exercises after achieving continence, although not as regularly. Instead of doing exercises three times each day, patients can do the exercises three to four times each week.

In addition to the exercise regimen, patients also learn about foods and drinks that irritate the bladder, such as spicy foods and caffeine, as well as the importance of staying hydrated. Conner explains that many people think, "if I don't drink anything, I won't have an accident." However, dehydration irritates the bladder, leading to an increased risk of having an accident.

Conner adds that urinary incontinence is not a normal part of aging; it can be prevented. Simple measures such as having an active lifestyle, staying hydrated, and eating a fiber-rich diet decrease the chances of developing urinary incontinence. And women, especially after childbirth, are encouraged to do kegel exercises to prevent weakened pelvic muscles.

For those who suffer from the condition, however, it is important to seek treatment. According to Conner, "the number one reason people are admitted to nursing homes is incontinence." But there is hope. "Urinary incontinence does not have to be a normal part of aging. You can do something about it."

If you suffer from urinary incontinence and are interested in physical therapy treatment, consult with your physician to determine if you are an appropriate candidate for the McLeod Darlington program.

Physical Therapist Laura Conner uses biofeedback to evaluate a patient's pelvic muscle activity.

Rehabilitative Services

McLeod Darlington provides physical, occupational and speech therapy to pediatric patients as well as adult patients with disabilities, injuries or diseases. This department is able to provide one on one treatment to outpatients with short wait times for initial evaluations. In addition, McLeod Darlington's Rehab department provides late hours two days a week for physical therapy and four days a week for speech therapy. As a therapy department, each discipline is dedicated to restoring patients to their highest functional levels. The physical therapy staff treats a number of patients suffering from pain and utilizes hands on therapy and exercise programs as well as modalities to alleviate painful mobility.

A Holiday Miracle

by Tammy White

The holidays are a time for family gatherings, celebration and good cheer. It is also a season when people will hide symptoms of an illness from their families because they do not want to disrupt their special time with their loved ones. This is exactly what Carl Morrell was thinking when he kept silent about the pain he was experiencing Christmas morning.

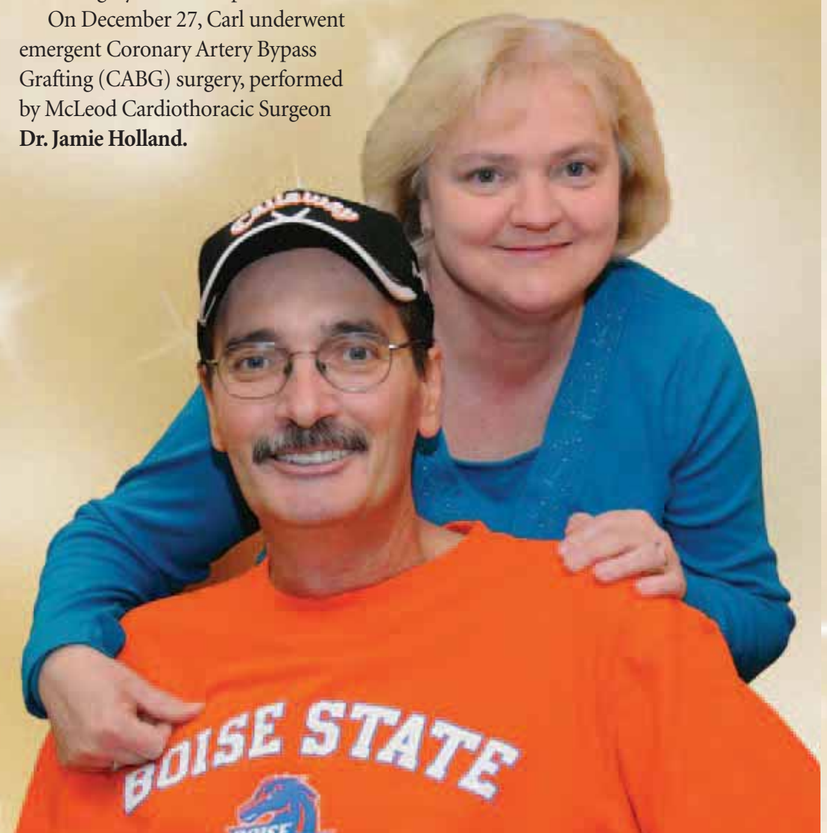
Carl and his wife Lorrann were visiting family in Lamar, South Carolina, traveling from Jerome, Idaho, for the holidays. At 11:00 that evening, everyone was gathered together. The events of the day were coming to an end, at which time Carl finally concluded that he needed to seek medical care. By 11:30 p.m., he was in the McLeod Emergency Department for treatment of chest pain.

"The pain was similar to a previous heart attack I had in 2004," said Carl. "It spread from my chest and radiated to my shoulder and right arm. I thought this time my treatment would be the same as it was in 2004. I would have a heart catheterization. They would put stents in to fix the blockages. And, I would go home."

However, that was not the situation Carl faced. During a heart catheterization performed by **Dr. Llewellyn Rowe,** an Interventional Cardiologist with Advanced Cardiology Consultants, Dr. Rowe discovered that Carl had two heart arteries that were ninety percent blocked. The Morrell's return flight home to Idaho had to wait after Carl and his family received the unexpected news that he needed open heart surgery as soon as possible.

On December 27, Carl underwent emergent Coronary Artery Bypass Grafting (CABG) surgery, performed by McLeod Cardiothoracic Surgeon **Dr. Jamie Holland.**

The coronary arteries supply the heart muscle with blood and oxygen. These arteries are like tiny tubes that can become blocked. When one or more are blocked, bypass surgery may be needed.



Carl and Lorrann Morrell are grateful for the outstanding care Carl received from Cardiothoracic Surgeon Dr. Jamie Holland and the Cardiac Medical Team.

During the surgery, a blood vessel is taken from the legs, arms and/or chest and is sewn onto the heart artery beyond the blockage. This allows the blood to flow around the blockage.

