

McLeod¹ *magazine*

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Janet and George Faragi,
Boynton Beach, Florida

MCLEOD HEALTH: WORLD CLASS CARE

Views



For 30 years, it has been our privilege and honor to share stories through the *McLeod Magazine* of medical victories, excellent outcomes and personal journeys to better health. These stories are to educate about the mission to serve others in the midst of the burdens of illness and injury.

Each season, the following pages reflect hope, persistence and compassion from our patients and their families, in collaboration with McLeod physicians, nurses and staff.

These are not features about individuals. The narratives and photographs consist of teams -- people working together to ensure the best results possible. Creating authentic relationships with those receiving care as well as with their families is an integral part of our mission. We strive daily to improve the patient experience, understanding that those who seek us deserve the best medicine, compassion and comfort.

You'll read words that underscore the extraordinary, like: Prevailing, Consistent, Outstanding, Superior, Devoted and Relentless. We are reminded by our mission to serve and our four core values of Caring, The Person, Quality and Integrity.

We are uplifted by these voices and their courage. May they be an inspiration to you as well. At McLeod Health, we thank you for entrusting us with your healthcare needs.

Robert L. Colones

Rob Colones,
President, McLeod Health

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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:
Jennifer Beverly, Jenna Falls Cox, Julia Derrick,
Rachel T. Gainey, Kristie S. Gibbs, Jennifer Hulon,
Shaw Thompson, Jessica Wall,
and Tammy White

Photographers:
Sidney Glass, Chief Photographer
Doug Fraser

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

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On the Cover:

Janet Faragi, a McLeod Open Heart Surgery patient from Boynton Beach, Florida, would not consider going anywhere but McLeod Regional Medical Center for her surgery when she learned that the "country's best" surgeon, Dr. Michael Carmichael, was now part of the McLeod Heart and Vascular Institute team.

When Janet was cleared to return home, she and her husband, George, left with fond memories of their positive experience at McLeod and the "wonderful" care they received.

Destination to Medical Excellence

by Tammy White

Janet Faragi traveled from Boynton Beach, Florida to have her heart surgery performed by McLeod Cardiothoracic Surgeon Dr. Michael Carmichael. Janet is pictured with her husband, George, at their home in Florida.



Janet Faragi says she would have traveled the world to have the skilled hands of McLeod Cardiothoracic Surgeon **Dr. Michael Carmichael** perform her open heart surgery. Fortunately, it only required her to travel from her home in Boynton Beach, Florida, to the McLeod Heart and Vascular Institute in Florence, South Carolina.

In 2007, Janet's husband, George, needed open heart surgery. Wanting the best for her husband, internet research by Janet led the couple to Dr. Carmichael, who at this time was practicing in Boynton Beach.

"Ten minutes after meeting Dr. Carmichael, we knew he was the physician for us," said Janet. "His spiritual nature, kind, compassionate demeanor revealed to us how passionate he was about his work. Dr. Carmichael also has a list of impressive credentials. Among them: Dr. Carmichael trained under world-renowned surgeon and pioneer in heart transplant surgery Dr. Denton A. Cooley at the Texas Heart Institute.

"My husband had an Aortic Valve replacement and by-pass surgery. Two weeks after the surgery, he was back in the pulpit of Cornerstone Christian Center where he serves as the Pastor."

Seven years later, Janet found herself facing open heart surgery. Her physicians had been following the decline of her valves for years, and she too had reached the point where she could no longer perform daily activities.

When Janet tried contacting Dr. Carmichael she was told he was no longer at the Boynton Beach practice. However, that did not deter Janet. She went back to the internet to track down her favorite Cardiothoracic Surgeon and found that he had relocated to Florence.

"I located a phone number for Dr. Carmichael and called him," said Janet. "He actually remembered my husband. When I explained to him of my desire to come to McLeod and Florence for him to be able to perform my surgery, he welcomed the opportunity."

"Janet came to see me with complaints of being short of breath and a lack of energy," said Dr. Carmichael. "She was always feeling very fatigued, which is very typical for someone with Janet's health problems."

Janet had severe leakage of both her mitral valve and her tricuspid valve. The valves of the heart are made of thin tissue that open and close as the heart pumps. Their function is to make sure the blood flows through the heart in the right direction.

"When valves don't close properly, blood will leak where it shouldn't," said Dr. Carmichael. "When heart valves develop problems, such as leaking, this makes the heart work too hard, which can lead to heart failure."

Dr. Carmichael's plan of care for Janet was a surgical repair of the mitral valve and the tricuspid valve. "Our goal is always for repair of valves over replacement," said Dr. Carmichael. "It is what is best for the patient. There is a lower risk of complications from the surgery and the patient will not require blood-thinning medication for the rest of their life."

Janet also suffered from atrial fibrillation, a very frequent occurrence for people with heart valve problems.

Atrial fibrillation or AF, is one of the most common irregular heart rhythms. This condition is an abnormality of the electrical system of the heart. It is a rapid beating of the upper chambers of the heart, which prevents the heart from pumping blood adequately to the lower chambers.

To resolve Janet's atrial fibrillation, Dr. Carmichael performed a MAZE procedure. The MAZE procedure is a

surgical intervention for heart patients whose AF cannot be controlled by medications or for those who are undergoing open-heart surgery for other reasons. MAZE cures AF by interrupting the electrical patterns that are responsible for the irregular heartbeat.

With the MAZE procedure, Dr. Carmichael used a radiofrequency probe to produce burn lesion areas in the heart tissue without damaging the heart. These lesions, placed in strategic areas of the upper chambers of the heart, redirect the electrical pattern.

The scar tissue generated by the lesions permanently blocks the electrical travel route and helps redirect the electrical flow. This surgery also helps the heart pump in a normal way.

Dr. Carmichael was able to successfully repair Janet's damaged valves. Days later when Janet was cleared to return home, she and her husband, George, left with fond memories of their positive experience with McLeod and the "wonderful" care they received.

"I was so impressed with all of the staff," said George. "The nurses and everyone we met were so wonderful. When I was in the Surgical Waiting Room during Janet's surgery, I was amazed at the level of comfort and attention the staff, volunteers and even other families gave me as I was waiting for word that Janet was out of surgery. Janet and I truly felt we like we were at home at McLeod."

"I am so glad I made the trip from Florida," said Janet. "McLeod is truly blessed to have one of the best doctors in the country right here in Florence."



DETERMINATION & PERSEVERANCE PREVAIL

by Kristie Salvato Gibbs

AMY OAKES



Amy Oakes works to strengthen her hand by stacking weighted cylinders onto a shelf with assistance from McLeod Occupational Therapist Beth Einziger.

It was 5:00 a.m., dark outside, and the air was crisp and cool. Amy Oakes of Cartersville, South Carolina, was going through her normal morning routine and preparing for work. Little did she know that early morning in March 2012 would be like no other; it was one that would change the rest of her life.

While Amy was traveling to her job as a Pre-load Manager for UPS, a deer ran out in front of her vehicle. “The accident was unavoidable,” said Amy. “As my vehicle rolled over, I truly thought I was going to die.”

Amy’s left hand was crushed as a result of the accident. Because of the severity of the injuries it was believed that Amy would lose her hand. Fortunately, it was able to be repaired surgically.

In order to regain use of her hand after undergoing three surgeries, Amy required extensive therapy and was referred to the McLeod Occupational Therapy (OT) Hand Center.

Amy had not seen her hand since the morning of the accident. It had remained covered with bandages until her first therapy session. Cindy Belk, an Occupational Therapist with the McLeod OT Hand Center, was the first therapist to treat Amy.

“When Cindy took the bandages off my hand I could tell by the look on her face that it was worse than I imagined,” said Amy. “But, Cindy took my hand and looked me in the eyes and said, ‘I promise you it will be alright.’”

Through Cindy’s words, Amy found the courage to persevere. “At first, I thought I would not be able to use my hand again,” explained Amy. “The therapy was extremely painful, but

I believed I could accomplish anything as long as I set my mind to it.”

“Amy was missing muscle out of her hand,” said Cindy. “She had pins holding her middle finger together and open wounds on the back of her hand. We worked on helping her build fine motor skills and lifting heavy items. Since she lifts boxes at work, we needed to help her regain the strength in her hand and assist in her return to functioning for work.”

Three months into therapy, Amy could barely move her hand. But her determination prevailed. She underwent therapy three days a week for one year. In time, Amy overcame the challenges and pain and successfully regained the use of her hand.

TRAVIS HAMER



McLeod Occupational Therapist Cindy Belk assists Travis Hamer while he utilizes the BTE Primus Simulator II to improve his strength and range of motion.

Travis Hamer of Florence, South Carolina, enjoyed the activity of sportsbike motorcycle racing for many years. A racing accident caused him to change course and brought him to require the services provided by the McLeod OT Hand Center.

