

McLeod

Volume 32, Issue 2, 2017

magazine

AT THE HEART
OF HEALTH



Views



These are challenging times for all in health care. As we embrace changes on the national front, we must remain focused on the provision of access to needed healthcare services and transition to new technologies and treatments which make the care of patients more efficient and effective. We invest in recruiting providers and specialists, in our people to improve, in our facilities to add comfort, and in our communities to strengthen our ability to serve those who entrust us with their care.

Our patients expect this and deserve it. They reach out to us, often at their time of great distress and vulnerability. We are thankful for the opportunity to participate and help lead them in the journey of restoration and recovery through compassion. We recognize it is our calling and our mission -- to improve the health and wellbeing 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.

McLeod and its physicians, staff and services stand apart, recognized by our national reputation for quality care.

- According to publicly reported information on Healthgrades website, McLeod has achieved 16 quality distinctions for inpatient care services and patient experience.
- McLeod ranked higher than most competitors and 10 points higher than the national average by patients, who would “definitely recommend this hospital.”
- Each McLeod hospital with public patient satisfaction data ranks above both state and national averages in Overall Rating of Hospital, Nurse Communication, Doctor Communication, Explanation of Medications, Quietness, Discharge Information and Transition to Home.

It is our commitment that McLeod will continue to focus on our patients and continually improve, based on quality, and service. Thank you for choosing McLeod. It is an honor and privilege to once again present our *McLeod Magazine*, sharing the stories of personal experiences and medical victories through the voices of our patients and our care givers.

Robert L. Colones

Rob Colones
President, McLeod Health



On the Cover:

Kennedy (above) and Lillie (below) Gaines share a unique bond few sisters have the opportunity to experience. Their parents, Michael and Amy Gaines of Darlington, struggled for years to conceive and began the adoption process. It was then they discovered they were pregnant. The couple adopted Kennedy, born on September 1, 2016, and 13 days later, welcomed Lillie into the world. During Amy's and Lillie's hospital stay, the McLeod Women's Services team allowed Kennedy to stay as well so the family of four could bond during those intimate moments. The story of this miracle family is shared on page 4.

COVER PHOTO BY
AMANDA LEE PHOTOGRAPHY



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

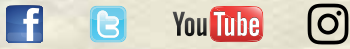
Tracy H. Stanton
Co-Editor, Coordinator of Publications

Contributing Writers:
Jennifer Beverly, Julia Derrick, Jaime Hayes,
Jennifer Hulon, Carrie Anna Strange, Jessica Wall,
Tammy White and Arielle Williams

Photographers:
Sidney Glass, Chief Photographer
Doug Fraser, Kacey Lambert, Amanda Lee,
Jerry Morris, Michael Tidwell

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

©2017 by McLeod Health.
All rights reserved. For permission to reprint,
contact McLeod Publications.
(843) 777-2592 • www.mcleodhealth.org



Inside

- 4 THE MIRACLE OF FAMILY
- 7 AMBASSADORS OF COMPASSION
- 10 ON SURE FOOTING
- 12 RESTORING THE HEART'S RHYTHM
- 14 BACK IN THE GAME
- 16 AT THE CENTER OF PREGNANCY
- 18 FAMILY-CENTERED CARE
- 22 ABLE TO BREATHE AGAIN
- 25 A STEP IN THE RIGHT DIRECTION
- 28 EXPANDING EMERGENCY CARE
- 30 KEEPING THE BLOOD FLOWING
- 33 McLEOD NEWS



BACK IN THE GAME
PAGE 14



AT THE CENTER OF PREGNANCY
PAGE 16



KEEPING THE BLOOD FLOWING
PAGE 30

THE *Miracle* of FAMILY

by Jessica Wall

Michael and Amy Gaines of Darlington longed for a family. After five long years of struggling to conceive, the couple learned that they were pregnant.

Ecstatic and overjoyed, Michael and Amy spent the next nine months preparing to bring their daughter, Isabella, into the world.

Amy experienced a healthy pregnancy and underwent routine weekly appointments with her obstetrician as she neared the end of her pregnancy. She and Michael grew anxious with anticipation over

meeting their daughter face-to-face.

"At 38 weeks, we went to my doctor's appointment, and that was the moment our lives changed forever," recalls Amy. "The doctor could not find a heartbeat."

"We lost Isabella on January 22, 2014 due to an umbilical cord accident. She was stillborn."

Completely devastated, Michael and Amy describe the next few hours, days,

weeks and months as excruciatingly painful.

"I hope to never feel this kind of hurt again," explains Michael. "It's a hurt you never truly get over. It hurts still today."



Michael and Amy Gaines have discovered the miracle of family in their two beautiful daughters, Lillie (left) and Kennedy (right).

"In the days and months after we lost our sweet Isabella, just breathing was a struggle," recalls Amy. "Every breath I took was one she never had a chance to take. My heart and arms ached for her, and still do."

Several months later, Amy learned that she was pregnant again. Sadly, at seven weeks gestation, Amy began experiencing complications on Christmas Eve and miscarried on December 31, 2014.

"Amy and I discussed the possibility of another loss in an attempt to prepare ourselves, but the miscarriage still hurt a great deal," says Michael.

"2014 was a terrible year for us, and I could not wait to get past it," states Amy.

The couple tried to conceive for another year and ultimately decided to begin the adoption process in December 2015.

One month later, on January 16, 2016, Amy discovered she was pregnant.

"I felt like it was a sign from Isabella -- her birthday gift to us," says Amy.

Due on September 22, Amy and Michael decided to proceed with adoption since they were told an adoption match could take up to two years. They had also discussed this option while trying to conceive the first time.

"Over the next several months, Michael and I joked about adopting and having babies close together, and God gave us exactly what we asked for," says Amy.

On August 16, they received a call confirming a match with a full-term mother, due on August 28, Amy's birthday.

Initially, the couple could not make sense of adopting a baby within a few weeks of having their own. As they talked it over, however, they both felt an overwhelming sense of this being the right moment to adopt.

On September 1, 2016, they received a call to come to the hospital. Upon their arrival, they met the birth mother and their precious daughter, Kennedy Reid.

"Words cannot describe the moment I first held Kennedy," recalls Michael. "I simply remember looking at her and thinking, 'she is mine.' It was love at first sight."

The next three weeks stirred many emotions for Michael and Amy -- from absolute delight over their newborn to concern over delivering a happy, healthy baby.

Amy recalls tender moments of comforting Kennedy when she would cry and feeling her unborn baby squirm inside her belly.



Born just 13 days apart, Kennedy (left) and Lillie (right) share an incredible bond as sisters.

On September 14, just thirteen days after the birth of Kennedy, Michael and Amy arrived at McLeod Regional Medical Center to deliver their second daughter, Lillie Mae.

"Because of our previous losses, Michael and I tried to remain positive, but could not help feeling nervous and concerned," says Amy.

"Several staff members who were involved in my care knew our story," she continues. "They empathized with me and showed so much understanding and compassion throughout the entire process."

Being away from Kennedy also added another element of anxiety for the couple. The week before, Michael learned that the hospital policy did not allow children to stay overnight, so he and Amy made arrangements for Kennedy to stay with Michael's sister. However, the two did not want to be separated from her so soon after her birth.

Once they were at the hospital, Michael and Amy shared with a few staff members that they had just adopted a newborn thirteen days ago.

As they prepared to enter the operating room for the C-section, they learned that the Women's Services department was granting special permission for Kennedy to stay with them during their hospital stay.

The news immediately eased their minds and allowed them to focus on the next few moments when they held Lillie in their arms for the first time.

"The first time I held her, an overwhelming peace came over me. We immediately fell in love with her," says Amy.

Soon after, the family of four were in a room together.

"It meant the world to us that the hospital staff allowed us to stay together," explains Amy. "After all the struggle, worry, and loss, we finally made it. We were a family."

Committed to family-centered care, McLeod Women's Services emphasizes the importance of allowing families to stay together during the entire birthing experience -- from birth to recovery -- making patients feel more 'at home' and creating an environment in which the family can bond.

This practice, commonly referred to as rooming-in, enables families to be active participants in the care of their new baby and take part in every special moment from the beginning.

(Continued on next page)

Bonding occurs in several ways, including skin-to-skin contact and breastfeeding.

During skin-to-skin, the baby (bare skin) is placed onto the mother's -- and father's -- bare chest. Skin-to-skin begins as soon after birth as possible and offers many benefits to both mother and baby, such as promoting a special and loving bond with the baby, calming the baby so she cries less, as well as controlling the baby's body temperature, blood pressure, heart rate, breathing, and blood sugar levels.

Amy also received support from a Board Certified Lactation Consultant to breastfeed both Kennedy and Lillie together.

"The entire experience helped us bond as a family," says Amy. "It was critical to me and Michael that we establish an early bond with both of our girls.

"We cannot thank the hospital staff enough for allowing us to stay together as a family," she continues. "The compassionate, quality care made the difference for us."

Three days later, Michael and Amy took their new family home.

"We finally felt complete," says Michael.

Since that day, the Gaines family has treasured every moment -- big and small -- creating memories to last a lifetime.

One of Michael's favorite memories thus far was Halloween, when he and Amy dressed as farmers while Kennedy and Lillie were dressed as two "peas in a pod" for their church's trunk-or-treat.

"This past Christmas also held special meaning for us," recalled Amy. "We had such hopes when we lost both our daughter Isabella and our second pregnancy, and then to celebrate a few years later with two children filled us with overwhelming joy."

As Kennedy and Lillie approach their first birthday, they spend their days laughing and playing together, enjoying a bond so few siblings have the opportunity to experience.

"We think back to how our story unfolded, and although there were many difficult moments, we could not be happier to have our two beautiful daughters," adds Amy.



After many struggles and much loss, Michael and Amy Gaines have the family they have dreamed of in their two daughters, Lillie (left) and Kennedy (right).