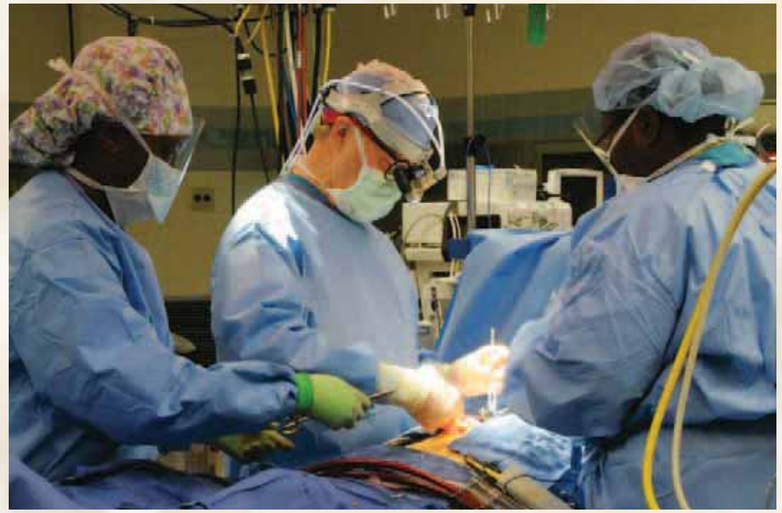
By his second post-operative day, Carl was not recovering as expected. He had a build up of fluid in his lungs. It was suspected that there could be issues with his mitral valve. An echocardiogram of his heart was immediately conducted.

"A review of Carl's echocardiogram indicated to me that he had severe mitral regurgitation," said Dr. Holland. "Mitral regurgitation is a leaking valve that allows blood to flow back into the lungs." To correct this condition, Carl would require mitral valve surgery.

The mitral valve allows blood to flow into the heart's main pumping chamber, the left ventricle. When the mitral valve leaks, blood flows back into the lungs. To compensate, the ventricle must pump more blood with each contraction to produce the same output of blood throughout the body. The heart can usually operate with this extra volume of blood for a period of time, but it eventually begins to fail, producing symptoms of shortness of breath or fatigue.

With acute failure such as in Carl's case, a large volume of blood is forced under high pressure into the lungs. As a result, the lungs fill with blood, most of which is water. Ultimately the lungs are unable to provide oxygen creating a condition similar to drowning.

The Morrell Family received the news that this situation was critical. They were given the worst possible scenario that Carl may not survive this surgery, and if he did not have the surgery immediately, he might not make it through the night. Lorrann grasped firmly to the 25 percent chance that her husband had of surviving the surgery she was given by Dr. Holland.



Dr. Jamie Holland is a McLeod Cardiothoracic Surgeon highly-skilled in mitral valve repair and replacement.

"We tried to prepare Carl's family for the worst, because of the diseased state of his valve and the serious condition of his heart after the first surgery," said Dr. Holland. "Even after his surgery, Carl's prognosis remained poor with the outcome yet to be determined."

Carl was kept in a drug induced coma for several days following surgery to allow his body to recover. "At one point, Carl's blood pressure was so low that Dr. Holland suggested calling the family," said Lorrann. "Our daughter, Ashley, spoke to her father, begging him to fight. His blood pressure went up slightly. We do not know if he heard Ashley's pleas or not, but it certainly gave us hope."

Carl continued to wage a war to survive, and his health progressively improved. At the time of his discharge from the hospital, Carl was unable to stand on his own, but he was gaining strength daily. On January 23, 2012, Carl was admitted to Health South for further rehabilitation.

"The McLeod medical team never gave up on Carl," said Lorrann. "They were right by our side fighting and praying that Carl would pull through. Dr. Holland was wonderful. He and the nursing staff went the extra mile for Carl. Dr. Holland even gave us his cell phone number when he had to go out of town in case we needed him.

"It was a blessing that we were in Florence when Carl became ill. We had a top notch hospital and medical team available for Carl's care, and I was surrounded by the love and support of my family," added Lorrann.

February 14, 2012 was a happy day for Carl and Lorrann when Carl was discharged from Health South. Through rehabilitation, Carl was once again able to walk on his own. The following day, Carl and Lorrann received the long awaited news from Dr. Holland that they could return home.

Today, Lorrann and Carl are happy to be back home in Idaho. Carl has resumed his full-time job with Hilex Poly Company and on the advice of his cardiologist, he is walking 45 minutes a day.

The Gold Standard in McLeod Nursing Care

by Tammy White

A McLeod Nurse consistently demonstrates compassion and caring. McLeod Nurses radiate a genuine heartfelt concern for others; for many of them, nursing is a calling to serve. This unique calling sometimes results in special recognition for the quality of patient care they deliver everyday.

McLeod Health has announced that ten McLeod Registered Nurses (RN) have been selected to receive the 2012 Palmetto Gold Award. These nurses represent three McLeod facilities: McLeod Regional Medical Center, McLeod Darlington and McLeod Dillon. They join the ranks of the 98 previous McLeod Nurses who have received this outstanding award. With the addition of the 2012 recipients, McLeod has the distinction of having more than 100 Palmetto Gold Nurses selected over the past 11 years in a program that recognizes only100 nurses annually.

The ten nurses from McLeod Health who received the 2012 Palmetto Gold recognition include: Mary Adams, Women's & Children's Services; Wanda Campagnari, Neonatal Intensive Care Unit; Helen Hokanson, Obstetrical Outreach; Kathy Jenkins, Cardiovascular Intensive Care Unit; Renee Kennedy, Operational Effectiveness; Sharon McLain, Surgical Services; Shannon Moore, Coronary Care Unit; Timothy Smoak, McLeod Behavioral Health Services; Patricia Taylor, Trauma Surgical Care Unit; and Ashley Owen Watford, Patient Care Supervisor.

The Palmetto Gold Award is a program that was started by various nursing organizations throughout South Carolina as a platform to recognize nursing, and support nursing education with scholarship funds.

This is a competitive process and usually several hundred nominations are submitted each year with only 100 being chosen. To select the 100 RNs, a team of twelve nurses from across the state participate in a blind review process. The nominees are not referred to by name or place of employment on the nomination sections seen by the judges so they are unaware of who the nominees are or for which institution they work.

"In the eleven years that Palmetto Gold has been honoring nursing, ten percent of the total recipients are McLeod Nurses," said Leanne Huminski, McLeod Chief Nursing Officer. "This speaks well for the nurses we recruit to be part of the McLeod Team."

How is it that McLeod consistently has nurses who receive Palmetto Gold designation year after year?

It starts with recruiting the right nurse, according to Huminski.

"Our Nurse Recruiters are committed to recruit the best nurses," said Huminski. "To be a McLeod Nurse, you must possess a high level of professionalism and have a compassion for others. When our Nurse Directors interview candidates, of highest importance to us is finding someone who will be a team player. They must impress upon us that they work well with others including licensed and unlicensed staff."

Experience is valuable but not top priority when recruiting nurses. "We are fortunate to have two schools here in Florence that provide us with outstanding candidates," said Huminski. "An inexperienced nurse brings to the job fresh ideas, which enhances the team by bringing together different prospectives."