Travis' motorcycle accident resulted in three broken toes, two broken ankles, the loss of two fingers and skin torn from his body to the bone. He spent nearly three months as a patient at McLeod Regional Medical Center.

Travis endured multiple surgeries to repair his injuries. "I stopped counting after 30 surgeries," said Travis. "I needed pins in my toes and fingers, a metal plate in my right ankle, and skin grafting to repair my arms and legs. I also had two fingers amputated."

Unable to walk, Travis was restricted to a wheelchair. He also had both hands wrapped in bandages. "It was tough

relying on others to take care of me, especially when I am someone who is used to doing things on my own," said Travis. "I had to learn how to do everything all over again."

At the McLeod OT Hand Center, Travis underwent a great deal of wound care and swelling management. He worked through an excruciating amount of pain to strengthen his fine motor skills and increase the motion in his remaining fingers.

Despite the rigorous experience, Travis kept a positive attitude. "I decided that I was going to walk again and that I would recover from this accident," said

Travis. "I wanted to come to therapy because I was determined to gain more function and eventually return to my job on the assembly line at General Electric."

"The staff at the McLeod OT Hand Center encouraged and pushed me to get me where I am today -- back to full function and working again," Travis said with a smile.

"Travis' recovery was remarkable," said Cindy. "He had two broken ankles and was told he may never walk again. Yet, today he can run on the track at the McLeod Health and Fitness Center. He is an inspiration to us all and continues to be for our other patients."

"We are here to help patients return to normal function," said Beth Einziger, a McLeod Occupational Therapist with the McLeod OT Hand Center. "We consult with one another to determine what treatment options will work best for each patient's condition. We value each other's strengths and work together as a team on behalf of the patient. We are all in this for the same goal -- to help patients recover and return to what they enjoy."

"I knew that Cindy and Beth were there to help me every step of the way," said Amy. "Without the McLeod OT Hand Center I don't think I would be working today. My life would have changed completely if it had not been for them. It was a difficult journey, but they stood beside me through it all."

For both Amy and Travis, the severe accidents they experienced changed their lives. They met one another during their treatment sessions at the Hand Center and helped encourage each other.

"When we have a patient who has experienced a traumatic hand injury we call on Amy and Travis to share their stories," said Beth. "They come by to visit with patients and give them the hope and encouragement they need to persevere."

McLeod Occupational Therapy Hand Center

The McLeod Occupational Therapy Hand Center provides rehabilitation therapy services for disorders and injuries of the hand and upper extremities. The team of specialty trained Occupational Therapists help people regain skills that are important for day to day function.



The OT Hand Center specializes in the treatment of:

- Soft tissue sprains, strains and contusions
- Overuse and traumatic injuries
- Degenerative and Rheumatoid Arthritis
- Rotator Cuff tears
- Impingement syndromes of the shoulder, elbow and wrist
- Carpal Tunnel Syndrome
- Instability of the shoulder
- Fractures, dislocation, and subluxations
- Nerve impairments

Additional services include:

- Wound management
- Pain management through modalities, exercises, stretching and pain reduction techniques
- Therapeutic exercise and manual therapy to regain motion, strength and dexterity
- Splinting includes: customized static, serial static and dynamic splints
- Activities of daily living and adaptive equipment needs
- Prosthetic services including wound care, stump preparation and prosthetic training

CELEBRATION *of Life*

by Rachel T. Gainey

The abundance of toys, the sweet sound of “da da” and the smile on a newborn’s face -- these are the things that give joy to Jaime Vance Hayes and her husband, Todd, of Dillon, South Carolina.



The Hayes Family of Dillon, South Carolina, have been very pleased with the high-quality medical care they received at McLeod Dillon. From women's health to their children's health care, they appreciate the personal attention.

In December of 2013, Jaime and Todd welcomed their blue-eyed first born, Ella Margaret Hayes, into the world. The family celebrated Ella’s birth with Jaime’s caregivers at McLeod OB/GYN Dillon.

Jaime’s Obstetrician and Gynecologist is **Dr. Rebecca Craig** with McLeod OB/GYN Dillon. Throughout her pregnancy, Jaime also had visits with the other providers in the practice, including Certified Nurse Practitioner Andi Atkins, NP-C.

“The staff in the practice is great. They remember me and my family member’s names and are always friendly and helpful. Andi encouraged me to call her anytime I had a question.

“When I was pregnant with Ella,” recalled Jaime, “I came to the hospital on Friday, December 6, for a non-stress test. During the test, Ella’s heart rate dropped and it was determined that I needed to be induced. Everything happened so quickly after that decision was made. I had not planned to stay at the hospital and have the baby that day, so I felt completely unprepared.

“When I was being induced, Ella’s heart rate dropped again. The doctor and staff members explained that for her safety, I needed to have a c-section. They explained everything to us and made sure we were comfortable. We first met our healthy baby girl at 5:56 p.m. She weighed six pounds and eight ounces. Registered Nurse Kaycie Lockamy is a friend of ours and was in the operating room with us. I remember her excitement when she said, ‘She’s here! She’s so beautiful!’”

The personal attention and care didn’t stop there. When Jaime and Ella were moved to the postpartum unit of McLeod Dillon, they were welcomed by Jaime’s nurse, Lisa Johnson, RN.

“I knew I wanted to breastfeed Ella,” said Jaime. “The first night of feeding

her, I was frustrated and upset. Lisa came in and wiped my tears and helped me through it. She was both comforting and encouraging. With her help, I was successful.”

Lisa is one of four Certified Lactation Counselors at McLeod Dillon. “At McLeod Dillon, breastfeeding is encouraged and the staff here is a support system to new moms,” explained Patricia Jones, Director of Women’s Services at McLeod Dillon. “Scientific evidence shows that breastfeeding lowers risks for certain diseases and improves the health outcomes for both mothers and babies who breastfeed. With the correct information and support, most women who choose to breastfeed are successful.”

When Ella was only five-months-old, the family learned they were expecting a second bundle of joy. “The day after we heard our baby’s heart beat for the first time, I called Andi because I was bleeding. She told me to come to the office right away. They determined that I had developed a subchorionic hemorrhage,” said Jaime.

“A subchorionic hemorrhage, or hematoma, is accumulation of blood next to the placenta or within the layers of the placenta itself,” explained Dr. Craig. “This usually doesn’t cause any further problems unless the clots increase in size. The subchorionic hemorrhage typically reabsorbs on its own.”

“Fortunately,” said Jaime, “the condition improved and the baby was unaffected.”

At 14-months-old, Ella met her baby brother, Griffin Todd Hayes, who was born on February 19, 2015. Also delivered by c-section at McLeod Dillon, Griffin received the same warm welcome as his big sister.

“Shannon Carter, RN, was our nurse during my c-section with Griffin,” said

Jaime. “As a friend of ours, she was just as anxious and excited as we were to meet Griffin. However, our excitement briefly changed to worry when we learned that the umbilical cord was wrapped around Griffin’s neck three times. Fortunately, the Nurse Anesthetist, Joe Villeneuve, CRNA, was standing by my side during the procedure and he kept telling me that everything was okay. His calmness was very reassuring. He even stopped by our postpartum room later that day to check on us.”

Registered Nurse Tracey Campbell cared for Jaime and Griffin during their stay at McLeod Dillon. “It’s great to have friends that are OB Nurses. I called Tracey during both of my pregnancies with questions. It meant a great deal to me that she was able to take care of us after Griffin’s delivery,” said Jaime.

Dr. Joseph Wangeh with McLeod Pediatrics Dillon was the pediatrician that cared for Ella and Griffin in the hospital after they were born. “We still take our children to him for care,” said Jaime. “He’s so good with them, and he always tells them how much they mean to him.

“We are fortunate to have a pediatric practice here in Dillon, close to our home. We are also glad there is an after hours number. As new parents, we like to know we can call at any hour when we have a question or concern about our children’s health.

“McLeod OB/GYN Dillon and McLeod Medical Center Dillon gave us two special, memorable experiences. We can’t imagine going anywhere else. We are happy we share memories with friends who celebrated the births of Ella and Griffin with us,” added Jaime. “And now, our family is growing up with McLeod Pediatrics Dillon. We are very fortunate to have such great medical care in Dillon.”

ORTHOPEDICS IS THE FAMILY BUSINESS



The Lukowskis love spending quality time with family.

by Jenna Falls Cox

For **Dr. Peter Lukowski** and **Dr. David Lukowski**, helping others is “in their bones.” Dr. Peter Lukowski recently joined his son, Dr. David Lukowski and **Dr. Eric Heimberger** at McLeod Orthopaedics Seacoast.

“It was a dream of mine to practice with my son,” said Dr. Lukowski. After a successful career as an orthopedic surgeon in Charleston, West Virginia for more than 25 years, Dr. Lukowski decided to leave his hometown to be closer to family.

“We were constantly on the road to see our grandchildren. My wife, Julie, and I knew it was time to move so we could spend quality time with our family. Even though it meant we had to leave friends, our church family and strong roots, it was worth it to be a part of our children’s and grandchildren’s lives.”