"It meant the world to us that the hospital staff allowed us to stay together as a family. The compassionate, quality care made the difference for us."

— Amy Gaines

AMBASSADORS OF COMPASSION

by Jessica Wall

Morgan Charles, a McLeod Patient Representative, will never forget working in the McLeod Emergency Department one Saturday in November 2015. The Patient Care Supervisor called and asked her to sit with a nine-year-old child who had just arrived at the hospital by ambulance.

The child -- along with her mother, father, younger sister, grandmother, and grandfather -- were traveling home to Maryland from Disney World in celebration of her birthday when they were involved in a car accident.

The child's grandfather, grandmother, and father died upon impact, and her younger sister was airlifted to an outlying facility. Her mother, also transported to the McLeod Emergency Department, was receiving treatment for critical injuries.

Morgan quickly made her way to this child who sat alone in a room in the Emergency Department, hundreds of miles from home, with no family by her side.

(Continued on next page)

“I had the absolute joy and honor of spending a few hours with her,” recalls Morgan. “Still in shock, she had no tears, but simply wanted someone close by.

“I sat on the bed with her, and she asked me to hold her hand. We talked, laughed, and watched TV. I also shared stories and pictures of my daughter, who was also nine years old.”

Suffering minor injuries, the child was admitted to McLeod Children’s Hospital. Morgan briefly went home and explained to her daughter that a young girl was in the hospital with no family or belongings, so the two put together a bag of Barbie’s, books, blankets and clothes for Morgan to share with the young patient.

When Morgan returned to the hospital, she contacted the child’s maternal grandparents who were en route to South Carolina from Colorado and reassured them that she would stay with their granddaughter until they arrived. Morgan visited the family daily during their hospital stay.

One day, the young girl asked to meet Morgan’s daughter, and with special permission, Morgan arranged for the

two girls to meet. They connected immediately.

On Thanksgiving Day, approximately ten days after the accident, the little girl contacted Morgan with the news that she was being discharged from the hospital and returning home to Maryland with her aunt and uncle. Morgan and her daughter, who were enjoying Thanksgiving dinner with family, immediately left home to come to the hospital. They spent the next few hours visiting with the child and her grandparents in the McLeod Child Life Activity Center until the child’s aunt and uncle arrived.

In the midst of tragedy, Morgan’s compassionate and caring spirit left an indelible mark on a child when she needed it the most, and in the process, Morgan and her daughter shared in a special bond that they continue to keep with the young girl today.

Every day, Patient Representatives throughout the McLeod Health system experience countless encounters with patients such as this one. Although the circumstances surrounding each situation may differ, the compassionate and generous spirit of the Patient Representative remains the same.

For 30 years, McLeod Patient Representatives have shone light into some of the darkest, most desperate times of our patients’ lives.

Patients experiencing a medical emergency or extensive hospital stay often feel vulnerable and apprehensive. Understanding the unique needs of each patient who enters its system, McLeod continually honors its commitment to respond to these needs with the utmost compassion, courtesy, and respect through four core values -- the value of caring, the value of the person, the value of quality, and the value of integrity.

Many McLeod Patient Representatives refer to their role as “a calling” and view every day as an opportunity to serve, illustrating the depth of compassion and dedication McLeod Health holds for patients and their families.

Patient Representatives serve as liaisons between patients, their families, and the hospital. Visiting with patients daily, these representatives help patients navigate the healthcare system, access resources patients may need, explain policies and procedures to patients, and connect patients with other McLeod Health team members who can assist them.

“We assist many displaced families who enter the McLeod Health system for various reasons,” says Kate Miccichi, Director of Patient Relations at McLeod Regional Medical Center. “Perhaps patients from out of state have been involved in a car accident on I-95 or a family member has been transferred from an outlying facility in an emergent situation such as a pre-term birth or a heart attack. Often, when families arrive to the Emergency Department, they come with only the clothes on their backs.”

When these events occur, the McLeod Patient Representatives immediately step into action to assess and determine the needs of the patient and their family -- whether that is contacting family members on behalf of the patient or helping loved ones find a place to stay, such as the McLeod Guest House -- or providing food, clothing and toiletries.

Patient Representatives serve in many additional capacities, including handling patient concerns and grievances, assisting

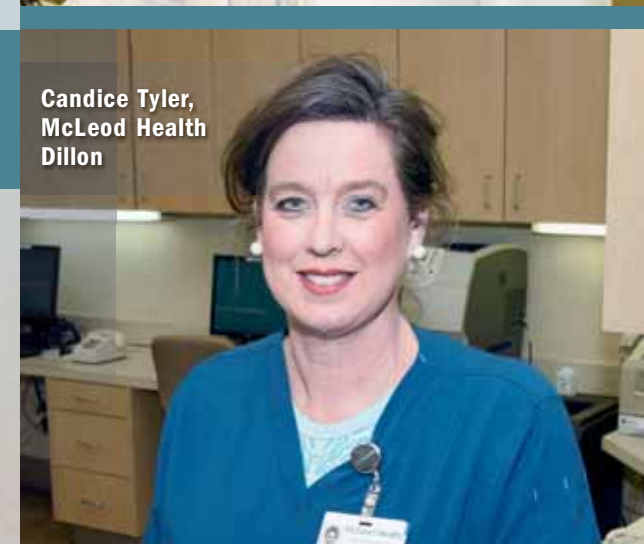
with patient questions, responding to patient needs, and aiding with ethical, legal, or confidentiality issues.

Committed to ensuring an excellent patient experience, McLeod Health has designated Patient Representatives at McLeod Regional Medical Center, McLeod Health Cheraw, McLeod Health Clarendon, McLeod Dillon, McLeod Loris and McLeod Seacoast.

In addition, McLeod Regional Medical Center offers patient representative services throughout the campus, including the Emergency Department, Heart and Vascular Institute, Medical Services, Neurology, Children’s Hospital, Surgical Services, Trauma Services, Orthopedics, Women’s Services, and Cancer Services, among other areas of need.

“As McLeod Health -- and our team -- continues to grow, one thing remains constant -- our Patient Representatives still warmly offer listening ears, helping hands, and open hearts for our patients and their families,” added Kate.

Every day, McLeod Patient Representatives display a servant’s heart, making a positive impact on the lives of patients they assist. Pictured are the Patient Representatives serving patients at McLeod Regional Medical Center in Florence (below) and throughout our region (right).



ON SURE FOOTING

TOTAL ANKLE REPLACEMENT

After 40 years in the field of Human Resources, Betty Board looked forward to retiring and preparing her garden for spring flowers.

by Julia Derrick



Dr. Jason O'Dell, a McLeod Orthopedic Foot and Ankle Surgeon with Pee Dee Orthopaedic Associates, performs surgery at McLeod Regional Medical Center.

A resident of Patrick, South Carolina, Betty's plans were derailed in March of 2014. Fainting in the shower, Betty broke all the bones in her ankle from the fall. Her husband, Richard, rushed her to the Emergency Department where the medical team examined her ankle and explained that she would need to undergo surgery.

Dr. Jason O'Dell of Pee Dee Orthopaedic Associates, performed surgery the next day, repairing Betty's ankle with a plate and screws. Dr. O'Dell, a Board Certified Orthopedic Surgeon, is fellowship trained in foot and ankle surgery.

Betty healed well from the surgery and was released from Dr. O'Dell's care in January of 2015. Unfortunately, several months later, Betty's ankle started swelling again, resulting in pain. Unsure of the cause, she returned to Dr. O'Dell who braced her ankle and prescribed conservative treatments. An MRI later revealed that the fracture dislocation caused a disruption in the blood supply to the large ankle bone, or tibia, which led to a collapse of the joint despite the prior repair. Although non-surgical methods were maximized, Betty's ankle

remained painful and stiff. In June of 2015, Dr. O'Dell recommended a total ankle replacement.

Betty resisted agreeing to another surgery because her 94-year-old mother had recently fallen and she could not stay in her home by herself. As caregiver to her mother, Betty feared being restricted by a long post-operative recovery. However, her ankle was constantly swelling, and she could not walk far or complete any activity because of the pain. A year after Dr. O'Dell first suggested it, Betty and Richard decided it was time for the ankle replacement surgery.

A total ankle replacement, or total ankle arthroplasty, is used to treat ankle arthritis. Arthritic changes that may require total ankle replacement include: a result of wear and tear from the normal aging process, chronic inflammation, or an injury such as a broken ankle or dislocation, according to the American Orthopedic Foot and Ankle Society.

"While not as common as other total joint replacements, the clinical outcomes of ankle replacements in otherwise healthy patients are very favorable. A total ankle replacement allows us to

replace the arthritic bone with a durable metal and plastic bearing. When we replace the ankle, we maintain the movement of the ankle and therefore preserve surrounding joints from further arthritis, all while eliminating the pain of the worn out joint," explained Dr. O'Dell, who was the first physician to perform a total ankle replacement in the region. Dr. O'Dell performed this surgery at McLeod Regional Medical Center in 2011.

Betty's surgery proved successful and she progressed well through rehabilitation.

"I have never regretted going through with the surgery, and I am so glad that Dr. O'Dell was able to replace my ankle," said Betty.

Today, Betty is walking without a limp or any assistance and striving for longer distances. She also happily added that she is finally able to enjoy spending time in her garden.

Betty Board now lives pain free and enjoys gardening and walking.



RESTORING THE *Heart's Rhythm*

by Jennifer Hulon

Driving from one son's home in West Virginia to another son's home in Tennessee, Barbara White suddenly felt flushed and lightheaded. Realizing she needed medical care, her husband, Kenny, drove to the nearest emergency department in Martinsville, West Virginia.

Kenny and Barbara White are grateful for the excellent care she received from Dr. Nathan Almeida and Dr. Rajesh Malik with the McLeod Heart & Vascular Institute.



When the emergency medicine physician examined Barbara, he detected irregularities in her heart rate and ordered some additional tests. The tests confirmed that Barbara was experiencing atrial fibrillation, also known as A-Fib.