Each year, employers from across a wide variety of South Carolina health care settings nominate outstanding nurses from their organizations to be considered as one of the 100 nurses honored with the prestigious Palmetto Gold Award. The nominators are asked to submit written documentation of how the nominee demonstrates excellence to the profession.

The Palmetto Gold Steering Committee permits each facility in South Carolina to submit nominations for six candidates. McLeod Health, system-wide has more than 1,100 full-time nurses.

With so many nurses from which to choose, how does McLeod select their nominees?

"Our Nursing Directors look at each of their team members to see who consistently meets the Palmetto Gold profile," said Huminski. "The directors submit an entry for each of their top candidates to the Nursing Care Leadership Forum, which is a group made up of McLeod Staff Nurses. This forum then selects who they consider to be the top six from all of the applicants."

"Our selection process is the same as Palmetto Gold," said Lisa McDonald, McLeod Nurse Liaison. "The applicants are blinded profiles so the Nursing Care Leadership Forum are unaware of who the nurses are, or what department they work for.

"At McLeod, we value the input of our nurses," said McDonald. "Palmetto Gold selection is not the only assignment for the Nursing Care Leadership Forum. They meet monthly with Huminski, our Chief Nursing Officer. She brings their suggestions and concerns to the Nursing Care Improvement Council for evaluation. Who better to provide us with our areas of opportunity and improvement than the nurses who care for our patients every day?"

One role that has been very successful in raising the bar for quality in patient care at McLeod is the Clinical Nurse Manager. Each Medical/Surgical floor at McLeod Regional Medical Center and McLeod Darlington has a Clinical Nurse Manager. To serve in this role a nurse must be certified in their field of care or currently working on their certification. Their goals are to review the plan of care for each patient in their unit, identify educational needs of the staff, and interact with the physicians to assure that all documentation is compliant and that their orders for care are being carried out to the best of everyone's ability.

"We serve as the clinical expert for our unit," said Pam Pritchard, Clinical Nurse Manager for the tenth floor. "We are available resources for both patients and nurses. We make rounds daily to meet our patients, listen to their concerns and then work with their nurse to correct any potential problems.

"There are eleven Clinical Nurse Managers on staff at McLeod. We meet twice a month as a group to review quality data and discuss hospital-wide clinical concerns. I would describe our team as a self-motivated group of professionals who love what we do. We are all seasoned nurses, but we still carry a passion for nursing," added Pritchard.

"At McLeod, we are true to our mission," said Huminski. "We serve every patient in need and we deliver that patient care with a focus on service excellence."

"I am proud to work in an organization that supports such a high level of professionalism in the nursing practice," added McDonald.

THE ARTIST WITHIN

by Jessica Wall

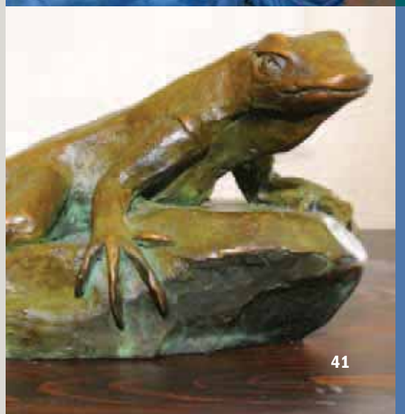
Dr. Ian Smith, a cardiologist with Advanced Cardiology Consultants, has been practicing medicine for nearly thirty years, during which time he has impacted the lives of countless individuals. However, according to Dr. Smith, "Most people do not realize that physicians are more than just doctors. It reminds me of my childhood when I was shocked to see my third grade teacher wearing jeans in the grocery store; I had never imagined that she had a life outside the classroom."

In addition to practicing medicine, Dr. Smith is a third-generation artist who has since passed the gift on to his children. "My grandfather, uncle, and mother were all artists, particularly painters, and my son and daughter are phenomenal artists," Dr. Smith explains.

When he was younger, Dr. Smith worked as a photographer for a local newspaper, which piqued his interest. His mother, who played an instrumental role in developing her son's talents, then began to teach him all sorts of printing techniques.

Dr. Smith works on his fourth sculpture, a hurdler.

From top to bottom: **Dr. Smith's most prized sculpture, the Mona Lizard. Dr.Smith performing a heart catheterization. This piece is Dr. Smith's first sculpture.**



Dr. Smith lovingly describes his mother as "very eccentric. She was always painting, and she would create the most elaborate Halloween costumes that were themselves works of art."

Such is the life of one who lives with an artist. It was because of his mother's eccentric nature that Dr. Smith learned to appreciate and value beauty. "An appreciation of beauty is what separates humans from other animals. Art is the signature of mankind. I suspect that there is something divine in the artistic impulse; it illustrates a connection with something much larger than ourselves," says Dr. Smith.

> "An appreciation of beauty is what separates humans from other animals. Art is the signature of mankind." **– Dr. Ian Smith**

Despite Dr. Smith's dedication to his medical career, he has remained closely connected to art. "Art has been very important in our family, and we value art in our home. There needs to be something in life that takes you above simple, mindless production. There has got to be more to living than just an accumulation of things."

Dr. Smith has made pottery for nearly 40 years, but through connections within the Florence art community, he met the world-class sculptor Alex Palkovich. Through Palkovich's insistence, Dr. Smith began taking a sculpting class that meets weekly for three hours.

He is currently working on his fourth piece, a hurdler. Through this process, Dr. Smith explains that he has become a better anatomist. "To get the muscle attachments right in the sculpture, I had to go back and review gross anatomy, relearning the names and relationships of muscles."

However, contrary to what some may believe, sculpting is not a stress reliever for Dr. Smith. "If anything, it is stressful because I want it to be right. Sculpting is an area where perfectionist tendencies can ruin a person because no piece is ever perfect," he explains.

In some cases, though, the sculptor prefers imperfection. "If a piece is too refined, it looks like a still photo. Sometimes I leave the piece unfinished and blurred to give it a sense of movement," says Dr. Smith.

And movement is a key criterion for Dr. Smith's work, for the two things that make art interesting are composition and dynamism.

Sculpting offers an artist the unique opportunity to create composition and dynamism where those elements may not exist. Take, for example, Dr. Smith's most prized sculpture, the "Mona Lizard." A lizard species known as the "Jesus Christ" lizard because it can run on water, the Mona Lizard is solely supported by the tail, which gives the piece a greater sense of movement.