Dr. Peter Lukowski started his career in healthcare as a physical therapist. “I really enjoyed my time as a physical therapist, but decided I wanted to become a physician so I could have a greater impact in diagnosing patient problems,” he said. Returning to West Virginia University, he completed his undergraduate work to study medicine. He went on to complete his residency at the Naval Medical Center Portsmouth, in Portsmouth, Virginia, and was then assigned to be a staff orthopedist at Naval Hospital Charleston in Charleston, South Carolina.

The younger Dr. Lukowski said he knew during his early years what his vocation would be. “I think I was in third grade when I made my mind up that I wanted to be a physician,” said Dr. David Lukowski. “I grew up playing sports, so my dad’s specialty in orthopedic surgery was always of interest to me.

“Throughout the years, I shadowed my dad on several occasions. When I was 16, one of my best friends tore his ACL during a soccer game. I was able to skip school and see my dad perform his surgery. It was my first time in the operating room and it was exciting to observe my dad in his element.

“I can even remember him quizzing me on physiology and anatomy for a class I was taking. During college, I also shadowed my dad in his office. Finally in medical school, I actually performed a surgery with him. It was Christmas Day and we were repairing a hip fracture.”

Dr. David Lukowski also attended medical school at West Virginia University, his father’s alma mater. “My dad hooded me when I graduated from medical school. It was a special moment for the both of us,” he said.

After graduating from medical school, Dr. David Lukowski completed his residency at Akron General Medical Center and the Children’s Hospital Medical Center in Akron, Ohio. He then completed a fellowship in Hand and Upper Extremity Surgery at Wake Forest University Baptist Medical Center in Winston-Salem, North Carolina.

Dr. David Lukowski knew he wanted to practice in the Grand Strand area. His family had enjoyed vacationing in the area for more than 40 years. They also have great memories of summers spent with their extended family at Sunset Beach, North Carolina.

“Family is so important. It is what brought me to this area,” said Dr. Peter Lukowski. In addition to the younger Dr. Lukowski, Dr. Peter Lukowski and his wife, Julie, have two more children, Sarah and Ben, and three grandchildren: Henry, Owen, and Luke. He lovingly refers to them as “Buster,” “Skooter” and “Skeeter.” Sarah and Ben also chose careers of public service. Sarah followed in her mother’s footsteps as a social worker, and Ben is pursuing a career in healthcare administration.

“It is a joy as a father to see your son be successful using his God-given talents everyday,” said Dr. Peter Lukowski. “He is not only a gifted and smart physician, but he has a big heart.



Father-son team **Dr. David Lukowski** and **Dr. Peter Lukowski** of McLeod Orthopaedics Seacoast, commonly consult with one another on cases, blending their technique and knowledge together.

I see many patients that have been past patients of his. It is gratifying to hear how wonderfully David has cared for them.

“We aren’t just father and son, we are colleagues now. It is said that ‘A wise man seeks counsel’ which is from the Book of Proverbs. We work well together and consult with each other, as well as with Dr. Heimberger, on patients’ conditions,” added Dr. Peter Lukowski.

“My dad has the combination of a great bedside manner and wonderful outcomes, which makes him very talented technically. He can always relate to patients. I have tried to model my practice and my care by using him as an example.

“Years down the road, I will look back at these special times and remember how blessed we were to have this experience together,” said Dr. David Lukowski.



The Feistels gather in what is both their main living area and Christina's nursery. After spending the first seven months of her life in the hospital, Christina is constantly surrounded by the love and laughter of her parents and sisters, Adelaide (at left) and Kate (at right).

AT THE CENTER OF IT ALL

by Jessica Wall

Facing more challenges in her first year of life than most adults, Christina Feistel's road to her first birthday has been a journey like no other.

On April 21, 2015, Richard and Abby's youngest daughter, Christina, turned one. The birthday celebration was not typical of what one might expect. Guests were limited to Christina's parents and siblings, and Christina did not have the luxury of enjoying a slice of birthday cake.

Born 13 weeks premature and diagnosed with chronic lung disease, Christina requires the help of a ventilator to breathe and a feeding tube for nourishment. Because she is more susceptible to infection than most children her age, Christina does not leave home except for doctor's appointments.

The journey began when Abby was 20 weeks pregnant and doctors discovered that Christina was growth restricted. Abby underwent close monitoring for the next several weeks, but Christina showed no signs of progress. At 27 weeks, Christina's heart rate began to steadily drop, forcing doctors to perform an emergency C-section.

Minutes later, Christina was born weighing just 470 grams, which is equivalent to about one pound.

"The doctor held her up for a brief moment, and I couldn't believe someone so tiny could survive," recalls Abby. "Her faint cry sounded like a kitten."

Members of the McLeod Neonatal Intensive Care Unit (NICU) team were present in the operating room, ready to deliver immediate care. They intubated Christina at one minute of life and wrapped her in a plastic bag to regulate her body temperature before transporting her to the unit.

After Abby's recovery, she and Richard made their way to the NICU to see Christina. The machines and noises were overwhelming.

"I felt like I was in a dream," says Abby.

This "dream" quickly became reality. Christina spent the next three months in the NICU under the care of McLeod Neonatologists, including **Dr. Douglas Moeckel**.

"We cannot say enough about the NICU," says Richard. "The neonatologists gave us the facts, which were sometimes difficult to process, but they never gave up on her."

Christina was diagnosed with prematurity less than 500 grams and severe intrauterine growth restriction (IUGR). Although born at 27 weeks, she measured closer to a baby born at 23 weeks, resulting in significantly underdeveloped lungs.

"Honesty is the most important component," explains Dr. Moeckel. "We try to prepare parents for a range of outcomes, from average to worst-case scenario, but we also stay hopeful."

During Christina's time in the McLeod NICU, she avoided many serious complications of prematurity such as brain bleeds or eye disease. However, she did suffer several bronchopulmonary dysplasia spells which are related to chronic lung disease and can be fatal, according to Dr. Moeckel.



Dr. Douglas Moeckel, McLeod Neonatologist, was delighted to see Christina's progress during a recent visit to the McLeod Neonatal Intensive Care Unit (NICU).



Christina is pictured with just a few members of the McLeod NICU team who cared for her during the first three months of her life.

“We want her to be in the center of it all. This way, she is surrounded by laughter and interaction. She loves to hear her sisters’ voices, and they are a vital part of her therapy.”

– Abby Feistel

Two of those spells led to Christina suffering cardiopulmonary arrest.

“Essentially, Christina’s airway constricted and didn’t open back up,” he explains. “We immediately began chest compressions and administered medication before replacing her breathing tube.”

The neonatologists also attempted to wean Christina off the ventilator several times, but they determined that her lungs were too weak for her to breathe on her own. As a result, she was transferred to another hospital to undergo a tracheostomy and feeding tube placement. After two months, Christina returned to the McLeod Pediatric Intensive Care Unit (PICU).

“We were glad to be home,” recalls Abby. “The PICU staff pampered Christina with as much compassion as the NICU staff, and we could not be more grateful.”

On December 10, after nearly eight months in the hospital, Richard and Abby were able to take Christina home. Although they had prepared a nursery for her, they decided to put her crib in the main living area.

“We want her to be in the center of it all,” says Abby. “This way, she is surrounded by laughter and interaction. She loves to hear her sisters’ voices, and they are a vital part of her therapy.”

Today, Richard and Abby work together to keep Christina going, along

with the support of a dedicated team of therapists and nurses.

“Christina has changed every aspect of our lives,” explains Abby. “You don’t expect to set up your baby’s crib in the living area and rely on a team to help care for her. It was difficult for us to realize that we couldn’t take care of our baby on our own.”

Christina requires constant supervision and undergoes occupational, physical, speech, and vision therapy. In addition, a nurse comes to the home to monitor Christina during the night so the family can rest.

Through this journey, the Feistels have gained a new perspective on life and health.

“We have learned to appreciate the health of our oldest daughters, Adelaide and Kate,” explains Abby. “Their health is beautiful to me now because I know how precious it is.”

Richard and Abby also find joy in the small moments.

“Christina originally had a cuffed tracheostomy tube which kept her from making noises,” says Richard. “Her cuff has since been deflated, and we are beginning to hear her voice.”

“Christina has shown me how much I took for granted before,” added Abby. “Now, we treasure every laugh, every smile.

“You have to focus on the good and see what God is doing. There’s always a bigger picture.”

McLeod Health to Locate Medical Office Building in Carolina Forest

McLeod Health recently announced plans to open a medical office building in order to provide the community with access to physicians and outpatient services in Carolina Forest. This will be the initial phase of development of its McLeod Health Carolina Forest Campus.

The proposed facility and services will expand to meet the needs of adults and children and provide convenience to the residents within and around the Carolina Forest area. The property within Carolina Forest was identified because it offers a central location in the community. A feasibility study is also underway to further determine other appropriate medical resources which are needed in this community.