An abnormality of the electrical system of the heart, A-Fib is one of the most common irregular heart rhythms. It is a rapid beating of the upper chambers of the heart, which prevents the heart from pumping blood adequately to the lower chambers.

Because the heart is beating so fast and irregularly, the heart's pumping action does not work properly. When the pumping does not function correctly, the blood will not completely empty from the chambers. This can make the blood more likely to pool and to clot. If a clot is pumped out of the heart, it can travel to the brain, resulting in a stroke. People who have A-Fib are five times more likely to have a stroke than people who do not have A-Fib, according to the American Stroke Association.

Those who suffer from A-Fib may experience heart palpitations, irregular heartbeat, shortness of breath, dizziness, faintness, and mild to severe chest pains. Many patients also experience feelings of weakness or fatigue, caused by the heart's diminished pumping ability.

Barbara was advised to see her physician upon returning home to discuss medications to control her A-Fib. The medications prescribed worked for Barbara until January of 2016 when she awoke at her home in Chadbourn, North Carolina, experiencing what she first thought was heartburn. She got out of bed and immediately knew something else was wrong. Barbara dressed and woke Kenny and asked him to take her to the McLeod Loris Emergency Department.

At McLeod Loris, because of her medical history with A-Fib, the attending physician felt it best to have Barbara

transported to McLeod Regional Medical Center in Florence, where the diagnostic services of a dedicated Electrophysiology (EP) Laboratory and the EP Team led by McLeod Electrophysiologist **Dr. Rajesh Malik** were available. Patients with uncontrolled A-Fib need the expert care of an electrophysiologist.

Barbara's tests were reviewed by Dr. Malik, who determined an ablation was the optimal choice of treatment because the medications were no longer controlling her A-Fib. Ablation comes in two forms: non-surgical and surgical. Non-surgical ablation corrects many types of arrhythmia. In this procedure, a catheter directs energy to the affected area of the heart to interfere with the electrical impulses causing the arrhythmia.

"Ablation offers a very effective tool in A-Fib management, relieving patients of symptoms after a trial of medical therapy has failed," explained Dr. Malik. "Success varies depending on the duration of A-Fib as well as other conditions."

Patients who have developed recurrent A-Fib qualify for a surgical ablation procedure. This procedure, MAZE, is performed by a cardiothoracic surgeon, typically for those patients who are undergoing open-heart surgery for other reasons. MAZE cures A-Fib by interrupting the electrical patterns that are responsible for the irregular heartbeat.

To ensure Barbara's heart does not return to A-Fib, Dr. Malik placed her on medication to sustain a healthy heart rate as well as reduce her risk of a blood clot. A healthy heart beats between 60 and 90 times per minute. When the heart is in A-Fib it can beat, or fibrillate, up to 500 times a minute.

Today, Barbara takes her medication as prescribed and sees **Dr. Nathan Almeida**, a Cardiologist with McLeod Cardiology Associates, routinely. Dr. Almeida has treated many patients with A-Fib during his years of practicing cardiology.

"My family is most important to me, and I can now spend more time with each of them thanks to my physicians at McLeod."

– Barbara White

Dr. Almeida and Dr. Malik are partners in the McLeod Cardiology Associates group. Dr. Almeida cares for patients at McLeod Loris and McLeod Seacoast, while Dr. Malik, as the Medical Director of Electrophysiology Services, is based out of McLeod Regional Medical Center. Dr. Malik also sees patients at the Electrophysiology Clinics offered at McLeod Seacoast and the McLeod Cardiology Associates office in Myrtle Beach.

"I worked with Dr. Malik to find the best treatment modality for Barbara's heart condition," said Dr. Almeida. "A-Fib can be dangerous as it can lead to strokes, heart attacks and several other life-threatening conditions. Barbara's cardiac rhythm could not be adequately controlled with medications, so we proceeded with the ablation procedure, which successfully treated her condition."

"Thanks to Dr. Almeida and Dr. Malik, I am now physically able to travel to visit my sons," said Barbara. "My heart condition caused me to struggle with normal activities, which was very frustrating. My family is most important to me, and I can now spend more time with each of them thanks to my physicians at McLeod."

BACK IN THE GAME

by Jennifer Beverly

Injuries can result in any sport and it is not unusual for an athlete to play through the pain. Kennedy Smith, a cheerleader and soccer player for North Myrtle Beach High School, knows all too well how determination can make you ignore the pain to stay in the game.

Kennedy is happy to be back in the game playing soccer for North Myrtle Beach High School.

In February of 2016, 15-year-old Kennedy experienced a traumatic cheerleading injury during a pep rally at school. She was spotting a teammate during a stunt, when the cheerleader slipped and fell on Kennedy's neck. Although she knew she was hurt, Kennedy stood and continued the routine as if nothing had occurred. That evening, Kennedy persisted and cheered for the last game of the season against school rival, Myrtle Beach High School.

Kennedy went home and tried to get some rest, but tossed and turned all night long. The next morning, she decided to visit her high school athletic trainer to see if he could provide her with some relief from the severe pain. After examining her neck, the athletic trainer referred Kennedy to an orthopedic physician who diagnosed her with whiplash on both sides of her neck. The physician explained to Kennedy and her mom, Heather, that she would need physical therapy to heal.

"I requested for her physical therapy to take place at McLeod Seacoast," said Heather. "Kennedy had worked with a McLeod Seacoast Physical Therapist previously and had experienced excellent results."

Kennedy was treated by Camila Tepper, PT, DPT, at McLeod Seacoast Outpatient Rehabilitation three to four times a week. The left side of her neck was healing, but on the right side, Kennedy had a pinched nerve injury. Also known as a "stinger," this type of injury sends a burning or stinging sensation from the shoulder to the hand. As she continued with physical therapy, Kennedy realized that her injury required more time to heal.

"Camila encouraged and helped Kennedy progress as much as possible," said Heather. "She worked around our schedule to minimize the amount of time that Kennedy missed school. No matter when we met with her, at 7:00 in the morning or 4:30 in the afternoon, Camila was always smiling and excited to see Kennedy."



Kennedy Smith is grateful for the care she received from Physical Therapist Camila Tepper at McLeod Seacoast Outpatient Rehabilitation.

On top of her normal physical therapy exercises, Camila offered to try Trigger Point Dry Needling to help alleviate Kennedy's neck pain. This technique involves a thin needle to puncture the muscle tissue resulting in a twitching response that releases tension and pain.

"Dry needling seemed to really make a difference," said Heather. "I was happy to see the procedure provide Kennedy with relief."

As Kennedy improved, soccer season loomed ahead. Camila knew how much Kennedy wanted to play, and worked certain soccer techniques into her physical therapy. Once soccer training began, Camila waited for Kennedy after practice to evaluate her progression.

"Unfortunately, Kennedy was not going to be able to play spring soccer, which was devastating to her," said Heather. "Camila encouraged her to have an upbeat and positive attitude despite Kennedy's disappointment."

In June of 2016, Kennedy completed her last day of physical therapy. She was finally released to practice the sports she loves: cheerleading and soccer.

"Kennedy continued in physical therapy for four months -- a long time for a teenager," added Heather. "But, we could not have asked for a better experience at McLeod Seacoast. We were always treated like family and that meant a great deal to us."

What is Trigger Point Dry Needling?

Trigger Point Dry Needling is a skilled intervention performed by a physical therapist that uses a thin filiform needle to penetrate the skin and stimulate underlying myofascial trigger points, muscular and connective tissues that control neuro-musculoskeletal pain and movement impairments.

The objective of Trigger Point Dry Needling is to attain a twitch response to release muscle tension and pain. It has been proven as an effective treatment with very few side effects. By eliminating trigger points in the muscles, dry needling heals pain, such as head and back pain, which are often mistakenly blamed on more serious causes.

Trigger Point Dry Needling, combined with physical therapy, has been shown to help treat:

- Acute and chronic tendonitis
- Athletic and sports-related overuse injuries
- Post-surgical pain
- Post-traumatic injuries, motor vehicle accidents and work-related injuries
- Chronic pain conditions
- Headaches and whiplash
- Lower back pain

Trigger Point Dry Needling services are available at McLeod Loris Seacoast, McLeod Outpatient Rehabilitation and Sports Medicine in Florence, McLeod Darlington, McLeod Health Clarendon in Manning, and McLeod Health Cheraw.

AT THE CENTER OF Pregnancy

by Carrie Anna Strange

Christmas Day 2016 was a joyous one for Verchon Pendergrass-Ravnell as she welcomed the arrival of her third son. Tucker Ethan Pendergrass was born at McLeod Health Clarendon late in the afternoon on December 25.

Brynne Sanders, RN, and Tom Chappell, CNM, recently reunited with Verchon Pendergrass-Ravnell and her son, Tucker.



Verchon says the experience was made even more meaningful because she participated in the CenteringPregnancy® program at the hospital leading up to her delivery.

Centering places the patient at the center of their care. The program involves a group of expecting mothers who receive prenatal care together over 10 sessions. The group meets monthly for the first four sessions and then bi-weekly for the last six sessions. Each session lasts about two hours and the program typically begins between 12 and 16 weeks of pregnancy.

Additionally, Centering has been shown to lower rates of pre-term births and underweight babies as well as increase breastfeeding rates. Outcomes are improved by increasing access to prenatal education and empowering women to take an active role in their care.

“With this pregnancy, I wanted to see what Centering had to offer,” said Verchon who describes her experience in the program as wonderful. “I really liked the idea of group care and bonding with other pregnant women. I learned things through Centering that I did not know with my other two pregnancies; for example, how to breathe through contractions and when to push. I also felt like the members of the group became an extension of my family.”

Tom Chappell, a Midwife at McLeod Women’s Care Clarendon, is pleased to continue the tradition of offering women options in prenatal and birth care. “CenteringPregnancy® is one more way we support women in their journey to motherhood,” explained Tom. “As part of a group, the participants often form a supportive community, developing skills and confidence to take control of their own health care.”