For Dr. Smith, his sculptures and pottery are simply expressions of his deep-rooted philosophy that "simple existence will not make most people happy; we must do more than exist.

"The things that make life worth living are work, love, and art," he added.

Building Healing Environments

by Celia Whitten

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

McLeod Center for Intensive Care

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

When it is completed next summer, the center will include 100 critical care beds and 20 step-down beds. "The McLeod Center for Intensive Care is being designed with wood and warm colors to make patients feel like they are in a homelike environment," said Dale Locklair, Vice President of Procurement and Construction. "Studies have shown that warm, comfortable settings in which patients feel at home help with the healing process."

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

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

McLeod Cancer Center

The new McLeod Cancer Center will offer an environment dedicated to the physical and emotional needs of cancer patients and their families. The center will provide innovative multi-disciplinary care, ease of access to appointments with McLeod Oncologists, and participation in research trials as well as cancer treatment, all in one location. An enclosed walkway from the second floor of the McLeod Cancer Center will also provide added convenience for patients who park their vehicle in the west parking deck.

Drawings are also being completed to renovate the Radiation Oncology department, which is currently part of the space where the McLeod Cancer Center is being constructed. In addition to these renovations, a new "super" linear accelerator specifically designed for Stereotactic Radiosurgery is being installed. Stereotactic Radiosurgery (SRS) is an image-guided procedure for non-invasive treatment of tumors as well as nerve conditions. Advantages of this linear accelerator include the degree of precision it offers, and the rapid dose rate it delivers which will allow the staff to administer a very large dose of radiation in a short amount of time. This technology also minimizes harm to healthy tissue and adjacent critical structures, such as the spinal cord or lungs.

Utilizing the Varian TrueBeam STx platform, the McLeod Radiation Oncology Team will be able to perform 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.

McLeod Concourse

When patients and family members need to move between buildings on the McLeod Regional campus, they will be able to use a new concourse that will connect the buildings and serve as a public thoroughfare, away from areas where patients are being transported to and from procedures. This route enhances patient confidentiality and safety.

The wide, glass-enclosed concourse will also stretch from one end of the campus to the other, eventually joining the McLeod Cancer Center, the McLeod Tower, and the McLeod Pavilion. When it is complete next spring, the concourse will house a new employee and retail pharmacy, a gift shop, and an expanded food court. After the gift shop is moved from the main hallway in the McLeod Tower to the concourse, that space will be renovated for a new family waiting area for the McLeod Heart and Vascular Institute, bringing family members closer to their loved ones being treated in the Heart and Vascular Institute.

McLeod Hospice House

The reputation of McLeod Hospice for care and compassion has made inpatient hospice care an attractive option for families with loved ones who are critically ill, resulting in increased demand for rooms in the McLeod Hospice House. An expansion to double its size was a priority when the McLeod Foundation launched its *One Vision, One Future* campaign last fall to raise funds and awareness, responding to the needs of the community.

With care centered on the unique needs of the patient at the end of life, the environment of the McLeod Hospice House also speaks to the comfort and spiritual needs of both the patient and the family. Rooms are spacious, with a seating area that can be made into a comfortable bed so that family members can spend the night with their loved one. Access to the outdoors and fresh air is also available from each patient room.

The two new wings of the McLeod Hospice House will include 12 inpatient rooms, two family comfort areas, and five offices. The expansion is scheduled to be completed by late August.

Energy Efficiency

Temperature control of patient rooms and treatment areas is an important element of caring for patients whose conditions are compromised by illness or injury. The equipment for monitoring and maintaining ambient temperatures must be efficient and constantly kept in top condition.

For that reason, a new Central Energy Plant, with the latest boilers, chillers, and cooling towers, is being constructed at McLeod Regional Medical Center, with completion expected in May. "This project will provide an automated energy management system that will help to reduce energy consumption by 30 percent," Locklair added.

At McLeod Dillon, the Central Energy Plant also is being renovated. Teams are replacing cooling towers, chillers, and boilers for energy efficiency and patient comfort.

With physicians and staff who focus the delivery of care around the needs of patients and families, McLeod is committed to providing exceptional facilities to enhance its services and further its mission of healing well into the future.

The McLeod Center for Intensive Care is currently under construction at McLeod Regional Medical Center.

The expansion of the McLeod Hospice House is scheduled to open later this summer.

The McLeod Cancer Center will provide treatment of oncology patients in one centralized location.

Keeping Kids Safe:

At Home, At Play, At School, and on the Way

by Jessica Wall

McLeod Safe Kids Pee Dee/Coastal has been dedicated to preventing unintentional childhood injury, the leading cause of death and disability among children ages zero to 14, for nearly 20 years. Led by McLeod Health and funded in part by the McLeod Health Foundation, McLeod Safe Kids Pee Dee/Coastal serves families in northeastern South Carolina and southeastern North Carolina. It is a coalition whose members include local law enforcement agencies, fire departments and other safety personnel, McLeod Health staff, as well as other community members who are passionate about child safety.

The most well-known injury prevention topic of McLeod Safe Kids Pee Dee/Coastal is car seat safety. In collaboration with Kohl's Department Store, McLeod Safe Kids offers safety seat checks on location in Florence and Myrtle Beach monthly and bi-monthly, respectively. At each safety seat check, a Safe Kids Certified Technician checks the installation of child safety seats, corrects those in need, and educates parents on proper installation and use. Each technician receives certification through an initial four-day training course, and they must remain up-to-date on car seat safety standards through continuing education and training to maintain certification. McLeod Safe Kids Pee Dee/Coastal recently added seven new certified technicians to expand this team and the services they provide.

The program is taking great strides towards injury prevention. Recently, McLeod Safe Kids Pee Dee/Coastal received a $44,721 grant awarded by Kohl's Cares, which will continue to fund the safety seat checks. And, the program is proving effective at providing parents and families with the support they need to ensure the safety of their children. Beth Davids recently attended a Safe Kids Safety Seat Check in Florence for the first time. She heard about the program from a co-worker and wanted to be sure that her safety seat was properly installed for her first grandchild who is due in May. She described the event and its technicians as "friendly, helpful, and informative." Another Florence resident, Brandy Hay, echoed the same sentiment. "I want to learn everything I can," explained the expectant mother.

Although knowledge about the car seat safety program is widespread, there is still one misconception about the program – that it is only for infants. Ashley Costas, McLeod Safe Kids Pee Dee/Coastal Coordinator and Injury Prevention Specialist, explains, "After the child reaches the ages of three to four, parents commonly discontinue the services offered by Safe Kids, but the program continues with the child, from rear-facing and forward-facing car seats to booster seats and seat belt safety."