The investment in this medical expansion to the region underscores

the commitment of McLeod to provide treatment, services and health care that the people of Horry County deserve, according to McLeod Loris Seacoast Administrator, Dick Tinsley.

“We are pleased to initiate the investment of these medical offerings for the people in our county. This type of facility will insure the continuity of quality care expected from our McLeod Health system,” stated Tinsley.

“At McLeod, our organization is committed to a mission of improving the health and well-being of our citizens. We are privileged to be a part of this effort to provide excellent care, greater access and convenience to area families.”

At the completion of this project, McLeod Health Carolina Forest will become an integral part of a state-of-the-art medical system to meet the region’s medical needs.

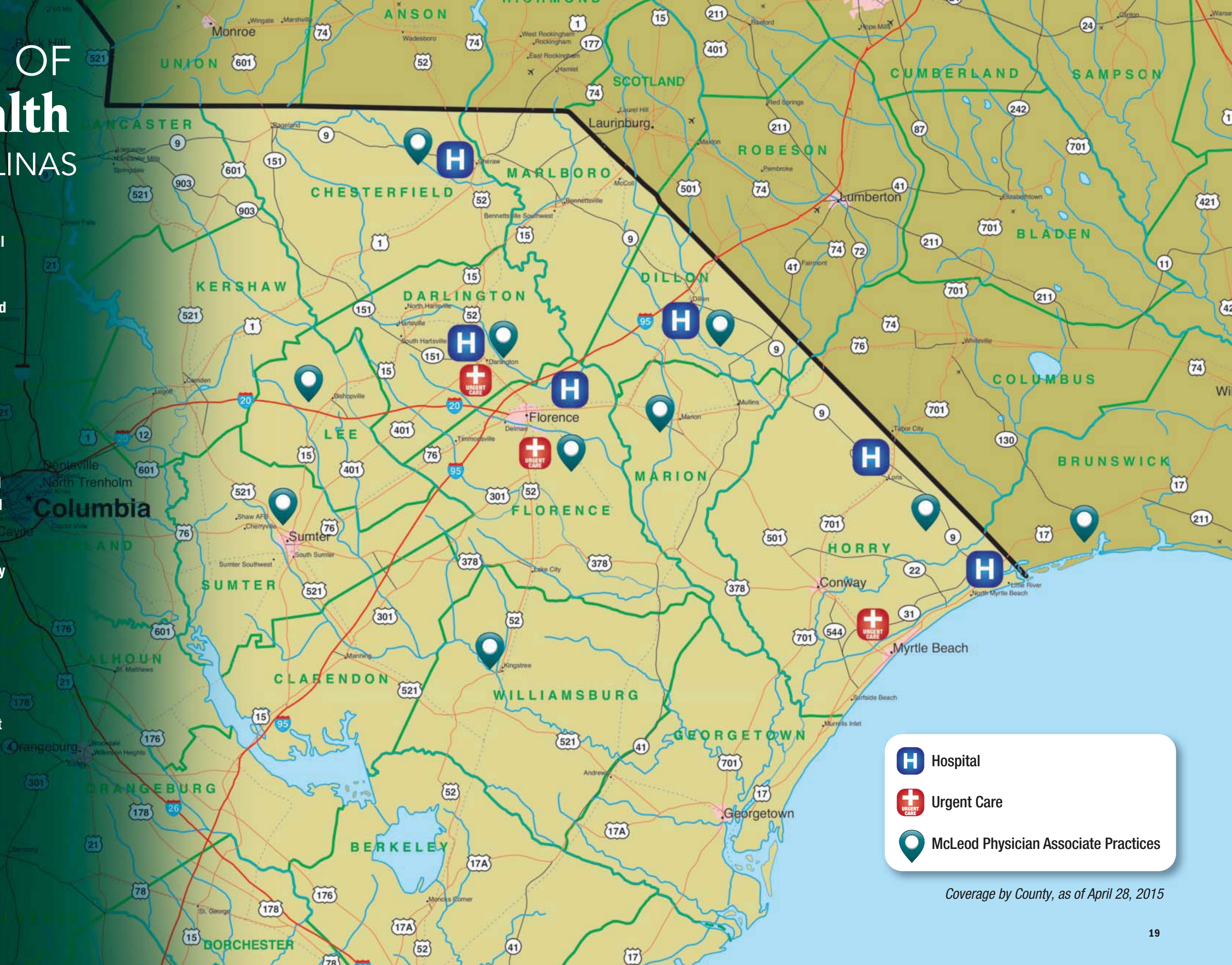


The location of the new McLeod Health Carolina Forest Campus will be at the corner of International Drive and Highway 31.

THE STRENGTH OF McLeod Health ACROSS THE CAROLINAS

Recognized nationally for its quality initiatives and methodology, McLeod Health has a leading regional presence in Northeastern South Carolina and Southeastern North Carolina and a reputation for dedication to its patients and their families. McLeod is constantly seeking to improve its patient care with efforts that are physician led, data-driven and evidence-based. The 15-county area McLeod serves has a population of more than one million including those who live in Southeastern North Carolina.

Founded in 1906, McLeod Health is a locally owned and managed, not for profit organization supported by the strength of nearly 650 members on the medical staff and more than 1,700 nurses. In addition to its modern facilities, premier technology and equipment, McLeod is dedicated to improving the health of the residents of those communities it serves. McLeod Health is composed of approximately 6,600 employees and nearly 60 physician practices in ten counties. With six hospitals, McLeod Health also operates a Health and Fitness Center, Sports Medicine and Outpatient Rehabilitation Center, a Behavioral Health Center, Hospice, and Home Health Services. The hospitals within McLeod Health include: McLeod Regional Medical Center, McLeod Darlington, McLeod Dillon, McLeod Loris and McLeod Seacoast.



 Hospital

 Urgent Care

 McLeod Physician Associate Practices

Coverage by County, as of April 28, 2015

Giving Patients Hope

by Jessica Wall

Bonnie Ruedinger never thought she would be glad to have a kidney stone. A teacher for 36 years, Bonnie used her summer break during July 2014 to schedule a physical exam with her primary care physician, **Dr. Kelly Lyles**.

Her blood work revealed microhematuria, or microscopic blood in the urine. Bonnie had no symptoms or any visible trace of blood in her urine. Little did she know, this routine check may have saved her life.

“At first, I thought it was just a urinary tract infection, but a urinalysis showed no sign of an infection,” Bonnie said. “I repeated the urinalysis a few days later, with the same result. Dr. Lyles said the next step was to see a urologist.”

Bonnie was referred to McLeod Urologist **Dr. David Horger**, who specializes in problems associated with the urinary tract including the kidneys and bladder.

Microhematuria commonly appears in blood work without indicating a serious abnormality, according to Dr. Horger. However, in some instances, microhematuria is a sign of urinary infections, kidney stones, bladder tumors or, rarely, kidney tumors.

Bonnie’s evaluation revealed a large kidney stone in the left ureter (the tube which brings urine from the kidney to the bladder) as well as a stone in her right kidney.

In addition to the two kidney stones, the CT scan detected a small abnormality on the right kidney. A more detailed CT scan of the area confirmed the diagnosis of a renal tumor, measuring approximately 4.7 centimeters.

Despite being told not to, Bonnie began searching the internet for what the problem could be. The results were not optimistic. “I kept seeing cancer in the

results, which of course was very frightening. I was preparing myself to face the possibility of having my kidney removed.”

When her routine physical exam led to a kidney cancer diagnosis, Bonnie Ruedinger expected to lose a kidney. Thanks to the collaboration of Dr. David Horger and McLeod Radiologists, Bonnie avoided major surgery and is now cancer free.

“Our first step was to remove the kidney stones, and then we discussed various ways to treat the tumor,” explains Dr. Horger.

He explored the options of removing the entire kidney and tumor as well as an open partial nephrectomy. However, doing so would put Bonnie at risk for decreased kidney function in the future because of other existing medical conditions.

Dr. Horger then consulted with McLeod Interventional Radiologists **Dr. Mary Beth Lewis** and **Dr. Timothy MacFall** to determine if percutaneous cryoablation was an appropriate treatment for Bonnie.

“The day came for my biopsy,” explains Bonnie. “As I was waiting in the exam room in my hospital gown, the door opened and Dr. Mary Beth Lewis came in. She explained that Dr. Horger had shared my condition with her and she believed a treatment option called cryoablation could treat my tumor without surgery.”

Introduced at McLeod in 2014, cryoablation is a state-of-the-art method of treating tumors in the lung, liver, and kidneys with extreme cold.

After hearing about the treatment, Bonnie elected to not have the biopsy performed that day.

On October 1, Bonnie underwent her first cryoablation, which eliminated ninety percent of the tumor. A biopsy performed during the procedure confirmed a renal cell carcinoma diagnosis. Bonnie experienced no complications and was released to go home a few hours after the procedure.