When an expectant mother participates in a Centering group, she undergoes her routine physical exam in a private area performed by the physician or midwife, who also facilitates the group session. After her exam, she joins a group of eight to 12 other mothers from all backgrounds who are at the same stage of pregnancy. Before the session starts, each mother checks her blood pressure and weighs herself, charting her growth in a journal. During the group session, an education piece on topics such as nutrition and exercise, or coping with labor, breastfeeding and infant care is provided, allowing members of the group to talk about their concerns and learn from the facilitator, as well as each other.

Verchon added, “All expectant mothers should consider Centering as an option. The sessions allow you to connect once a month with other

mothers who understand your concerns and it gives you time to simply focus on yourself.”

McLeod Women’s Care Clarendon and McLeod OB/GYN Dillon are recognized as CenteringPregnancy® “approved sites” by the Centering Healthcare Institute. The Centering group care model is used in 450 practices across the United States, and had more than 10,000 participants in 2015.

The physicians of McLeod Women’s Care Clarendon offer healthcare for women at every stage of their lives.

Dr. Pauline O’Driscoll-Anderson, Dr. Julie A. Mullins, Dr. Steven B. Tollison and Certified Nurse Midwives Thomas Chappell and Judy Fry provide a wide range of medical services including general OB/GYN care, labor and delivery, specialty care in urinary gynecology, menopause treatment, infertility, and pelvic health including incontinence and pelvic organ prolapse.

“I really liked the idea of group care and bonding with other pregnant women. I learned things through Centering that I did not know with my other two pregnancies; for example, how to breathe through contractions and when to push. I also felt like the members of the group became an extension of my family.”

– Verchon Pendergrass-Ravnell



Family-Centered Care

Celebrating 25 Years of Family-Centered Care

by Jessica Wall

December 1991 marked a milestone of the commitment by McLeod Health to advancing women's and children's care with the announcement of plans to build the McLeod Women's Pavilion.

Designed to support the medical center's growing regional role in neonatal intensive care and obstetrical care as well as provide additional space for other special

services, the McLeod Women's Pavilion reinforced the continued dedication of McLeod Health to the health of women and their families.

With construction complete in early 1993, the McLeod Women's Pavilion signified more than a building, but rather a philosophy of care in which women and children could have access to the region's

most complete line of services to ensure a positive and memorable experience.

Advancement of Women's Services

"We transitioned not only into a new building, but also a new model of care, known as family-centered maternity care, as well as the capability of treating the

needs of the whole woman throughout her entire life," explained Hart Smith, Vice President of Patient Services at McLeod Regional Medical Center.

Family-centered, patient-focused maternity care refers to the delivery of safe, quality health care while recognizing, stressing and adapting to the physical, emotional and social needs of the patient, the family and newborn.

The purpose of family-centered care includes three very basic directions: to support the adjustment of the family unit to the birth of the baby, to ensure that every family leaves the hospital confident of their ability to care for their baby and to accomplish these goals without jeopardizing the health and well-being of the mother and child.

Smith, who served as the Interim Director of the Neonatal Intensive Care Unit (NICU) at the time of the move, explains that this approach focused on providing care to patients in a valuable



"We transitioned not only into a new building, but also a new model of care, known as family-centered maternity care, as well as the capability of treating the needs of the whole woman throughout her entire life."

– Hart Smith
Vice President of Patient Services at
McLeod Regional Medical Center



"Allowing the family to stay together during the entire birthing experience -- from birth to recovery -- made them feel more 'at home' and created an environment in which the family could bond during that special moment."

– Linda Jeffords
Retired McLeod Health Nurse

and meaningful way, giving attention to the individual's values and preferences.

This new model of care differed greatly from the previous birthing experience, including the separation of the family after delivery. Often, the postpartum area did not allow room for babies and fathers to stay with the mother.

Linda Jeffords, a retired McLeod Health Nurse who spent nearly 15 years working in Women's Services, recalls the impact of family-centered care.

"Allowing the family to stay together during the entire birthing experience -- from birth to recovery -- made them feel more 'at home' and created an environment in which the family could bond during that special moment."

Twenty-five years later, McLeod Health still employs this model of care, emphasizing the importance of keeping mothers and babies, as well as their families, together as much as possible during their hospital stay.

This practice, commonly referred to as rooming-in, enables families to be active participants in the care of their new baby and take part in every special moment from the beginning.

McLeod Health remains committed to the health of a woman throughout her entire life with advanced labor, delivery, recovery and postpartum care; surgical services including a full range of gynecological surgery and services; and 24-hour in-house anesthesia coverage.

In addition, the Breast Imaging Center provides leading facilities and equipment for mammography.

Advancement of Children's Services

Young patients in a children's hospital require more direct nursing care than adults, and their medical procedures usually take more time. Simply put, a true pediatric hospital experience which produces healthy outcomes must be coordinated by a unique staff and specially trained medical team with the child at the center.

A Children's Hospital not only meets the physical needs of babies and children, but must also address developmental stages, psychosocial needs and family relationships. To accomplish this, the hospital must deliver an array of services, including neonatal intensive care, pediatric intensive care and pediatric outpatient specialty clinics, with state-of-the-art facilities and equipment to support those services.

The opening of the McLeod Women's Pavilion unified women's and children's services, allowing both areas to coordinate care and providing a gateway to improve and expand services for the region's smallest patients.

Part of the expansion in the Women's Pavilion included additional space for the Neonatal Intensive Care Unit (NICU), established in 1980 with 21 beds.

Born at 39 weeks with low oxygen levels, Abby Lambert, (pictured above), now a healthy six-year-old, received excellent care from the physicians and nurses in the McLeod Neonatal Intensive Care Unit (NICU).



“The consolidation of women’s and children’s services into one facility made possible the implementation of family-centered care with our pediatric patients.”

– Dr. Charles Jordan
Retired McLeod Pediatrician

The unit moved to the third floor of the McLeod Women’s Pavilion in January 1993 and expanded to a 40-bed unit to meet the critical needs of the tiniest infants -- some weighing less than two pounds at birth.

In October 1994, the McLeod Pediatric Intensive Care Unit (PICU) opened with five beds and the addition of a Pediatric Intensivist.

Throughout the years, McLeod Children’s Hospital has continued to offer advanced care for pediatric patients, leading to the development of specialty services in the areas of critical care, cardiology, endocrinology, and orthopedic surgery.

Dr. Joseph Harlan, a McLeod Neonatologist since 1980, explains that not much has changed in the need or demand for children’s services, but the improved level of care continues leading to better outcomes.

“With advanced technology and an increased emphasis on human milk, critical newborns are healthier sooner, allowing families to be involved in care, such as skin-to-skin, at an earlier stage, sometimes as young as one week of age.

“Parent involvement and skin-to-skin, which involves the nurses placing the infant directly on the mother’s and father’s chests, are important to the

development of the infant and often leads to better long-term outcomes,” added Dr. Harlan.

“The consolidation of women’s and children’s services into one facility made possible the implementation of family-centered care with our pediatric patients,” explains **Dr. Charles Jordan**, a retired McLeod Pediatrician who provided pediatric care to children in Florence for 28 years. During his career at McLeod, Dr. Jordan was instrumental in developing the McLeod Children’s Hospital.

“In the Children’s Hospital, mothers would often stay with the patient, but our rules did not allow for siblings on the floor,” continues Dr. Jordan. “However, 25 years later, family-centered care has become engrained in each of us, and we continue to reap the benefits of allowing family to be involved in the patient’s care.”



“Time has shown that effective coordination of care among pregnant mothers, including high-risk pregnancies, as well as family-centered care, significantly impacts outcomes.”

– Dr. Joseph Harlan
McLeod Neonatologist



Women’s and Children’s Care at McLeod Today

One of only four Children’s Hospitals in the state, McLeod Children’s Hospital provides the highest level of pediatric care and technology from the Midlands to the Coast to more than 56,000 children each year. Nearly 100 beds at McLeod are dedicated to serving the needs of children, including those in the Children’s Hospital, NICU, and PICU.

The regional referral center for 15 counties, McLeod Children’s Hospital offers pediatric care in the areas of cardiology, critical care, endocrinology, general surgery, neurology, neurosurgery, orthopedic surgery and urology.

With the changes and advancements of the past 25 years, McLeod Health continually seeks ways to improve women’s and children’s services across the system. Today, the six-bed PICU continues providing critical care services, and the NICU has expanded to a 48-bed unit to care for more infants throughout the region.

McLeod Regional Medical Center also has a specialized team of Pediatric Hospitalists who manage the care of newborns and pediatric patients. Pediatric Hospitalists care for children in several areas of the hospital, including Children’s Hospital, Labor and Delivery, and Newborn Nursery.

In addition, the hospital established the McLeod Human Milk Initiative, aimed at providing human milk to premature infants weighing less than 1500 grams within the first week of life to decrease the incidence of Necrotizing Enterocolitis (NEC) in the NICU.

Another component of the hospital’s emphasis on human milk includes its status as a depot site for the Mother’s Milk Bank of South Carolina. As a depot site, mothers can donate their breast milk to help ensure that all premature infants receive human milk during their critical need.

McLeod Regional Medical Center, along with McLeod Health Dillon, has also begun the journey to achieve Baby-Friendly designation. The Baby-Friendly Hospital Initiative, a global program launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991, recognizes hospitals which provide evidence-based maternity care and offer an optimal level of care for infant feeding and mother/baby bonding, according to Baby-Friendly USA.

This designation demonstrates the ongoing commitment of McLeod Health to enrich the lives of women and children during their hospital stay through quality, family-centered care.