Dr. Timothy Spence with McLeod Pediatric Associates of Florence adds, "I can say, unequivocally, that car seats and seat belts save lives." This validates why the safety seat checks, along with the booster and seat belt safety education, are critical components of injury prevention.

It is well known that McLeod Safe Kids Pee Dee/Coastal is largely associated with safety seat checks, but this is only a small component of an organization that offers a variety of injury prevention programs, including – but not limited to – fire safety, Operation Medicine Drop,

Safe Sitters, and the Photo I.D. Program.

Through a partnership with the City of Florence Fire Department, McLeod Safe Kids Pee Dee/Coastal provides children with firsthand knowledge about fire safety through mobile firehouses. "As children walk inside what appears to be a normal home, the firefighters simulate a fire so that children can practice the safety techniques they have learned to prevent injuries related to a fire," explains Costas. This is an invaluable experience that Costas encourages more families and schools to take advantage of.

> "I can say, unequivocally, that car seats and seat belts save lives." – Dr. Timothy Spence

Partnering with the Florence County Sheriff's Department, McLeod Safe Kids Pee Dee/Coastal also offers Operation Medicine Drop, which allows for the safe disposal of unused or expired over-the-counter and prescription medications by local law enforcement. Drugs are often left unsecured in cabinets and on counters in the home, and unintentional poisoning deaths and injuries are increasing nationwide. At designated events, a narcotics agent and a McLeod Pharmacist are present to receive medications and dispose of them in a safe and environmentally friendly manner. There is also a permanent drop box at the Sheriff's Office in Effingham, South Carolina, where individuals can drop off medications at their convenience.

Another program provided by McLeod Safe Kids Pee Dee/Coastal is Safe Sitter®. This is a medically-based, hands-on course that teaches young adolescents, ages 11 to 13, how to effectively handle emergencies when caring for children. They also learn helpful tips to make them more confident caregivers including safety precautions, how to understand children of different ages, and the business aspect of babysitting. Costas recently became certified as a Safe Sitter® Instructor. Safe Kids will resume Safe Sitter courses this summer.

McLeod Safe Kids Pee Dee/Coastal also offers a Photo I.D. Program. Each identification card has information about the child such as their name, date of birth, and sex, as well as a picture and left and right thumbprints. In the event of a missing child, parents can give this card to law enforcement to strengthen the effectiveness of search efforts. For this reason, Costas explains, "It is a good idea to update the I.D. card twice each year, or at least every year, so that law enforcement has the most current information for your child."

Costas adds that the Safe Kids Photo I.D. Program has two distinctive features that separate it from similar programs. First, the I.D. card includes any allergies or medical conditions that the child may have, and second, all proceeds benefit the McLeod Children's Hospital. Each I.D. card is a nominal fee of five-dollars.

Some other programs offered by McLeod Safe Kids Pee Dee/Coastal include Safe Sleep, Stranger Danger, as well as water, bike, and sport safety.

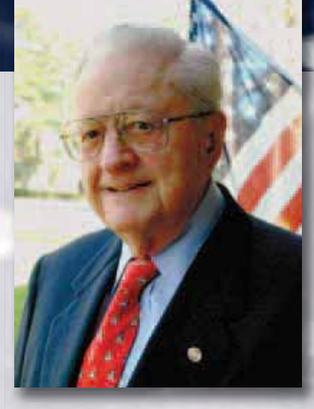
McLeod Safe Kids Pee Dee/Coastal is also taking every effort to spread information about injury prevention. Each month, Safe Kids covers a specific injury prevention topic and then sends weekly tips and information to local media partners.

Another aspect of McLeod Safe Kids Pee Dee/Coastal is its involvement in local schools and communities by attending health fairs and events to educate families on the importance of safety issues.

Costas adds, "Safe Kids is for everyone, whether it is a school, daycare, Boy or Girl Scout troops, or families in the community. McLeod Safe Kids Pee Dee/Coastal provides a wide array of invaluable resources, and we encourage everyone to be proactive and take advantage of the information and services made available. Only then can we, as a community, dramatically reduce the number of unintentional injuries and deaths among children."

Those who are interested in joining the McLeod Safe Kids Pee Dee/Coastal Coalition, becoming a certified safety seat technician, or who want more information on any of the programs Safe Kids offers, can contact McLeod Safe Kids Pee Dee/Coastal Coordinator and Injury Prevention Specialist Ashley Costas at (843) 777-5021.

Beth Davids has a child safety seat installed by Larry Gore, a Certified Safety Seat Technician with the City of Florence Fire Department, at a recent Third Thursday with Kohl's event.



In Memoriam

J. Givens Young - Patton's Foot Soldier

August 6, 1921 - March 26, 2012

by Jumana Swindler

J. Givens Young was known to many in the community as a man with a vision and enthusiasm to serve others. An advocate for progress and advancement, his plan to improve the access and delivery of healthcare in the region continues to greatly benefit future generations.

Mr. Young, among many other great achievements, is remembered for his tireless efforts and persistence in developing McLeod as a regional medical center for patients and their families. He inspired many with his dedication to excellence and his service to family and community.

Mr. Young served others faithfully as an accomplished and insightful businessman, a community leader, devoted family man, and Lifetime Trustee for McLeod Health.

A native of Florence, he was educated in the Florence City Schools, graduating from Florence High School in 1938. A man with vision, enthusiasm and a plan that benefit the health of generations, Mr. Young was a Clemson University Graduate with a BS degree in Pre Medicine, where he received the University's Distinguished Alumni Award in 1975.

He served in the United States Army during World War II, serving in combat in the battlefields of Europe. He was a Rifle Platoon Leader and Company Commander with the rank of First Lieutenant and then became a Captain. He was in the 80th Infantry Division United States Third Army under General George S. Patton Jr., serving four campaigns in France, Belgium, Luxembourg, Germany and Austria. He was decorated with the Combat Infantry Badge, the Silver Star for Gallantry in Action, the Bronze Star for Valor, the Purple Heart with Oak Leaf Cluster and the French Normandy Medal.

Mr. Young wrote a book on his own experiences and historical accounts during WW II called "Patton's Foot Soldier."

After discharge from the Army in 1945, he returned home and entered the family partnership of Young Pecan. He became owner and President of Young Pecan Shelling Company and Young Pecan Sales Corps from 1945 to 1992. He continued to serve as a business partner until his retirement.