“Instead of losing my kidney, Dr. Lewis came in like an angel and gave me hope and a cure. The recovery process was very short, and I have no lasting effects.”

Bonnie then underwent a second cryoablation on November 12 to remove the residual tumor.

Guided by computed tomography (CT), interventional radiologists insert a thin, needle-like probe through the patient’s skin and into the tumor. The tip of the probe is cooled to below -100°C, forming an iceball that engulfs the tumor and kills the cancerous cells.

Cryoablation procedures last approximately 20 minutes and can be performed under local or general anesthesia.

“Cryoablation is a minimally invasive cancer therapy,” says Dr. Lewis. “There is no effective chemotherapy for renal cell carcinoma (kidney cancer), so there are two options -- surgical removal of either part or the whole kidney, or these minimally invasive procedures.

“With these minimally invasive procedures, patients have little to no recovery. There are no incisions and no sutures, only a band-aid.”

Bonnie’s follow up CT scans show her to be cancer free. The tumor has been completely treated and her kidney function remains normal. She will continue to be followed closely in case the tumor returns.

“Instead of losing my kidney, Dr. Lewis came in like an angel and gave me hope and a cure,” says Bonnie. “The recovery process was very short, and I have no lasting effects. My husband and I even walked the Cooper River Bridge Run last month.

“I suppose the kidney stones were a blessing. Without them, I would not be in the good health I am today.”

- Bonnie Ruedinger



McLeod Interventional Radiologists Dr. Mary Beth Lewis and Dr. Timothy MacFall now perform two state-of-the-art minimally invasive cancer therapies for tumors in the lung, liver, and kidneys.

In 2014, McLeod introduced two state-of-the-art minimally invasive cancer therapies: microwave and cryoablation of tumors in the lung, liver and kidneys.

These modalities use specific types of energy to thermally ablate or kill tumors. Each procedure requires the CT-guided placement of one or more probes into a tumor by an Interventional Radiologist. Ablation is achieved by using extremely high or low temperatures.

The type of tumor and its location often determine which type of energy is used, according to McLeod Interventional Radiologist Dr. Timothy MacFall. Cryoablation allows the Radiologist to treat tumors close to critical structures without damaging them.

In addition, most procedures are performed on an outpatient basis, and patients return to their normal activities the following day.

PAWS ON A MISSION

by Jennifer Beverly



Ruth Ellen Coffey and her two therapy dogs, Molly (left) and Jezzy (right), volunteer at McLeod Loris Seacoast. They provide special comfort to patients and visitors.

When entering a hospital's emergency department, patient room or surgical waiting area, you typically are not expecting to be greeted by a friendly, furry face. However, at McLeod Loris Seacoast you just might.

Ruth Ellen Coffey and her two black Labrador Retrievers, Jezzy, age 12, and Molly, age 9, volunteer with McLeod Loris Seacoast comforting patients and caregivers. Jezzy and Molly are always eager to lend a helping paw to anyone who may be experiencing anxiety, loneliness or may be in need of a nose nuzzle during their hospital visit.

Coffey, a native of Conway, South Carolina, took a special interest in therapy dog training years ago after dog-sitting for a friend. She soon decided that she wanted her own therapy dogs but was nervous about the extensive training that went into the certification. Coffey researched the different training programs and realized how pet therapy created a unique bond with people.

"I was eager to get Jezzy and Molly certified so that we could begin visiting patients," said Coffey. "I chose the K9 Good Citizen Test because it is registered through the American Kennel Club (AKC)."

After training was completed, Coffey knew she had a challenge on her hands with Molly because she didn't always listen to commands. Jezzy, on the other hand, was likely to have no problems passing due to her obedient, comforting personality. With much preparation, both Jezzy and Molly passed the K9 Good Citizen Test with flying colors. The next course of action was to become licensed through Therapy Dogs International (TDI).

To pass the TDI test, a dog must be able to accept a friendly stranger, sit and stay in place, react or not react to noise and distractions, etc. "If you research the different certification categories, the hardest command is the 'leave it' command," said Coffey. "It's very important for a therapy dog to listen in a medical setting. There are food carts, medical equipment and medications that the dog is exposed to which could potentially harm them."

As a volunteer with McLeod Loris Seacoast, Coffey has scheduled days that she brings Jezzy and Molly to visit at both hospitals. When the dogs make their entrance into the building, everyone smiles, and wants to interact with them. Like people, dogs also have their own preferred working environments.

"Jezzy is a little more laid back than Molly," said Coffey. "She likes to visit patients in the Emergency Department. Molly enjoys sitting in a chair or next to the bed, so she visits patients in their rooms."

Jezzy and Molly have made a huge impression on the McLeod Loris Seacoast Medical Staff, too. "Everyone stops us in the hallways and wants to pet the girls -- even the physicians," said Coffey.

Dr. Belal Khokhar, a McLeod Loris Seacoast Hospitalist, always welcomes Jezzy and Molly to his work area. "For some patients, hospitalization can be traumatic," said Dr. Khokhar. "Having Jezzy and Molly visit helps make the

patient's stay a more positive experience."

Recent studies have shown that the presence of animals can be effective in reducing stress, decreasing blood pressure and heart rate. They also motivate patients to get up out of their bed and moving. Providing unconditional love and acceptance during times of need, Jezzy and Molly's service at McLeod Loris Seacoast has already made an impact on the patients and staff.

Coffey and her dogs stay active within the community by not only volunteering at McLeod Loris Seacoast, but also at nursing homes, assisted living facilities and libraries.

Coffey added that she has seen first-hand how beneficial therapy dogs can be in a time of need. Her first volunteer job as a therapy dog handler was at the Pentagon Family Assistance Center (PFAC) helping families whose loved ones were killed on 9-11. Coffey spent a few days there offering support and canine companionship.

"Some of the children were so distressed, but they could talk to the dogs. There were also adults that just sat down and held the dogs and cried," said Coffey. "It was very intense." However, she was thankful to have had the opportunity to help comfort those who were suffering and overwhelmed with grief.

"It was heartbreaking, but it was an honor to have made a difference," she said.

Coffey, along with Jezzy and Molly, look forward to continuing to make a difference at McLeod Loris Seacoast. "We enjoy our visits each week," said Coffey. "Dogs need a job, and Jezzy and Molly's job is to make people feel better. That is what we are here to do."

"For some patients, hospitalization can be traumatic. Having Jezzy and Molly visit helps make the patient's stay a more positive experience."

– Dr. Belal Khokhar

Able to Enjoy Life Again

by Jennifer Hulon

Patsy Simmons says she experiences the simple joys in life by working in her garden and tending her flower beds. This is where she is most at peace. When these activities became too difficult for her to accomplish, Patsy knew something physically was not right with her health.

In the Fall of 2014, Patsy became aware of problems with catching her breath, a lack of energy, and found it difficult to take steps without having to sit down. These symptoms became so severe, she made an appointment to see her primary care physician, **Dr. Andrew SeJan** with Southern Medical Associates.

"That afternoon, I wanted to go to my garden, which is about 40 yards from my house. I was so out of breath, it took me about 30 minutes to walk to the garden because I had to continuously sit down," Patsy said.

Patsy had an appointment with Dr. SeJan early the next day -- a Friday. Dr. SeJan quickly recommended that Patsy see a Cardiologist for testing.



Patsy Simmons participates in Cardiac Rehabilitation at McLeod Loris several times a week to regain strength.

His team made her appointment with **Dr. Nathan Almeida** at Pee Dee Cardiology the following Monday morning. However, Patsy's condition required immediate care.

At 2:30 a.m. Monday, Patsy woke up with difficulty breathing and heaviness in her upper body. "It took all of my energy to reach over to wake my husband to help me," said Patsy. Her son called 911, and she was transported to McLeod Loris.

Once EMS reached McLeod Loris, Emergency Department Physician **Dr. Stephen Harvey** was waiting to examine Patsy. Dr. Harvey consulted with **Dr. Christopher Po**, a McLeod Loris Hospitalist, concerning Patsy's condition. Dr. Po admitted Patsy into the Intensive Care Unit and called Dr. Almeida. She had suffered a heart attack.

Patsy's condition was critical and they needed to move quickly. Dr. Almeida offered Patsy a choice to be moved to McLeod Regional Medical Center in Florence or to a hospital closer to home. Patsy selected McLeod.

"When I came into McLeod, I knew they were completely in control of my situation, and had every aspect carefully organized. There was no delay in any of the process. I knew I was in a critical situation, but I felt a calmness knowing they were prepared to help me," said Patsy.

Dr. Scot Schultz, a Cardiothoracic Surgeon with McLeod Cardiothoracic Surgical Associates, met with Patsy to discuss her medical condition. He explained that bypass surgery was necessary, and that she would likely require four bypasses (a quadruple bypass). He also concluded that Patsy had Congestive Heart Failure, so surgery was delayed until the following day allowing Dr. Schultz to optimize her medical condition.