Kacey Turner and her daughter, Emersyn, experience a tender moment of bonding during skin-to-skin. An important component of family-centered care at McLeod Regional Medical Center, skin-to-skin offers many lasting benefits for both the mother and her baby. (Photo above)



McLeod Pavilion 1993



McLeod Pavilion 2017

ABLE TO BREATHE AGAIN

by Arielle Williams

Kathryn McLain, RN (left) and Sonny Usher, RN (right) worked closely with Fred Kristensen at McLeod Pulmonary Rehabilitation Cheraw to prepare him for his lung transplant.

Growing up on a farm in Norway, Fred Kristensen enjoyed caring for animals throughout his childhood and into his early adult years. However, he believes that exposure to dust and mold on the farm resulted in a bacteria settling in his lungs that would ultimately contribute to his need for a lung transplant.

Fred added that his lungs were also damaged from smoking for ten years. He quit in 2006 but after a few years, he began to exhibit symptoms of Chronic Obstructive Pulmonary Disease (COPD), which started to affect his overall quality of life. Fred experienced shortness of breath after walking up stairs or doing other tasks.

"You begin to accept it as being normal over time," said Fred. "The severity of my condition did not hit me until about a year ago, when I went to the doctor about my difficulty breathing."

Fred's physician prescribed an inhaler which temporarily improved his breathing for a while, but he noticed a significant drop in his ability to breathe well after taking an immune suppressing medication for psoriasis, a condition that results in itchy, red scaly patches on the skin. Fred believes the medication allowed the dormant bacteria in his lungs from his days on the farm to grow at a rapid rate, producing an immediate effect on his lungs.

"There was no hope for my lungs and the only long-term option was a lung transplant," said Fred. "I literally could not go out and run errands, wash the car, or travel to the store without using a whole tank of oxygen."

"My pulmonologist wrote a referral for pulmonary rehabilitation to help improve my lung function and to condition me for the possibility of a lung transplant," said Fred. "I visited several facilities that offered pulmonary rehabilitation programs in the region and found the one that best suited my unique physical, emotional and financial needs at McLeod Health Cheraw."

A resident of Hartsville, South Carolina, Fred was so impressed by the McLeod Pulmonary Rehabilitation program that he made the drive to Cheraw three days a week for more than a year in preparation for his lung transplant.

Sonny Usher, RN, Director of McLeod Pulmonary Rehabilitation Cheraw, and his dedicated staff helped guide Fred through the program.

"He was using six liters of oxygen a day when he first came to us, which is a higher flow of oxygen. By participating in the pulmonary rehabilitation program he was able to decrease his daily intake of oxygen to only two liters at a very low flow of oxygen," said Sonny.

Based on the condition of a patient's lungs, a more continuous flow of oxygen may be needed to breathe regularly. As Fred improved, his air flow was changed to pulse flow which is delivered when he takes a breath or inhales. He also went from having his battery pack or canister of oxygen that previously only lasted an hour to it providing for him all day.

"As long as I grabbed my portable bag of pulse dose oxygen, I was fine. I also did not have to worry about chargers or extra canisters, which was great," said Fred. "Sonny's team worked with me and helped prepare my body for the lung transplant."

Fred's physician wrote a letter to the Medical University of South Carolina in Charleston recommending him for the lung transplant program. They accepted Fred based on the results he achieved from McLeod Pulmonary Rehabilitation Cheraw.

Fred began the year-long process of monthly tests and monitoring required of candidates for a transplant. "The transplant team is very strict on their standards for transplant recipients because they want to be sure that the person who receives the donor organ is dedicated to taking care of themselves and will cherish the gift that they have received," said Fred.

A resident of Hartsville, South Carolina, Fred was so impressed by the McLeod Pulmonary Rehabilitation program that he made the drive to Cheraw three days a week for more than a year in preparation for his lung transplant.

(Continued on next page)

"I finally received the call that they had a donor lung for me, and I drove to Charleston for the surgery. The surgeon who performed my transplant told me that I was the first one of his transplant patients to drive themselves to the hospital.

"They are accustomed to lung transplant patients coming in wheelchairs with several canisters of oxygen, but I was the exact opposite. Because of Sonny and the McLeod Pulmonary Rehab team, I was properly conditioned and ready to receive my new lung," explained Fred.

Two hours after his transplant surgery, Fred recalls that the staff removed the oxygen tank because he was breathing on his own. After about a week, he checked into a local hotel room within ten miles of the hospital, which is usually required of transplant patients for a period of three months. According to Fred, he was allowed to go home early after six weeks because he was doing so well.

"After being released to return home, I was supposed to have follow-up appointments once a week in Charleston, but they eventually changed them to once a month. Now, I only have to go every two months for my check-ups with the transplant team."

In addition to Sonny, Fred also worked with Kathryn McLain, RN, in Pulmonary Rehabilitation at McLeod Health Cheraw. "Fred has worked very hard to be where he is today. He followed the advice and teaching of his medical team word for word. He has also been very proactive in his own care, researching his diagnosis and medications and asking lots of questions.

"One of my favorite 'Fred Stories' was when he sent me a picture of himself on the big bridge in Charleston. The picture was taken after his lung transplant, and he captioned it with 'just finished three miles.' He had a big smile on his face, and even though he had on a protective respiratory mask I could see his round rosy Norwegian cheeks shining in the sun. I thought to myself, three miles, two to three months after a lung transplant is amazing. I know young adults with two good lungs and no health issues who cannot do that. Fred put in the hard work and now he is reaping the benefits of that. He no longer has to carry an oxygen tank everywhere he goes, and he is back doing what he loves most in the world -- being a pilot and flying through the skies as free as a bird," added Kathryn.

Fred currently exercises three days a week for an hour each session. He sets his own pace, and his entire workout is monitored for safety by the McLeod Pulmonary Rehabilitation Team.

"We do not hold him back if it can be done safely," said Sonny. "We keep a close watch on him as with all of our patients and encourage him to grow even stronger."

Fred is grateful for his second chance at life and has returned to what he loves most: flying. He has worked as a pilot in the private sector in Society Hill, South Carolina, for 33 years and previously served as a pilot in the military.

"I am excited about being back in the pilot's seat where I belong," said Fred, with a grin.

Persistence, patience, and a positive attitude are crucial to success in this program, according to Sonny. "Fred

never showed any distress during his rehabilitation, not even once. He has remained optimistic from the time he started our program, and he continues to persevere."

Fred attributes his positive outlook on life to his military background as a pilot. For him, there is no such thing as giving up against obstacles that may come his way.

"I am not a quitter," added Fred. "I might back off or take another route, but I will never give up. I have to treasure this new lease on life I've been given."



During Fred's recovery period from his lung transplant surgery, he sent Kathryn McLain a picture of himself after he completed a three-mile walk over the Arthur Ravenel, Jr. Bridge in Charleston.

A STEP IN THE RIGHT DIRECTION

by Jaime Hayes

For more than 20 years, the South Carolina Campaign to Prevent Teen Pregnancy has led the statewide effort to reduce teen births by promoting evidence-based pregnancy prevention programs.

Teen pregnancy programs can be effective but are often misunderstood by the public. To gain insight of the public's perception of teen pregnancy and sexual health education the Campaign commissioned a survey in the Fall of 2011.

The survey showed that the vast majority of South Carolinians are concerned about teen pregnancy, and 95 percent rate teen pregnancy as a somewhat or very important problem in their community. While South Carolina's teen pregnancy rate has declined over the last few years, Dillon County still ranks fourth in the state for teen pregnancies. Additionally, the organization states that nearly a third of births by teen mothers is a repeat birth.

The astounding numbers for Dillon County brought together a task force in 2012, comprised of many diverse and engaged organizations who are dedicated



Dillon County Nurse Wendi Miller spends time with Kelsey Dudley and her daughter, Kiley, during a McLeod Nurse-Family Partnership Motherhood Celebration.

to making a difference in the health of the community's youth, including McLeod Health Dillon.

In 2016, a few of these organizations qualified for and were awarded a grant for \$92,500 per year for two years, through the Personal Responsibility Education Program, or PREP. Coordinated by McLeod Health Dillon, the recipients include Dillon School District 4, CareSouth Carolina and the Dillon County Boys and Girls Youth Center.

PREP received federal funding under the Affordable Care Act of 2010, and funds are administered through the Department of Health and Environmental Control (DHEC) to serve high-risk youth across the state. Grants are competitive and awarded to priority counties only.

PREP uses evidence-based, age-appropriate interventions proven to change behavior. PREP education also complies with the guidelines set by the Comprehensive Health Education Act (CHEA).

(Continued on next page)

The CHEA was established in 1988 to ensure South Carolina students receive an age-appropriate, comprehensive education program developed with community control.

Rhonda Altman with McLeod Health Dillon is the Lead Coordinating Agent for PREP. “All instruction, regardless of age-level, stresses abstinence until marriage as the first and best choice for all youth,” said Rhonda. “Research shows that comprehensive sexual education does not encourage sexual activity but in fact delays the onset of first intercourse.”

Reproductive health instructors in Dillon School District Four have also attended required training sessions to become familiar with a new evidence-based curriculum (“Making a Difference!,” “Making Proud Choices!,” “Be Proud, Be Responsible!”) that has proven to be effective in reducing teenage pregnancies. The curriculum is being used with students in grades seventh, eighth and ninth in Dillon and Lake View.

“The administration sees this change in curriculum as timely and of utmost

importance to combat staggering county, state and national figures, and most importantly to help teens in Dillon County to lead a healthy lifestyle now and in the future,” said D. Ray Rogers, Dillon School District Four Superintendent.

“The school district is striving to teach skills to help students become college and career ready; however, their health and safety is of highest importance and cannot be overlooked,” added Ray.

The Dillon County Boys and Girls Youth Center, led by Kenny and Annie Smith, is also an implementation partner for the program. The center seeks to establish a better quality of life for the youth of Dillon County and to provide them with tools for success.

“We work with young people during critical periods of growth,” said Kenny. “We want to ensure that they are armed with all of the knowledge they need to grow and make healthy decisions.”