Mr. Young was the first chairman of the McLeod Board of Trustees when McLeod transitioned into a regional medical center more than three decades ago. After nearly ten years of planning, between the 1970s and early 1980s, Mr. Young's diligence and extraordinary leadership was instrumental in driving McLeod and the community's plans to establish a regional medical center. The effort to grow McLeod from an infirmary to a major medical center was called "bold and ambitious," and became a reality in the fall of 1979.

According to "McLeod: A History of the Development of a Medical Center," by Dr. Larry E. Nelson, Mr. Young chaired the McLeod Board of Trustees in 1975, on the cusp of the vital and strategic changes which would truly impact the health and excellent medical treatment of the people of the region.

That promise has been kept and perpetuated as McLeod observes more than a century of excellence.

In recognition of the devotion and commitment of J. Givens Young to McLeod Health, and his commitment to provide quality health care for the region, a special ceremony and unveiling of a sculpture in his honor was held on June 6, 2006. This work of art which bears his image remains on permanent display within the medical center, as a reminder of Mr. Young's outstanding contributions and service. It will continue to pay tribute to the dedicated and inspirational leadership of Givens Young in addition to the McLeod Pavilion Chapel which was also dedicated during this event. A gift from Mr. Young, the chapel continues to serve as a place of respite, comfort and hope in loving memory of his wife, the late Florence Hunter Young.

McLeod News

NEW ADVANCEMENT IN CARDIAC HYPOTHERMIA TREATMENT

An advancement in hypothermia care will be available at the McLeod Heart and Vascular Institute. Through the use of a new catheter technique, a patient's body can now be cooled down in one hour to help prevent neurological damage in patients who have suffered a cardiac arrest episode.

One of the concerns for patients who experience a cardiac arrest is neurological damage. Cardiac arrest is when the heart stops beating, restricting the blood supply and oxygen to the brain. Induced Hypothermia has been clinically proven to increase survival rates in these patients.

The goal of hypothermia therapy is to improve patient survival, neurologic recovery and quality of life after a cardiac arrest. It works by decreasing the brain's demand for oxygen thus minimizing neurological injury after such an event.

The new approach provides the power and control to rapidly, safely and effectively manage the core body temperature from the inside out through the use of catheters – very small, thin tubes. The catheter is inserted into an artery in the leg, chest or neck. Cool saline is then circulated through multiple balloons on the catheter, cooling the patient as blood passes over each balloon. With the catheter technique, the patient's body can be cooled down in one hour as opposed to six using the previous method.

McLeod first introduced the Induced Hypothermia protocol in February of 2008. The process involved a cooling blanket and head piece, and took six hours to achieve the required temperature of 32°C to 34°C.

"Induced Hypothermia patients are cared for in the McLeod Coronary Care Unit because such an extreme change in body temperature requires close monitoring and can result in irregular heart rhythms," said Trish Handley, RN, McLeod Coronary Care Unit Director. "It is important that the patient is under the care of nurses skilled and trained in cardiac care.

"Time also plays an important role in the likelihood of success for hypothermia. To minimize neurological injury the cooling should be initiated as quickly as possible. With the advancements in technology, this new catheter-based treatment will permit us the opportunity to cool the patient down in one hour's time, greatly increasing the chances for a successful outcome," added Handley.

MCLEOD SPORTS MEDICINE AWARDS ANNUAL SCHOLARSHIPS

McLeod Sports Medicine recently awarded the Geoffrey Kier Memorial Athletic Excellence Scholarships in the amount of $1,000 each to four local high school athletes. The scholarships were presented during the annual McLeod Sports Medicine Challenge 5K and 10K Run/Walk held in March.

Geoffrey Kier was a Certified Athletic Trainer with McLeod Sports Medicine who died in 1999 after a battle with acute meningitis. The scholarship recognizes student athletes who personify excellence. The athletes chosen exhibit excellence in academics, athletics, and also possess strong leadership skills.

Geoffrey Kier's parents, Frank and Sally Kier, presented the scholarships to the 2012 recipients at the annual McLeod Sports Medicine Run/Walk event. *Pictured from left to right:* Frank Kier, Emily Ham (Florence Christian Schools), Lisa Marie van Baaren (The King's Academy), Kesha Rainey (Crestwood High School), Brooke Kirkland (Mullins High School), Sally Kier, and Anita Fleming with McLeod Sports Medicine.

McLeod News

MCLEOD MEDICAL STAFF LEADERS DEMONSTRATE A DEDICATION TO EXCEPTIONAL HEALTH CARE

McLeod physicians are dedicated to providing outstanding medical care to their patients. For many of these physicians, their commitment to serve expands beyond their individual medical practices. Every two years physician leaders are elected to serve on the McLeod Medical Staff at McLeod Regional Medical Center, McLeod Darlington, McLeod Dillon and McLeod Loris Seacoast.

These elected officers provide valuable knowledge and insight to many areas of the hospital where they govern. Their duties include working with hospital administration and staff on safety and patient care initiatives; recommending and appointing other Medical Staff members for hospital department chairs and committees; and serving as a liaison between the Medical Staff, hospital administration and hospital boards, among many other responsibilities.

The McLeod Medical Staff Officers for 2012 include:

McLeod Regional Medical Center

Chief of Staff: Dr. Dale Lusk, Advanced Women's Care

Vice Chief of Staff: Dr. Andrew Rhea, Florence Neurosurgery and Spine

Secretary: Dr. Walter Connor, McLeod Family Medicine Center

McLeod Darlington

Chief of Staff: Dr. D. Parker Lilly, McLeod Family Medicine Darlington

Vice Chief of Staff: Dr. Bonnie Crickman, McLeod Family Medicine Darlington

Secretary: Dr. George Jacob, McLeod Psychiatric Associates

McLeod Dillon

Chief of Staff: Dr. Michael Sutton, McLeod Orthopaedics Dillon

Vice Chief of Staff: Dr. Walter Blum, The Surgery Center of Dillon

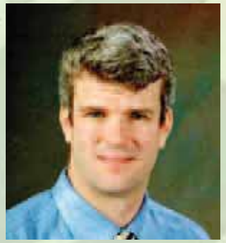
McLeod Loris Seacoast

Chief of Staff: Dr. Mark Pelstring, Southern Medical Associates

Dr. Dale Lusk

Dr. Andrew Rhea

Dr. Walter Connor



Dr. D. Parker Lilly

Dr. Bonnie Crickman

Dr. George Jacob

Dr. Michael Sutton

Dr. Walter Blum

Dr. Mark Pelstring

McLeod News

DR. ANNA JANE SENSENEY JOINS FLORENCE DIAGNOSTIC ASSOCIATES

McLeod Physician Associates welcomes **Dr. Anna Jane D. Senseney** to the medical practice of Florence Diagnostic Associates. She joins in practice with Dr. Conyers O'Bryan, Dr. Fripp Ducker, Dr. Michael Mitchell, and nurse practitioner Sharon Gulledge.