Dr. Schultz asked Patsy's husband, Wayne, if he would be traveling back home that evening. Home for the Simmons is Tabor City, North Carolina, which is an hour and a half drive from Florence. When Wayne told Dr. Schultz his desire was to remain with his wife in Florence, Dr. Schultz contacted the McLeod Guest House to offer Wayne a convenient and comfortable place to stay while Patsy was hospitalized.

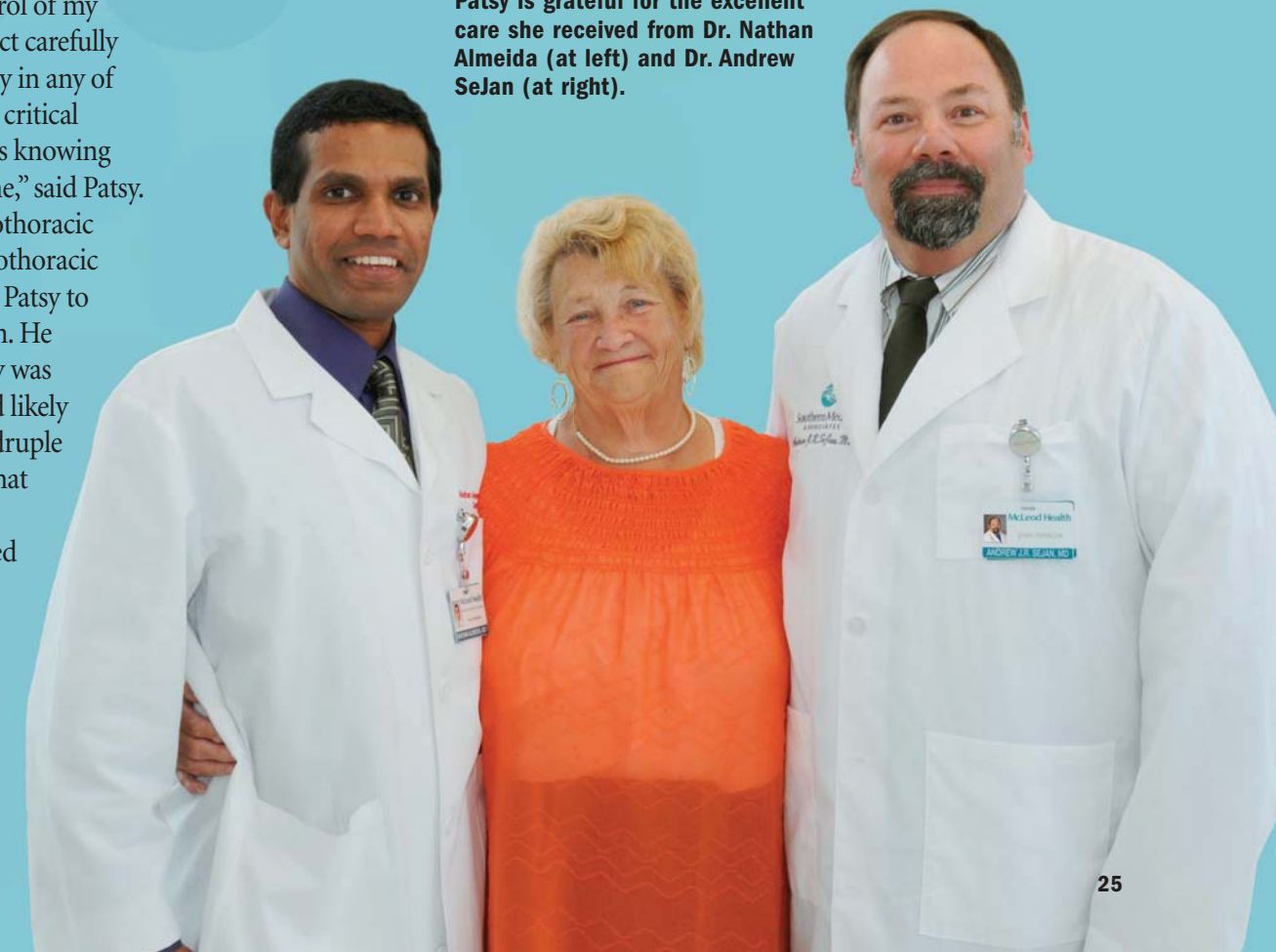
"My husband felt reassured we had made the right decision to come to McLeod. Not only did they take care of me, they also met the needs of my family. It was refreshing to know this physician understood the importance of having my husband close by, and that McLeod had this option available for their patients' families. It was another level of patient care that we found impressive. It confirmed we made the right choice coming to McLeod," Patsy said.

Patsy underwent a quadruple bypass on Tuesday morning. One day later, she was up walking. It was exhausting, but she persisted. Other heart patients in the unit were mobile, which encouraged her that she could do it, too. "Every day I saw someone walking past my door. I thought, 'if they can do it, I can do it.' I was that driven," said Patsy.

After six days in McLeod Regional Medical Center, Patsy transitioned to a rehabilitation facility to gain strength and normal functions. She also participated in Cardiac Rehabilitation sessions at McLeod Loris three times a week when she returned home.

"My overall experience at McLeod was excellent. I could not have asked for better care," said Patsy. "To all of my physicians and nurses at McLeod Loris and McLeod Regional Medical Center, I've never had such wonderful care from any other hospital. Thank you for giving me a second chance at life."

Patsy is grateful for the excellent care she received from **Dr. Nathan Almeida** (at left) and **Dr. Andrew SeJan** (at right).



Growing in Her Own Time

by Jessica Wall



After being diagnosed with a rare congenital condition, Caydence Quesada is making great progress thanks to the support of her parents, Ashlee and Jayson, as well as her team of McLeod physicians.

Five years after trying to have a family, Jayson and Ashlee Quesada looked into adoption. In December 2012, just six months after beginning the adoption process, the couple was ecstatic to learn they had been chosen by a birth mother.

Four weeks later, on January 12, 2013, Jayson and Ashlee were in the delivery room for the birth of their daughter, Caydence.

"It was a beautiful moment for our family as we were the first to hold Caydence," recalls Ashlee.

Everything seemed normal until Caydence's two month check-up with McLeod Pediatrician **Dr. Brian Naylor**, who noticed that her eyes were not tracking or focusing on objects.

Dr. Naylor referred Caydence to an ophthalmologist, who diagnosed her with nystagmus, or involuntary eye movements. He then ordered an MRI for further testing, which revealed that Caydence had septo optic dysplasia.

"Septo optic dysplasia is a rare congenital condition characterized by the underdevelopment of the optic nerve, pituitary gland dysfunction and the absence of the septum pellucidum (part of the brain connecting the two hemispheres)," explained Dr. Naylor.

While most individuals have only two of the three components, Caydence joins the 30% of people who have all three, according to the National Institutes of Health.

"We were overwhelmed at the diagnosis," says Jayson. "There was never an indication that something was wrong prior to the two month check-up."

"Caydence's birth mother had a normal pregnancy and delivery, and Caydence weighed seven pounds," explains Ashlee. "As new parents, we didn't know what to expect, but it was a blessing to know that we had the support of our physicians."

Soon after the diagnosis, Caydence was referred to McLeod Pediatric Endocrinologist **Dr. Pamela Clark**, who specializes in disorders related to growth and hormones.

"The area in which her pituitary gland and optic nerve intersect did not develop correctly," explains Dr. Clark. "As a result, her body was not producing enough growth hormone, which is also important for bone density, cholesterol, and muscle mass."

At four months old, Caydence measured below the growth chart in terms of height and weight compared to other children her age.

Caydence's treatment consisted of low-dose growth hormone injections, which she continues to receive six days a week. Within a few months of treatment, Jayson and Ashlee noticed a difference in her growth.

"Caydence has grown tremendously since starting the growth hormone injections, and she will continue on this treatment plan indefinitely," says Jayson. "We follow up with Dr. Clark every four to six months, which involves blood work and a cortisol stress test."

In times of stress, a normal person's body naturally increases its cortisol levels, but Caydence does not have that ability. Therefore, illnesses such as the flu could cause serious complications.

"We monitor her temperature, especially during the summer, because she can get overheated easily," explains Ashlee. "We keep a thermometer close by, but we have also learned to watch for physical signs such as lethargy."

If Caydence develops a fever that exceeds 102° or gets overheated, she receives a cortisol injection.

In addition to growth hormone and cortisol injections, Caydence undergoes occupational, physical, speech, and vision therapy each week.

"Caydence is a happy little girl who always has a smile on her face, a quality she models after her parents," adds Dr. Clark. "Jayson and Ashlee have taken this unexpected diagnosis in stride and continue to have a positive attitude."

Despite her condition, Caydence is a typical two-year-old who enjoys playing outside and dancing while her dad plays the guitar. She is currently enrolled in gymnastics and recently learned how to roll over.