The third implementation partner for

the program is CareSouth Carolina. For more than 30 years, CareSouth Carolina has served as a medical home -- a place where people experience healing, caring relationships that transform lives and communities for the better. CareSouth Carolina has three locations in Dillon County -- Dillon, Latta and Lake View.

“We want to ensure that teens have access to all of the information they need to make healthy decisions,” said Randy Carlyle, Chief Quality Officer for CareSouth Carolina. “Teens will also be able to talk with staff members about sensitive subjects like birth control and pregnancy prevention.”

The community-wide effort led by McLeod Health Dillon, CareSouth Carolina, the Dillon County Boys and Girls Youth Center and Dillon School District 4 is a step in the right direction for Dillon County. Many individuals have banded together with the same objective -- to prevent teen pregnancy and to improve the overall health of Dillon County’s youth.



Community partners working to prevent teen pregnancy in Dillon County include from left to right: Randy Carlyle, CareSouth Carolina; Rhonda Altman, McLeod Health Dillon; Rachel Gainey, McLeod Health Dillon; Jayne Lee, Dillon School District 4; Chris Rollison, SC Campaign to Prevent Teen Pregnancy; Annie Smith, Dillon County Boys and Girls Youth Center; Kenny Smith, Dillon County Boys and Girls Youth Center; Amanda June, DHEC; and Krista Copeland, DHEC.

Nurse-Family Partnership Supports PREP Program



The McLeod Nurse-Family Partnership team includes from left to right, front row: Heather McKenzie, Karen Driggers, Denita Davis, Lindsey Alexander and Latreece Jett; back row: Susan Bailey, Kristen Miller, Jennifer Turner, Sarah Griggs and Wendi Miller.

Nurse-Family Partnership (NFP), a nationally recognized, evidence-based home visitation program for low-income, first-time mothers, is also supportive of the efforts being made in Dillon County. NFP has three primary goals: to improve pregnancy outcomes, enhance child health and development and strengthen the economic self-sufficiency of the families it serves. The McLeod NFP Team, comprised of nine nurses, currently serves more than 230 moms in Florence, Darlington, Dillon, Marlboro, and Chesterfield Counties.

“Our program is designed to dramatically improve the lives of at-risk mothers and their young children, which in turn will help these families thrive and our communities prosper,” said Kristen Miller, RN, MSN, Manager of the Nurse-Family Partnership for McLeod Health.

NFP is one of the oldest and most thoroughly evaluated nurse home visitation programs in the nation. Through regular in-home visits, nurses work with enrolled mothers to improve maternal health, promote healthy child development and support mothers with issues such as continuing school, finding work or establishing adequate housing. Home visits start early in pregnancy and continue until the child’s second birthday. The program also encourages participation from the father and other members of the family.

Results from the McLeod Nurse-Family Partnership have shown that:

- 93 percent of babies were born full term
- 90 percent of NFP mothers had no subsequent pregnancies at program completion (two years).
- 75 percent of NFP mothers initiated breastfeeding at birth

The NFP program in Florence, Darlington, Dillon, Chesterfield and Marlboro Counties is supported by a public-private partnership that includes the Children’s Trust of South Carolina, the McLeod Foundation, McLeod Regional Medical Center, McLeod Health Dillon, McLeod Health Cheraw, Boeing South Carolina and the Marlboro County General Hospital, a private foundation.

The program is supported statewide by The Duke Endowment, South Carolina DHEC, the BlueCross BlueShield of South Carolina Foundation, South Carolina First Steps to School Readiness, the Children’s Trust of South Carolina and the NFP National Service Office.

EXPANDING EMERGENCY CARE

by Arielle Williams

Committed to providing excellent quality care and improving the health care of those it serves from the Midlands to the Coast, McLeod Health continues to invest in services and technology in an unceasing effort to meet the health needs of the region.

Expansion of the Emergency Department at McLeod Health Cheraw underscores this commitment by McLeod Health to provide treatment, services and health care to the residents of Chesterfield, Marlboro and surrounding counties.

The current Emergency Department (ED) at McLeod Health Cheraw was originally designed to serve between 8,000 to 10,000 patients per year. In 2016, the ED staff cared for nearly 22,000 patients.

“The need for a new Emergency Department is clear and has been evident for some time,” explained **Dr. Gabe Simpson**, Chief of Staff and Medical Director of the Emergency Department for McLeod Health Cheraw. “I am looking forward to providing our patients with a state-of-the-art ED to treat their emergency needs quickly and efficiently.”

The new, 23-bed Emergency Department will be designed to serve 25,000 patients per year.

All rooms will be fully private and capable for emergency department care. Two of these rooms will be dedicated to advanced resuscitation of critical patients, while four will provide a safe and comfortable holding for psychiatric patients.



The Emergency Department at McLeod Health Cheraw is expanding to meet the growing needs of those living in Chesterfield and Marlboro Counties.

“Construction of the new Emergency Department at McLeod Health Cheraw will make emergency care more accessible and timely for patients in our area which is crucial,” said Mib Scoggins, Administrator of McLeod Health Cheraw. “In creating the new design, the focus of the expansion has been on efficiency and flexibility -- providing for future growth and changes based upon population and technology. This focus will optimize benefits to all of our residents from surrounding communities who rely on this facility for care.”

During a groundbreaking ceremony held in May, remarks were given by Dr. Simpson; Scoggins; Dale Locklair, Senior Vice President of Planning and Construction for McLeod Health; Roger Jones, President, Greater Cheraw Chamber of Commerce; Mary Anderson, McLeod Health Board of Trustees Member; Sully Blair, McLeod Health Board of Trustees Member, and Deborah Locklair, Senior Vice President and Regional Administrator for McLeod Health.

“Cheraw and all of Chesterfield and Marlboro Counties are so fortunate to have

McLeod Health offering excellence in healthcare,” explained Roger Jones, President of the Greater Cheraw Chamber of Commerce. “The new emergency addition will better serve the residents of our communities and show the confidence that McLeod has in this entire area and the commitment from them to meet our healthcare needs.”

“As a resident of Chesterfield County and a school teacher in Marlboro County, both communities share a special place in my heart,” said Mary Anderson, McLeod Health Board of Trustees. “As a Cheraw Chamber member, I see firsthand what having a viable hospital can do for economic stability and development.

“We can have the best team of caring doctors, nurses and staff, and patient volume greater than ever expected, but until we have an Emergency Department with adequate space for our teams to work and citizens to be served, there is still room for improvement,” continued Anderson.

“Luckily, thanks to the vision of McLeod’s leadership, the values and mission of our organization, the incredible group of our caregivers and support staff and the

voice of our communities, the time has come, and today is the day,” concluded Anderson. “We have been looking forward to this for a long time and how sweet it is to actually hold the golden shovel of growth and progress in our hands.”

Sully Blair, McLeod Health Board of Trustees and Marlboro County resident, added, “When I think about community, I think about how powerful that word is. I think about what happens when communities come together. We have been given an opportunity and need to embrace this blessing, support it and be ambassadors for McLeod.

“The healthcare services in both of our communities continue to expand thanks to McLeod Health, and we celebrate the addition of a new Emergency Department that we desperately need,” said Blair. “The goal is to provide us with top quality and convenient care, and McLeod is exceeding in that promise to our residents. They want us to know that this is our hospital, and they are committed to us.”

The new Emergency Department is scheduled to open to the public in April of 2018.



Community leaders and McLeod Health representatives participated in the groundbreaking ceremony for the new Emergency Department at McLeod Health Cheraw. Pictured from left to right: Roger Jones, Greater Cheraw Chamber of Commerce; Mib Scoggins, McLeod Health Cheraw; Dr. Gabe Simpson, McLeod Health Cheraw; Sully Blair, McLeod Health Board of Trustees; Mary Anderson, McLeod Health Board of Trustees; Debbie Locklair, McLeod Health; and Dale Locklair, McLeod Health.

KEEPING THE BLOOD FLOWING

by Tammy White

Controlling the flow of fluid or air through a tube is the work of a valve. In everyday life, valves are involved when you wash clothes and pump gas. Valves also keep the blood flowing in your heart. If one of the four valves in the heart does not open or close properly, the result is heart valve disease. Just like knee and hip joints, sometimes heart valves need to be repaired and replaced, too.

Transcatheter Aortic Valve Replacement (TAVR), a new minimally invasive procedure being performed at McLeod Regional Medical Center, allows physicians to repair a patient's diseased or damaged heart valve without removing the old valve.

"Typically, aortic stenosis is discovered in patients after their doctor hears a murmur," explained Ryan Hill, a Nurse Practitioner and McLeod Valve Clinic Coordinator. "A heart ultrasound, or echocardiogram, is obtained to confirm the diagnosis."

Risk factors for aortic valve disease include advanced age, previous rheumatic fever, which would have led to damage to the valve, and congenital valve disease, a valve disease from birth.

This man-made heart valve replaces a diseased aortic valve through a minimally invasive procedure.



The Valve Clinic Team in the new Hybrid OR at McLeod includes from left to right: Ryan Hill, NP; Dr. Fred Krainin; Dr. Robert Savage; Dr. Scot Schultz; Dr. Brian Wall and Dr. Dan Fox. (Not pictured: Dr. Cary Huber and Dr. Kyle Johnson)

"As you age, the risk for developing calcium on the valves increases," said Ryan. "This build-up of calcium leads to problems with the aortic valve."

There are two types of aortic valve problems: aortic regurgitation and aortic stenosis. With aortic regurgitation the valve cannot close properly and blood flows back to the heart in the wrong direction. Aortic stenosis means a narrowing of the valve, which limits the blood flow leaving the valve. With this limited blood flow, it increases the force the heart has to use to pump the blood through the valve. Both conditions are equally problematic and require medical intervention.

Symptoms that patients may experience from aortic stenosis include shortness of breath, fatigue, chest pain, fainting, or an overall feeling of weakness.