An experienced and compassionate physician, Dr. Senseney is board certified in Internal Medicine and Palliative Care.

"I have known and admired the care provided by many of the physicians in the practice, and it is exciting to join one of the area's most respected and established internal medicine teams," said Dr. Senseney. "It is also a privilege to be a part of the McLeod Health organization, which has such an outstanding reputation for patient-centered care."

Originally from the area, Dr. Senseney is delighted to be back in the region and looks forward to welcoming new patients and their families to the practice.

Florence Diagnostic Associates is located in the McLeod Medical Plaza at 800 E. Cheves Street, Suite 200, in Florence. To contact the practice, please call (843) 662-1502.

Left to right: **Dr. Fripp Ducker, Dr. Anna Jane Senseney, Dr. Conyers O'Bryan, Dr. Michael Mitchell, and Sharon Gulledge, NP**

SOARIAN FURTHER IMPROVES PATIENT SAFETY INITIATIVES

The implementation of a new computerized health-care information system at McLeod Health offers the latest in technology and strengthens the McLeod commitment to deliver safe patient care.

"Soarian is like a new team member on the clinical team engaged in the patient's care," said Marie Segars, Administrator of McLeod Regional Medical Center. "We now have a system that works with us in patient care."

Electronic documentation improves communication among caregivers throughout the transitions in the patient's care, from admission to discharge. Physicians are able to use Soarian to electronically submit orders and write program notes, reducing legibility issues and errors. With Soarian, physicians also have access to patient records in the hospital, their offices, or at their homes.

Built-in safety alerts trigger follow-up by caregivers. If, for example, a physician orders a lab test and the result is critical for the patient, an alert shows up in the clinical summary to let the physician know to order medication or a repeat of the test.

"These triggers are based on findings from tests or other pertinent information about the patient," explained Jeanean Blackmon, Vice President of Information Systems and Chief Information Officer. "The system alerts the nurse or another clinician to certain issues affecting the patient."

"Soarian also helps us with safety by using evidence-based clinical rules to aid all clinicians in decision-making and reminds us of patient needs," Segars said. "Based on the plan of care or the medications the patient is taking, the system provides our most up-to-date clinical orders, developed by our medical staff, to the admitting physician without a delay for printing or searching for the forms."

Soarian, which has been planned for two years by McLeod Information Systems, Nursing Administration, and a Physician Advisory Committee, is being implemented in stages at each of the McLeod campuses. McLeod physicians, administrators, and clinical staff have completed extensive training in the functions of the new computer system.

McLeod News

McLEOD NAMES NEW OCCUPATIONAL HEALTH MEDICAL DIRECTOR

McLeod Health recently announced the affiliation of **Dr. Peter Hyman** with the McLeod Occupational Medicine Team. Dr. Hyman will serve as the Medical Director of McLeod Occupational Health and McLeod Employee Health.

Prior to accepting this position, Dr. Hyman served as the Medical Director of the McLeod Emergency Department for six years. During his 15 years of service in the Emergency Department, Dr. Hyman also provided medical support in caring for Occupational Health industry clients for ten years.

Dr. Hyman received his medical degree from the Medical University of South Carolina. He attended the McLeod Family Medicine Residency Program and completed his residency in Emergency Medicine at Richland Memorial Hospital in Columbia, South Carolina.

The McLeod Occupational Health Department is equipped to handle non life-threatening occupational injuries and illnesses. "My experience in emergency medicine will allow us to handle those cases that previously would have required emergency department treatment due to the seriousness of the injury," said Dr. Hyman.

The McLeod Occupational Health Department provides a host of employment services including: wellness programs, pre-placement screenings, physical evaluations, hearing and vision testing, immunizations, and drug and alcohol testing.

One of Dr. Hyman's duties as medical director is the supervision of the nurses on staff as part of Occupational Health's On-Site Nursing Services.

"Currently, we have nine registered nurses and five nurse practitioners working at various industries in our region," said. Dr. Hyman. "It is a growing trend for industries to keep a nurse on site to care for minor injuries, as well as, offer support with preventative health care programs and health and safety education.

"It is an exciting time for us now at McLeod Occupational Health. The addition of McLeod Loris and McLeod Seacoast has increased our coverage in the region. I am looking forward to not only working with our new employees but also developing business relationships with the industries in Horry County," added Dr. Hyman.

McLeod Welcomes These Physicians

Brent J. Baroody, M.D. **Board Certified in Obstetrics and Gynecology**

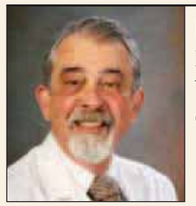
Dr. Baroody received his medical degree from the University of South Carolina School of Medicine in Columbia, South Carolina. He completed an Obstetrics and Gynecology residency at the University of Tennessee Medical Center in Knoxville, Tennessee. Dr. Baroody cares for patients at the office of David R. Chapman, M.D., PC, in Florence.

Gary J. Barrett, M.D. **Board Certified in Internal Medicine**

Dr. Barrett received his medical degree from the Medical College of Pennsylvania in Philadelphia, Pennsylvania. He completed an Internal Medicine residency at Monmouth Medical Center in Long Branch, New Jersey. Dr. Barrett cares for patients at Barrett Internal Medicine in Loris.

McLeod Welcomes These Physicians

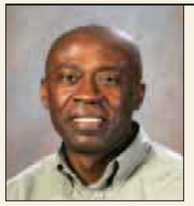
Peter M. Bleyer, M.D. **Board Certified in Family Medicine**
Dr. Bleyer received his medical degree from Bowman Gray School of Medicine in Winston-Salem, North Carolina. He completed a Family Medicine residency at St. Vincent's Healthcare in Jacksonville, Florida. Dr. Bleyer cares for patients at Family Life Medicine in Longs.



Philip C. Bowman, M.D., Ph.D. **Board Certified in Psychiatry**
Dr. Bowman received his medical degree from the Medical College of Virginia, in Richmond, Virginia. He completed a Psychiatry residency at Letterman Army Medical Center in San Francisco, California. Dr. Bowman cares for patients at Pee Dee Mental Health Center in Florence.