"She is a little girl with a big personality," says Ashlee. "She's an artist, musician, and dancer."

"If we could take this away from her, we would," says Jayson. "But, it makes her who she is and we know she has great people in place to take care of her."

"The highlight of this journey is seeing how far she has come," says Ashlee. "We didn't know if Caydence would be able to walk or see, but she can do both."

"In addition, we recently learned during Caydence's two year check-up that she is in the 25th percentile in height and weight where before she wasn't even on the charts."

"Caydence does things in her own time, and we have no doubt that her strength and determination will help her achieve anything she sets her mind to accomplish," adds Ashlee.

McLeod Pediatric Subspecialists

McLeod Pediatric Subspecialists provides families in the region with pediatric cardiology, critical care, and endocrinology services. These physicians and their staff continuously strive for excellence in pediatric care so that patients and their families can receive highly-specialized treatment locally.

Board Certified in Pediatric Endocrinology, Dr. Pamela Clark treats a variety of conditions, including Type 1 and 2 Diabetes; short stature; growth hormone deficiency; precocious or delayed puberty; thyroid disorders; adrenal disorders such as CAH, Addison's, and Cushing's; calcium and bone problems; and syndromes such as Turner, Prader-Willi, Russell-Silver, DiGeorge, Klinefelter, PCOS and hirsutism.



Dr. Pamela Clark

Experience Inspires CAREER PATH

by Julia Derrick

Some folks have the opportunity to take a difficult experience and turn it around to help others.

While a sophomore at Winthrop University, Haley Wightman began feeling numbness and pain in her left foot that grew progressively worse. A player on the school's softball team, these symptoms made playing particularly difficult for her. Eventually, Haley's workouts consisted of duct taping her feet to the pedals on a stationary bike so her feet would remain on the pedals when she exercised. She was

also prescribed medication and muscle relaxers, but they did not ease the pain.

Haley's family knew something was seriously wrong when she came home for Easter. She had stopped driving because she could no longer feel the pedals to change gears on her manual transmission car. Her primary care doctor sent her to a specialist, concerned she may have Multiple Sclerosis.

While other Winthrop students were studying for finals, Haley was seeing Neurosurgeon **Dr. William Naso** of Florence Neurosurgery and Spine for an evaluation. At this point, she could hardly walk. After Dr. Naso reviewed her scans, he explained to Haley and her family that a tumor on her spinal cord on Thoracic Levels 4 and 5 would paralyze her if it continued to grow. Haley was immediately put in a wheelchair and admitted to the hospital for surgery.

After Dr. Naso performed the surgery, Haley and her family were relieved to learn that the tumor was benign. Haley spent ten days in the hospital recovering, which gave her a lot of time to think. She explained that her faith in God grew even more when she reflected on the past year of her life. "God really spoke to me during this time. He said, 'You can either continue on this path or live for me and find fullness in your life.'"

Haley's recovery included Physical Therapy to help her learn how to walk again. At first, she had to "log roll" out of bed and maneuver with a cane until she could walk on her own.

Once she accomplished this goal, her mother held a small party at home inviting friends to come and celebrate Haley having a new life and a second chance to walk.

In order to help Haley complete her sophomore year of college, her high school Sunday School teacher Debbie Clymer proctored Haley's exams for her at home. Debbie also holds a PhD in Speech Language Pathology -- a career field Haley was interested in pursuing.

Haley began her junior year of college a changed person. "The year before was a tough year, but I would not change a thing about it. Sometimes you have to go through the valley to get to the peak," said Haley. When she returned to Winthrop, she also helped establish a chapter of the Fellowship of Christian Athletes.

In 1999, Haley graduated with a Bachelor of Arts in Speech Language Pathology. Following graduation, she inquired at McLeod about a scholarship

for a Master's Degree in Communication Disorders. At the time, McLeod did not have a scholarship in place. After hearing her personal story, the hospital awarded Haley the very first scholarship in this field.

As Haley began looking at schools, she learned that Debbie had taken a job at Arkansas State University. She invited Haley to tour the campus. After the visit, Haley decided that the school was a perfect fit for her to further her education.

During her last semester at Arkansas State, Haley completed her clinical rotation at McLeod Regional Medical Center. As she was finishing her Master's Degree, a Pediatric Speech Language Pathologist position became available at McLeod Regional Medical Center. Haley applied and was accepted.

Today, 19 years after her surgery, Haley is the one administering the therapy and helping other people. She lives in Florence with her husband, Mike, and their two children, Aven and Brennan. She is inspired every day by her patients' triumphs, and tries to do everything she can to make each child successful.

Looking back at a prayer journal she kept after her surgery, Haley says she was blessed by so many answered prayers.

"I desire to give patients I treat hope that they will be able to accomplish all of their goals. My passion comes from first-hand experience. One person can make the difference in the life of a patient who is struggling," she explained.

Haley has also given presentations to groups, including the McLeod Foundation Angels, to explain how their gifts have helped her patients with speech development. Additionally, she was recently selected to serve on the South Carolina Alexander Graham Bell Board for the Deaf and Hearing Impaired.

"I would not change a thing about my entire experience," said Haley. "Dr. Naso and his team are part of the reason I am blessed to do what I can to help children. It is pretty profound to think that the neurosurgeon who performed my surgery and the therapists who assisted in my recovery all played a role in my becoming a McLeod staff member and advocate for other patients."



Haley Wightman plays a game with James Eager before his speech therapy session.



Haley Wightman is grateful for the care she received from Dr. William Naso.

Reflecting on the Future: A MEDICAL STUDENT'S PERSPECTIVE



The medical students who wrote this article about their experience at McLeod in the Summer of 2014 are pictured with Dr. Alva Whitehead, at left, and Dr. Michael Rose, at right. The students, from left to right, are Brian Everitt, Jessica Hoglund, Sean Christensen and Elizabeth Kelly.

by Sean Christiansen, Bryan Everitt, Jessica Hoglund, Elizabeth Kelly

In the summer between years one and two of medical school, students have at their disposal something that did not exist during their first exposure to studying medicine: free time. The four of us, from the University of South Carolina School of Medicine, chose to spend six weeks of our summer at McLeod Regional Medical Center through the McLeod Foundation Medical Student Internship Program.

We could not have predicted the breadth of knowledge that would come from this well-crafted program. Exposure ranged from “scrubbing in” to observe open heart surgery to understanding the role of Security on hospital grounds. The coordinators of the program ensured that we were aware of how intricate and complex a hospital is, both functionally and culturally.

The privilege to see how so many health care providers worked together granted us insight into the world of medicine we are preparing to enter. It is with immense gratitude that we reflect on our better understanding of medical practice through the numerous hospital staff members who illustrated professionalism and kindness while immersing us in their individual roles. Through their guidance, we have found a renewed excitement for practicing medicine and see hope, rather than the ever-present concern, in the roles of physicians in years to come.

One of the first experiences we encountered at McLeod was administrative rounds. Senior administrators begin their mornings with rounds to greet patients and connect with staff in an effort to identify patient concerns. This gives patients an opportunity to speak openly with leaders who direct operational and cultural change within the hospital. After rounds,

the administrators, charge nurses and other staff from the unit gather to debrief on what was found, and share patient concerns and suggestions. As a student, it was refreshing and encouraging to witness process improvement in this manner.

Our focus as Fellows in the hospital was on the role of the physician. Something we had not considered before was the involvement of physicians in improving patient care through processes that originate far from the bedside. McLeod Physicians were at the heart of encouraging systemic changes to positively influence the patient’s health or outcome.

At McLeod, we learned that quality improvement is “Physician Led, Data-Driven and Evidence-Based.” We found that being part of this relationship early in medical education promotes development even before a student is practicing as a physician. A medical staff organization rich in physician engagement, like McLeod, ultimately benefits the patients and the organization.

Overall the involvement of physicians is made easy at McLeod -- promoting engagement in improvement processes and accepting both support and constructive input about current systems. We determined that it is critical for medical students to understand how influential they can

be as physicians if they are committed to evidence-based changes for more effective and efficient patient care.

As medical students, we have many courses that “tell us” about the value of teamwork, but seeing it, being there with the physician and witnessing how it can play out, that is what sticks. The amount to be gained by instilling this mode of action in rising physicians as early as possible is incalculable.

One internist at McLeod inspired all four of us by his inclusiveness of the healthcare team. While rounding in the mornings, he consistently engaged the patients and their family, sat or leaned forward to give them greater attention and spoke slowly and frankly. If necessary, he explained the role of some of the other providers -- such as a speech language pathologist. This was often the case with us as well, being introduced as medical students joining him on rounds to learn the practice of medicine. Patients were not left to guess what was happening or who was doing it.

Once we were outside the patient’s room this physician would include the nurse in what they had been doing and what they thought should come next to continue the care. He would discuss medication options and simultaneously recommend while asking for input from the pharmacist on rounds with us. Even if he thought something was a good idea, he still wanted it to be questioned.