The process for valve care begins with a

patient being referred to the McLeod Valve Clinic, where Ryan and the Valve Clinic Team meet with the patient and family to discuss the clinic process. Ryan also helps arrange the required testing of cardiac catheterization, lung screening, CT scan, carotid ultrasound and lab work.

The outcomes of these tests help determine the best treatment plan for the patient. When the results are available, the Valve Clinic Team: Cardiothoracic Surgeons **Dr. Scot Schultz** and **Dr. Cary Huber**; Interventional Cardiologists **Dr. Fred Krainin** and **Dr. Brian Wall**; Anesthesiologists **Dr. Daniel Fox**, **Dr. Kyle Johnson** and **Dr. Robert Savage**, meet with Ryan to review the findings.

"A diagnosis of aortic stenosis does not mean that surgery is needed immediately," said Ryan. "Some patients will require close

follow up to monitor for changes in the valve or development of symptoms, both of which could mean that surgery is needed."

"If surgery is needed, the traditional method for replacing the aortic valve is surgical aortic valve replacement or SAVR," explained Dr. Wall. "This method is performed as an open heart procedure."

However, some patients are not considered suitable candidates for the SAVR technique and this is where TAVR becomes an option.

"Valve disease is a disease of the elderly," said Dr. Krainin. "Many times these patients' health cannot withstand the stress of an open heart procedure. Often, patients who undergo the TAVR procedure have other medical conditions that make them a better candidate for this type of surgery."

(Continued on next page)

TAVR is performed similar to a heart catheterization. A minimally invasive procedure, the physician inserts a catheter, a long flexible thin tube with the artificial valve, through a small incision in an artery in the leg, then guides it to the heart using X-ray imaging. The valve is precisely positioned across the diseased valve. The new valve is then released and starts functioning immediately. The old valve provides the foundation to hold the new valve in place.

TAVR procedures are performed in the new, state-of-the-art Hybrid Operating Suite at McLeod Regional Medical Center. The second hybrid suite at McLeod, the operating room combines the medical

expertise of interventional cardiologists and the surgical expertise of cardiothoracic surgeons with the most advanced heart technology available to perform TAVR.

“The focus of the Hybrid Operating Suite is radiologic imaging,” said Dr. Schultz. “The suite’s highly advanced equipment, including fluoroscopy, makes it possible to visualize precise structures of the heart to assist in proper placement of the new valve. The Hybrid Operating Suite also allows the TAVR team to collaborate together on this new innovative procedure.”

Patients typically require two to three days in the hospital after the TAVR procedure. “They can expect to return

to their normal activities faster than they would after having major surgery,” said Dr. Wall. “Following the procedure, TAVR patients continue with routine follow-up care at the McLeod Valve Clinic.”

“One of the goals of the McLeod Heart and Vascular Institute is to adapt to changes in the delivery of medical care,” added Dr. Krainin. “Patients with aortic stenosis who cannot undergo the surgical option because of their health concerns now have another alternative. With the minimally invasive opportunity of TAVR now being offered by McLeod we are getting these patients back to a quality of life they can enjoy.”



Marty Rotan, Special Procedures Technician, (left) assists Dr. Scot Schultz and Dr. Fred Krainin during the TAVR procedure.

McLeod News

MCLEOD ANESTHESIOLOGIST RECEIVES OUTSTANDING ACHIEVEMENT AWARD

Robert M. Savage, MD, FACC, an Anesthesiologist with the McLeod Heart and Vascular Institute, recently received the American Society of Echocardiography (ASE) 2017 Outstanding Achievement in Perioperative Echocardiography Award at their 28th Annual Scientific Sessions held in Baltimore, Maryland. Dr. Savage received the award for his significant clinical, research, and/or educational contributions to the field of perioperative echocardiography.

Dr. Savage’s career has been dedicated to developing the field of perioperative echocardiography which enables physicians to visualize the chambers of the heart, its valves, and the major connecting vessels. He has a unique perspective on echocardiography from the specialties of both cardiology and anesthesiology. He also pioneered echo’s role in emergency ECMO and ventricular assist insertion, and he directed the emergency response teams throughout Cleveland Clinic for many years.

Dr. Dan Fox, a McLeod Anesthesiologist, is honored to work alongside Dr. Savage. “He transformed the use of echocardiography in the operating room during cardiac surgery. This leap forward in Cardiac Anesthesia was only a vision of Dr. Savage’s until he teamed up with highly regarded Cleveland Clinic Cardiologist Dr. Bill Stewart to learn this new discipline.

“Dr. Savage and a handful of other physicians then established standards for National Board Certification in Perioperative Echocardiography, and spent 20 years teaching courses across the United States that ultimately improved cardiac

surgery care delivered to patients. Thanks to him, this skill is now a recognized, required standard for cardiac anesthesiologists and just 25 years ago it didn’t exist.”

Dr. Fox added that Dr. Savage is very deserving of this lifetime achievement award from the American Society of Echocardiography. “He is the most recognized name in cardiac anesthesia. He actually edited the definitive textbook on perioperative echocardiography in cardiac surgery,” explained Dr. Fox.

“When we were working to enhance our valve surgery program about 13 years ago, Dr. Savage and one of his colleagues came to McLeod and taught a valve conference for us,” said Dr. Fox. “When he retired from the Cleveland Clinic, his wife Cheri wanted to move south, and he remembered his friends at McLeod. After a little encouragement from one of our cardiothoracic surgeons, **Dr. Mike Carmichael**, Dr. Savage decided to join our team with the McLeod Heart and Vascular Institute in 2016.”

Dr. Savage is an Emeritus Faculty of Cleveland Clinic Lerner College of Medicine and retired Vice-Chair of the Department of Cardiothoracic Anesthesiology. He is also a retired Captain of the United States Navy, and he served in the Medical Corps from 1972 to 2001.

Dr. Savage received his medical degree from Duke University School of Medicine in Durham, North Carolina, and completed an internship at the Naval Regional Medical Center in San Diego, California. Additionally, he completed a residency, cardiology fellowship, anesthesiology residency, and fellowship in pain management at Emory University in



McLeod Anesthesiologist Dr. Dan Fox (right) recognized Dr. Robert Savage’s lifetime achievement award during a recent McLeod Health Board of Trustees meeting.

Atlanta, Georgia. His fellowship in cardiothoracic anesthesia and advanced echocardiography was completed at Cleveland Clinic in Cleveland, Ohio.

Dr. Savage has published more than 55 articles and nearly 50 textbook chapters. He has also edited four textbooks and 15 educational DVDs. In addition to his role at McLeod, he is privileged to serve with a team dedicated to teaching young doctors in China. Dr. Savage has served on ASE’s Board of Directors, and he was one of the founding members of the ASE Council on Perioperative Echocardiography.

The ASE Outstanding Achievement in Perioperative Echocardiography Award is awarded to recognize a physician who is at the academic level of Associate Professor or Professor; who has achieved significant clinical, research and/or education in the field of perioperative echocardiography; has been recognized at the regional, national and international levels; and is a fellow of the ASE and/or NBE Diplomate of the National Board of Echocardiography (NBE).

McLeod News

SEE A DOCTOR WITHOUT LEAVING HOME



Quality Care. Anytime. Anywhere. Just \$49 per E-Visit.

With McLeod Telehealth you can now visit a doctor online at anytime, from anywhere – on your laptop, phone, or tablet. No appointment is necessary. Visits are private and secure.

Get quickly diagnosed by a board-certified physician for minor or common illnesses or recurring conditions:

- | | | |
|------------------|----------------------------|-------------|
| ■ Bronchitis | ■ Urinary Tract Infections | ■ Rashes |
| ■ Cough/Cold | ■ Viral Infections | ■ Flu |
| ■ Sore Throats | ■ Pinkeye | ■ Much more |
| ■ Ear Infections | ■ Allergies | |

McLeod Telehealth is a service provided by McLeod Health, the choice for medical excellence in your region.

SIGN UP FOR FREE!

Just download the McLeod Telehealth app or visit McLeodTelehealth.org



McLeod
TeleHealth

McLeodTelehealth.org

McLeod News

MCLEOD HOLDS OPEN HOUSE FOR NEW LOCATION OF CARDIOLOGY GROUP IN SUMTER

An Open House and Ribbon Cutting for the new location of McLeod Cardiology Associates in Sumter was held in April in conjunction with the Greater Sumter Chamber of Commerce.

The Cardiologists of McLeod Cardiology Associates, **Dr. Ryan Garbalosa** and **Dr. Dennis Lang** and Electrophysiologist **Dr. Prabal Guha**, have been providing the highest quality adult cardiovascular care utilizing the latest techniques to Sumter County patients for several years.

Dr. Alan Blaker, Executive Medical Director of the McLeod Heart and Vascular Institute, emphasized how the physicians of

McLeod Cardiology Associates Sumter help meet the goals of the McLeod Heart and Vascular Institute to significantly reduce the risk factors for heart disease that place patients at risk for the number one killer in the United States.

In attendance for the event was the McLeod Critical Care Transport Team of McLeod Heart Reach and McLeod Cypress Transport. When needed, these teams provide immediate access to McLeod Health Clarendon or McLeod Regional Medical Center to ensure the continuum of care that began with McLeod Cardiology Associates in Sumter.

“We are pleased to be a part of the Sumter community,” said Dr. Lang. “Myself and my partners, Dr. Garbalosa and Dr. Guha, are available for anyone who needs medical assistance in controlling their heart disease risk factors.”

McLeod Cardiology Associates welcomes new patients. Appointments can be made by calling 803-883-5171. Physician and self-referrals are welcome. McLeod Cardiology Associates cares for patients in Sumter at 540 Physicians Lane and in Clarendon County at 21 East Hospital Street, Manning.



McLeod News

McLEOD HEALTH PHYSICIANS AND HOSPITALS RECOGNIZED FOR EXCELLENCE IN HEALTHCARE

McLeod Health physicians and hospitals were recently recognized for providing excellence in healthcare by national healthcare research leader Professional Research Consultants, Inc. (PRC). The awards were presented during PRC's 2017 Excellence in Healthcare Conference on June 2.