Natasha A. Choyah, M.D. **Board Certified in Family Medicine**
Dr. Choyah received her medical degree from the University of the West Indies in Trinidad, West Indies. She completed a Family Medicine residency at the Medical University of South Carolina in Charleston, South Carolina. Dr. Choyah cares for patients at Family Health Center Loris and Mt. Olive.

Kimberley A. Drayton, M.D. **Board Certified in Family Medicine**
Dr. Drayton received her medical degree from Ross University School of Medicine in Portsmouth, Dominica. She completed a Family Medicine residency at Advocate Lutheran General Hospital in Park Ridge, Illinois. Dr. Drayton cares for patients at Family Health Center Loris and Mt. Olive.



Ifeanyichukwu M. Eruchalu, M.D. **Board Certified in Critical Care Medicine and Pulmonary Diseases**
Dr. Eruchalu received his medical degree from the University of Nigeria College of Medicine in Enugu, Nigeria. He completed an Internal Medicine residency at North General Hospital in New York, New York. He also completed a Pulmonary Diseases and Critical Care Medicine fellowship at Boston University School of Medicine in Boston, Massachusetts. Dr. Eruchalu cares for patients at McLeod Pulmonary and Critical Care Associates in Florence.

Billie J. Hall, D.O. **Emergency Medicine**
Dr. Hall received her medical degree from the West Virginia School of Osteopathic Medicine in Lewisburg, West Virginia. She completed an Emergency Medicine residency at South Pointe Hospital in Cleveland, Ohio. Dr. Hall cares for patients at the McLeod Regional Medical Center Emergency Department in Florence.

McLeod Welcomes These Physicians

Keith G. Harkins, M.D. **Board Certified in Internal Medicine**
Dr. Harkins received his medical degree from Georgetown University School of Medicine in Washington, D.C. He completed an Internal Medicine and Pediatric residency at Duke University Medical Center in Durham, North Carolina. Dr. Harkins cares for patients at Southern Medical Associates in Loris.

Raymond R. Holt, M.D. **Board Certified in Family Medicine**
Dr. Holt received his medical degree from State University of New York Health Science Center at Syracuse in Syracuse, New York. He completed a Family Medicine residency at Riverside Regional Medical Center in Newport News, Virginia. Dr. Holt cares for patients at Seacoast Primary Care in Little River.

Leslee E. Hudgins, D.O. **Board Certified in Neurology**
Dr. Hudgins received her medical degree from the West Virginia School of Osteopathic Medicine in Lewisburg, West Virginia. She completed a Neurology residency at Virginia Commonwealth University, Medical College of Virginia in Richmond, Virginia, where she also completed a Neurophysiology fellowship. Dr. Hudgins cares for patients at Seacoast Neurology Associates in Little River.

Kimberly A. Kozak, D.O. **Board Certified in Otolaryngology and Facial Plastic Surgery**
Dr. Kozak received her medical degree from Michigan State University College of Osteopathic Medicine in East Lansing, Michigan. She completed a General Surgery residency at Oakland General Hospital in Madison Heights, Michigan, where she also completed an Otolaryngology and Facial Plastic Surgery residency. Dr. Kozak cares for patients at Seacoast ENT and Facial Plastic Surgery in Little River.

John S. Martin, M.D. **Board Certified in Internal Medicine**
Dr. Martin received his medical degree from the University of Arizona in Tucson, Arizona. He completed an Internal Medicine residency at St. Joseph's Medical Center in Phoenix, Arizona. Dr. Martin cares for patients at Sunset Beach Internal Medicine in Ocean Isle Beach, North Carolina.

Timothy Chuck Mills, M.D. **Board Certified in Family Medicine**
Dr. Mills received his medical degree from Eastern Carolina University Medical School in Greenville, North Carolina. He completed a Family Medicine residency at Pitt Memorial Hospital in Greenville, North Carolina. Dr. Mills cares for patients at Southern Medical Associates in Loris.

McLeod Welcomes These Physicians

Mark F. Pelstring, M.D. **Board Certified in Family Medicine**
Dr. Pelstring received his medical degree from the University of Louisville School of Medicine in Louisville, Kentucky. He completed a Family Medicine residency at St. Elizabeth Medical Center in Covington, Kentucky. Dr. Pelstring cares for patients at Southern Medical Associates in Loris.

Christopher L. Po, M.D. **Board Certified in Internal Medicine and Nephrology**
Dr. Po received his medical degree from the Far Eastern University in Manila, Philippines. He completed an Internal Medicine residency at Makati Medical Center in Manila, Philippines, as well as at the Albert Einstein Medical Center in Philadelphia, Pennsylvania. He also completed a Nephrology fellowship at the Albert Einstein Medical Center. Dr. Po cares for patients at McLeod Nephrology Associates in Loris.

Catherine Rozario, M.D. **Board Certified in Family Medicine**
Dr. Rozario received her medical degree from Ross University School of Medicine in Dominica, West Indies. She completed a Family Medicine residency at Aultman Health Foundation in Canton, Ohio. Dr. Rozario cares for patients at Seacoast Primary Care in Little River.

Andrew J.R. SeJan, M.D. **Board Certified in Family Medicine**
Dr. SeJan received his medical degree from the University of Texas at San Antonio in San Antonio, Texas. He completed a Family Medicine residency at the United States Air Force Regional Hospital, Eglin Air Force Base, in Florida. Dr. SeJan cares for patients at Southern Medical Associates in Loris.

Anna Jane D. Senseney, M.D. **Board Certified in Internal Medicine and Palliative Medicine**
Dr. Senseney received her medical degree from the Medical University of South Carolina in Charleston, South Carolina, where she also completed both an Internal Medicine and Rheumatology residency. Dr. Senseney cares for patients at Florence Diagnostic Associates in Florence.

Imran E. Siddiqi, M.D. **Board Certified in Internal Medicine, Pulmonary Medicine, and Critical Care Medicine**
Dr. Siddiqi received his medical degree from Dow Medical College in Karachi, Pakistan. He completed an Internal Medicine residency at State University of New York at Buffalo in Buffalo, New York. He also completed fellowships in Pulmonary Medicine and Critical Care Medicine at the University of Missouri School of Medicine in Kansas City, Missouri. Dr. Siddiqi cares for patients at Seacoast Pulmonology and Critical Care Associates in Loris and Little River.

McLeod Health

555 East Cheves Street • Florence, SC 29506-2606
PO Box 100551 • Florence, SC 29502-0551
Change Service Requested

PRSRT. STD.
US POSTAGE
PAID
DSL SERVICES
MYRTLE BEACH
29577