At McLeod, we learned that quality improvement is “Physician Led, Data-Driven and Evidence-Based.” A medical staff organization rich in physician engagement, like McLeod, ultimately benefits the patients and the organization.



We witnessed him using this technique with nearly all of the members of the patient’s care team, including case managers and physical therapists.

We also experienced the work of many different departments. While each understands their value and goals, by moving among them we witnessed their cohesiveness and how influential a physician’s proverbial pen is in guiding patient care. We learned that the refinement and improvement in performance starts with physicians -- how they lead their team of health care providers, how they contribute to the system as a whole, and how they anticipate what their orders yield from an operations standpoint. We are certain that any medical student, and even practicing physician, would be better able to achieve this when exposed to the many facets of patient care that often go unseen.

Our evolving understanding of the physician’s role and the power of collaboration also led us to reflect on medical education. If medical students were exposed to hospital operations from the ground up early in their career like we were, they may come into residency and practice with a better understanding of the influence of their recommendations and how to utilize the resources around them to achieve optimal patient care that is quality and value driven.

As students going into medicine during an era of immense change, the best outcome of our experience at McLeod is the true excitement instilled in each of us for the challenges ahead.

Pictured from left to right are the 2012 medical students who participated in the McLeod Internship program: Lauren Mazingo, Katie Rosa, Carolyn Vaught and Katie Rose.



McLeod Offers Internship for Medical Students

For the past eight years, McLeod Regional Medical Center has hosted an internship for medical students from May through July, a concept developed by **Dr. Alva Whitehead**. This program for rising second year medical students has been used as both a learning tool for physicians in training as well as recruitment for the future of McLeod.

The medical students spend part of their summer vacation at McLeod receiving an insider’s view of how a hospital works. This six-week internship, funded by the McLeod Foundation, is often the first experience in a hospital for many of these students.

The internship includes rotations through many areas of the medical center including the Family Medicine Residency Program, Rapid Improvement Events, a two-week Surgery segment with **Dr. Michael Rose**, and visits to different areas in the hospital such as the Emergency Department, the Lab, Radiology, Critical Care Units, and Radiation Oncology. The students also round with physicians, administrators, hospitalists and nursing directors and attend meetings of the Cancer Conference Board, Institutional Review Board (IRB), and Quality and Safety during their fellowship.

To recruit students for the program, Dr. Whitehead attends the summer opportunity fair each year at the University of South Carolina School of Medicine to talk to first year medical students about the internship program at McLeod.

Since 2007, the medical students participating in the McLeod Internship have included: Nicholas Jebaily, Jessica Clarke, Jill Braddy, William Perkins, Dina Khalil, Rick Cheek, Lauren Saleeby Barron, Sterling Jones, Zac Coward, Anna Collins, David Braddy, Jason Heilemann, Andrew Hack, Stephanie Paolini, Blake Hodges, Abigail Case, David Giovannini, Ashley Greeson, Roopa Varadarjan, Brian Williams, Lauren Mazingo, Katie Rosa, Carolyn Vaught, Katie Rose, Martha Ann DeBerry, Adam Brunson, Joseph Galloway, Lauren Wingfield, Sean Christensen, Bryan Everitt, Jessica Hoglund and Elizabeth Kelly.

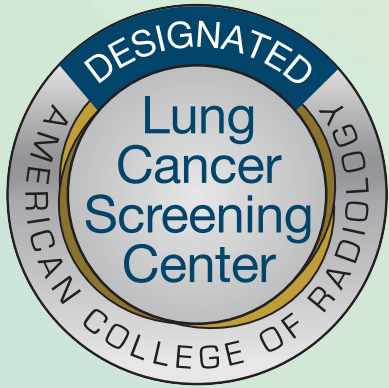
McLeod News

McLEOD EARNS ACR LUNG CANCER SCREENING CENTER DESIGNATION

McLeod Regional Medical Center has been designated a Lung Cancer Screening Center by the American College of Radiology (ACR). McLeod is the only hospital in this part of South Carolina to achieve this designation.

The ACR Lung Cancer Screening Center designation is a voluntary program that recognizes facilities that have committed to practice safe, effective diagnostic care for individuals at the highest risk for lung cancer.

In order to receive this elite distinction, facilities must be accredited by the ACR in computed tomography (CT) in the chest module, as well as undergo a rigorous assessment of its lung cancer screening protocol and infrastructure. Also required are procedures in place for follow-up patient care, such as counseling and smoking cessation programs.



In 2014, McLeod implemented a Lung Cancer Screening Program that is coordinated by a Lung Oncology Navigator. The screening process begins with the oncology navigator contacting those interested in the Lung Cancer Screening Program to review their medical history and any symptoms they may be experiencing. If a patient meets the criteria for screening, the navigator guides them through the process and gets them to the appropriate doctor for treatment if needed.

Participants in the McLeod Lung Cancer Screening Program receive:

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

Lung cancer screening with low-dose computed tomography scans, and appropriate follow-up care, significantly reduces lung cancer deaths. In December 2013, the United States Preventive Services Task Force recommended screening of adults aged 55 to 80 years who have a 30 pack-year smoking history (30 pack-year is equivalent to one pack per day for 30 years or two packs per day for 15 years) and currently smoke or have quit within the past 15 years. Lung cancer is the nation’s leading cancer killer -- taking the lives of more people each year than breast, colon and prostate cancers combined.

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

** Please note that cost of a low dose screening CT scan for a person without symptoms for lung cancer is \$200. Medicare and most private insurance companies now cover the cost of the CT scan if you meet the criteria for a lung cancer screening. Ages covered by Medicare are 55 to 77; private insurance will pay for those 55 to 80. Lung Cancer Screening Scholarships, funded by the McLeod Foundation’s McLeod Men’s group, are available for those who are uninsured and/or unable to pay for a Low-Dose CT Screening. For information on the scholarship, please call (843) 777-5640.*

McLeod News

TOP VASCULAR SURGEONS NOW OFFERING CARE AT McLEOD SEACOAST

Patients from North Myrtle Beach, who suffer from vascular conditions now have access to the region's top vascular surgeons. **Dr. Christopher Cunningham** and **Dr. Gabor Winkler**, highly-skilled surgeons with the McLeod Heart & Vascular Institute, are offering a Vascular Clinic at McLeod Seacoast twice a month. With surgical expertise and minimally invasive technology, Dr. Cunningham and Dr. Winkler provide treatment for conditions including stroke, peripheral

arterial disease and aneurysms. At McLeod Seacoast Vascular Clinic, patients can be evaluated for surgery and treatment as well as undergo diagnostic studies in the Vascular Lab. The Vascular Clinic is located at the Seacoast Medical Office Building, 3980 Highway 9 East, Suite 100 in Little River, South Carolina. For questions, please call 1-888-812-5143. New patients accepted by physician referral.



Christopher Cunningham, MD



Gabor Winkler, MD

McLEOD CHILDREN'S HOSPITAL PARTICIPATES IN OUTREACH INITIATIVE

McLeod Children's Hospital recently partnered with Florence School District One to pilot the Docs Adopt® School Health Initiative in ten schools during the 2014-2015 academic year. The project is led by **Dr. Benjamin Elder**, Assistant Professor of Pediatrics with McLeod Family Medicine Center, and Hart Smith, Vice President of Women's and Children's Services.

The Docs Adopt® program, established in 2007, is part of a Healthy Schools Initiative grant from the

Boeing Center for Children's Wellness focused on helping schools establish and implement healthy practices to decrease childhood obesity.

Dr. Carl Chelen, Medical Director of the McLeod Children's Hospital Pediatric Intensive Care Unit (PICU), has a firsthand view of how obesity impacts pediatric patients.

"A large portion of our pediatric population at McLeod suffers from diabetes, asthma, juvenile hypertension, and sickle cell disease," explains Dr. Chelen.

"In each of these instances, obesity either complicates or contributes to the condition, making treatment options more challenging."

McLeod Physicians participating in the initiative "adopt" a school and work with a committee to set short-term and long-term goals based on the School Wellness Checklist®. The physicians then offer hands-on guidance and education in areas such as nutrition, physical activity, and stress management to achieve those goals.



Geraldine Jackson,
McLeod Hip Replacement Patient

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Orthopedic and Spine Specialists | Center for Advanced Surgery
Center for Intensive Care and Trauma | Children's Hospital | Women's Services
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McLeod Health

Learn more at www.McLeodHealth.org

Marcus Lattimore visits McLeod Children's Hospital

Marcus Lattimore, former USC Gamecock and San Francisco 49ers Running Back, is pictured with pediatric patient Paulina Perez during his visit to the McLeod Children's Hospital on May 7. Lattimore also shared his inspiring story on "Overcoming Adversity" at the Florence Civic Center with proceeds benefitting the Children's Hospital.



McLeod Health

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