Dr. William A. Jackson, a McLeod Cardiologist, was recognized as a Top Performer for Overall Quality of Physician Care. He was ranked at or above the 100th percentile which equates to one of the highest scoring physicians in the nation. The following eight McLeod physicians were also honored for being ranked in the top ten percent in the nation as 5-Star recipients: **Dr. C. Richard Alexander, Dr. Joslyn Angus, Jr., Dr. Gary Emerson, Dr. Keith Harkins, Dr. Eric Heimberger, Dr. Guy McClary, Jr., Dr. Richard Mohr, III, and Dr. William Newsom.**

"McLeod Health hospitals and physicians are incredibly deserving of these National Excellence in Healthcare Awards,"



McLeod Physicians honored for excellence in healthcare by Professional Research Consultants include, from left to right: Dr. Richard Alexander, Dr. Eric Heimberger, Dr. Richard Mohr, Dr. Gary Emerson, Dr. William Jackson, Dr. Guy McClary, Jr., and Dr. Joslyn Angus, Jr. (Not pictured: Dr. Keith Harkins and Dr. William Newsom)

The honors received by hospital include:

- McLeod Health Cheraw**
5-Star HCAHPS Award for "Communication about Medications"
- McLeod Darlington**
Top Performer HCAHPS Award for "Communication with Doctors"
- 5-Star HCAHPS Award for "Overall Rating"
- 5-Star HCAHPS Award for "Care Transition"
- 5-Star HCAHPS Award for "Communication with Nurses"
- 5-Star HCAHPS Award for "Communication about Medications"

said Joe M. Inguanzo, Ph.D., President and CEO of PRC. "McLeod Health is committed to driving improved scores and making their hospitals a better place to work, a better place to practice medicine and a better place for patients to be treated. It takes true dedication, determination and hard work to achieve this level of excellence in healthcare."

"It is exciting that our patient satisfaction survey results have earned our hospitals and physicians such prestigious recognition," said Cathy Lee, Vice President of Service Excellence for McLeod Health. "However, scores are not the true reason we celebrate. What makes these awards meaningful is the fact that our doctors, nurses and staff make the needs of our patients their number one priority. The survey scores simply reflect that patient-centered philosophy."

For 17 years, PRC's annual Excellence in Healthcare Conference has brought together hundreds of healthcare leaders to focus on transforming the patient experience. The awards recognize organizations and individuals who achieve excellence throughout the year by improving patient experiences, healthcare employee engagement and/or physician alignment and engagement based on surveys of their patients.



- McLeod Loris**
Gold Achievement Award for Discharge Deep Dive on Understanding Symptoms to Monitor
- Silver Achievement Award for Emergency Department Service Excellence Standards Deep Dive
- McLeod Regional Medical Center**
Platinum Achievement Award for Inpatient Medical/Surgical Services project: "From Reds to Riches: Clean Work Makes the Dream Work"

McLeod News

GAINEY NAMED ADMINISTRATOR OF McLEOD HEALTH CLARENDON



Rachel T. Gainey

McLeod Health is pleased to announce the appointment of Rachel Turner Gainey to the position of Administrator and Vice President of McLeod Health Clarendon.

Gainey's service with the McLeod Health system dates back to her role as a teen volunteer. She officially joined the team in 2003 as a graduate administrative resident while she completed her advanced degree, Master of Health Administration, at the Medical University of South Carolina, graduating with Honors.

During Gainey's 14-year tenure with McLeod Health, she has worked extensively in operations, strategic planning, as well as

growth and development in the markets which McLeod serves. For more than a decade, she has served as a member of the administrative leadership team at McLeod Health Dillon with oversight of both strategic and clinical operations. Most recently, Gainey served as the Associate Vice President of Ancillary Patient Services overseeing eight clinical areas with responsibility of operations, financial management, and performance improvement. All service lines within the division have seen growth in both volume and scope of services.

With previous experience in communications, community health, and as a physician liaison, Gainey has worked to strengthen the McLeod Health brand, improve the health of the community, and cultivate relationships with physicians and practices. Through this work, she has gained knowledge of a variety of service lines and

their operations beyond those in which she has direct reporting relationships. Gainey has also learned the art of combining knowledge with market data to establish, sustain, and grow services.

"Rachel has a strong skill set in developing and executing plans and has proven success in project management," said Debbie Locklair, Senior Vice President and Regional Administrator for McLeod Health. "With her deep knowledge base of the McLeod Health organization, its priorities, and its endeavors, she understands the quality of work essential to the continued growth of services to support the care of the patients we serve."

Gainey and her husband, Will, a native of Marion, South Carolina, and their two children, John William, 7, and Graycen, 3, will be relocating to the Manning area.

NEW MEDICAL OFFICE BUILDING UNDER CONSTRUCTION IN DILLON



A new medical office building is under construction at McLeod Medical Center Dillon. The building, located on the corner of Jackson Street and 8th Avenue, will be the new home for McLeod OB/GYN Dillon, the office of **Dr. Rebecca Craig, Dr. Marla Hardenbergh, Dr. Melissa Brooks, and Andi Atkins, FNP.**

The physicians of McLeod OB/GYN Dillon offer healthcare for women at every stage of their lives. They provide a wide range of medical services including general OB/GYN care, labor and delivery, specialty care in urinary gynecology, pelvic health including incontinence and pelvic organ prolapse, menopause treatment and infertility.

Construction of the new medical office building is expected to be complete in December.



Dr. Rebecca Craig



Dr. Marla Hardenbergh



Dr. Melissa Brooks

McLeod News

FIRST MEDICAL OFFICE BUILDING OPENS ON THE McLEOD HEALTH CAROLINA FOREST CAMPUS



Dr. Jason Harrah (center) with McLeod Family Medicine Carolina Forest cuts the ribbon to building one on the McLeod Health Carolina Forest campus. He was joined by his physician partners and the physicians of Atlantic Urology Associates. From left to right: Dr. Christopher Stanley, Dr. Sara Camarata, Dr. Ashley Locklear-Batton, Dr. Harrah, Dr. Robert Jansen, Dr. Brian Roberts, Dr. Timothy Gajewski and Dr. Glenn Gangi.

McLeod Health has opened its first building on the 43-acre expansion designed to provide services to meet the healthcare needs of residents within and around the Carolina Forest area. An Open House and Ribbon Cutting Celebration was held at the new McLeod Health Medical Office Building in Carolina Forest in March.

"This first phase of Carolina Forest carries on McLeod Health's vision to improve the health of people in Horry County by providing preventative care through physician offices," said Monica Vehige, Administrator and Chief Operating Officer for McLeod Loris Seacoast. "Based on national statistics, Horry County has a significant shortage of primary care physicians and other specialists. McLeod looks forward to our campus filling this gap by providing better access to medical care thus improving the health of the population we serve."

Attendees of the open house had the

opportunity to tour the new facility and meet the physicians of the first practices located in the new building: McLeod Family Medicine Carolina Forest and Atlantic Urology Associates.

"Providing quality healthcare is not a concept that is created entirely in a boardroom," said Ronald Fowler, a member of the McLeod Health Board of Trustees representing Horry County. "For McLeod Health that understanding is no different. The decision to come to the Carolina Forest community was not a decision solely based upon data and consultants, but upon the long held understanding that providing a choice in quality health care was a fundamental right of a community's citizens. Understanding the diversity of the growing medical needs of the local communities, McLeod's healthcare leaders have long viewed a move into the Carolina Forest community as a platform for providing advanced quality healthcare

to a vibrant and expanding region," said Fowler.

Dr. Jason Harrah with McLeod Family Medicine Carolina Forest shared during his remarks, "I chose to join McLeod Health because of their breadth and depth of services and specialists. This continuum of care by growth into the Carolina Forest community reflects the concern for wellness of the citizens in this area."

"Quality is the McLeod Health keystone," said Dick Tinsley, McLeod Health Senior Vice President and Regional Administrator. "We believe this project will improve the health and well-being of the people living in Carolina Forest."

This facility is the first phase of the Carolina Forest project which includes a two-story facility that houses McLeod Family Medicine Carolina Forest and Atlantic Urology. It has also been structurally designed to offer space for an Emergency Care Center. The Emergency Department area is pending certificate of need approval.

Four additional structures will occupy the property. Building two is under construction with plans of opening in the fall of 2017. This building will be home to McLeod Cardiology Associates currently located on 82nd Parkway. Plans for the remaining structures will be announced.

A temporary modular unit offers care to patients of McLeod Neurology Seacoast and McLeod Cardiology Associates until building two is completed.

McLeod Family Medicine Carolina Forest is located at 101 McLeod Health Blvd., Suite 201, in Myrtle Beach. They are accepting new patients and same day appointments are available. For appointments, contact 843-646-8001.

TRANSFORMING OUR REGION'S HEALTHCARE

MAJOR EXPANSION COMING 2018



- 100 Bed Capacity
- 6 New State-of-the-art Operating Rooms
- Same-day Services Suite
- New Diagnostic Services

- Expanded Orthopedic, ENT, Cardiology, Vascular, Surgery, and Primary Care Services

McLeod Seacoast provides the highest caliber of healthcare to our region. Due to the growth of our area, we are investing more than 110 million dollars in a major expansion. In 2018, we will unveil a modern tower that will double the inpatient capacity. This expansion along with our move into Carolina Forest, will ensure a continuation of high quality care, access to the best physicians and specialty services, and investments in technology.

Part of McLeod Health, the region's largest healthcare network, McLeod Seacoast will continue to deepen its exceptional care to our patients, families and community.

McLeod Seacoast

4000 Hwy 9 East | Little River, SC | 843-390-8100 | McLeodSeacoast.org

Physicians in Little River • Loris • Carolina Forest

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
PERMIT 600
MYRTLE BEACH
29577

