

McLeod

Volume 33, Issue 2, 2018

magazine

AT THE HEART
OF CARING

M.J. Sanders



Views



Rob Colones

At McLeod Health, we work together to continue to be an organization where caring is moment by moment action. Where people are treated with respect and dignity. Where we strive to provide quality and oneness to our service on behalf of those who entrust us with their care. Our Core Values: **Caring, The Person, Quality and Integrity** drive our daily efforts. We seek to provide the best in healthcare and service to support those of all ages and from all backgrounds and needs, assisting through hope, excellence, comfort and expertise.

The patient experience at McLeod Health positions our system as a leader in the state, with each of the McLeod Health hospitals reporting public patient satisfaction data above both state and national averages in numerous categories. Healthgrades and other third party reviewers publish our rankings, distinctions which are state and national recognitions for Excellence in Clinical Outcomes and Service.

However, awards and scores are not how we measure our impact on patients, or our ability to quantify service. Every day, we meet patients and families whose lives are touched by our Physicians and Staff, in profound and meaningful ways. It is not just our mission statement that drives us to excellence; it is our sincere desire to care for the people who seek us for healthcare and choose McLeod, that is validation of our strength as an organization.

Many of those faces and voices that made that choice are reflected in the following pages of our *McLeod Magazine*. We appreciate their willingness to share their journeys and their outcomes.

May their stories encourage others.

Robert L. Colones

Rob Colones
President, McLeod Health



ON THE COVER:

M.J. Sanders did not have the strength or energy to lift his head due to a rare diagnosis called Kawasaki Disease in October 2017. Thanks to the care provided at the McLeod Children's Hospital, M.J. can now bounce around happily and healthy like any other three-year-old. The story of M.J.'s miraculous recovery is shared on page 34.



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, Erin Brown, Tracie Foster,
Kristie Gibbs, Jaime Hayes, Jennifer Hulan,
Carrie Anna Strange, Shaw Thompson, Jessica Wall,
Tammy White and Arielle Williams

Photographers:
Sidney Glass, Chief Photographer
Doug Fraser, Hugh Gore

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

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A Team Approach Targeting Atrial Fibrillation

New Convergent Procedure Combines Cardiothoracic Surgery and Electrophysiology to Treat A-Fib

by Tammy White



McLeod Electrophysiologist Dr. Rajesh Malik reviews 3-D images of the heart to ensure that all the abnormal electrical impulses have been removed.

An irregularity of the heartbeat, atrial fibrillation, occurs in ten to 15 percent of the population -- increasing in prevalence as a person ages. The irregular heartbeat weakens the heart muscle with time. More importantly, it increases an individual's risk of stroke. As the blood collects in the upper chambers of the heart it tends to form clots, which can cause strokes.

"The most common arrhythmia in adults, atrial fibrillation (A-Fib) increases with age, from less than one percent of those younger than age 60, to roughly one in every ten persons aged 80 years or older," explained **Dr. Rajesh Malik**, a McLeod Electrophysiologist.

An Electrophysiologist specializes in evaluating the abnormalities of the heart's rhythm. Dr. Malik serves as one of two physicians at McLeod who treats the electrical system of the heart.

A significant portion of the people on a medical regime for A-Fib are intolerant to the medication for one reason or another. Blood thinners, a core component in the treatment for atrial fibrillation, can also cause bleeding complications and other issues in many patients.

If the medicines or blood thinners do not work, usually the next treatment step involves an ablation performed by an Electrophysiologist. Ablation refers to removing or disconnecting some of the abnormal electrical connections that contribute to atrial fibrillation. Ablation potentially may permanently cure an arrhythmia, and many times, allows the patient to avoid taking medication.

If successful, an ablation eliminates the atrial fibrillation problem for a significant number of patients. An operation performed by a Cardiothoracic Surgeon can also cure atrial fibrillation, but it is fairly invasive and requires making a large incision in the chest and putting the patient on the heart lung bypass machine.

For patients with atrial fibrillation who are sensitive to medications and blood thinner treatments, or their ablation procedure was unsuccessful, they may be considered a potential candidate for Convergent, a new procedure available at McLeod Regional Medical Center that combines the best aspects of the surgical approach to atrial fibrillation with the Electrophysiologist's ablation technique.

During the Convergent procedure, the Cardiothoracic Surgeon performs a minimally invasive approach to ablate, (destroy), the tissues on the back of the heart. An Electrophysiologist then performs ablations on the inside and front portions of the heart. "By combining these two techniques, we produce a much more reliable result for the patient and a potential way for them to no longer need their medications and/or blood thinners," said **Dr. S. Cary Huber**, McLeod Cardiothoracic Surgeon.

The surgical portion of the procedure, performed by Dr. Huber, involves a small one to two-inch incision right below the breastbone. Dr. Huber inserts the ablation device directly into the small incision. With the assistance of a small camera, a radiofrequency current of targeted heat destroys the tissue in the problem areas of the heart to restore it back to a regular rhythm.

Dr. Malik then threads a thin, flexible wire catheter through the inside of the heart for his portion of the procedure. Using radiofrequency ablation, Dr. Malik ablates any remaining gaps and conducts tests to confirm that all of the abnormal electrical impulses have been eliminated.

The procedure requires three to four hours. Most patients recover in the

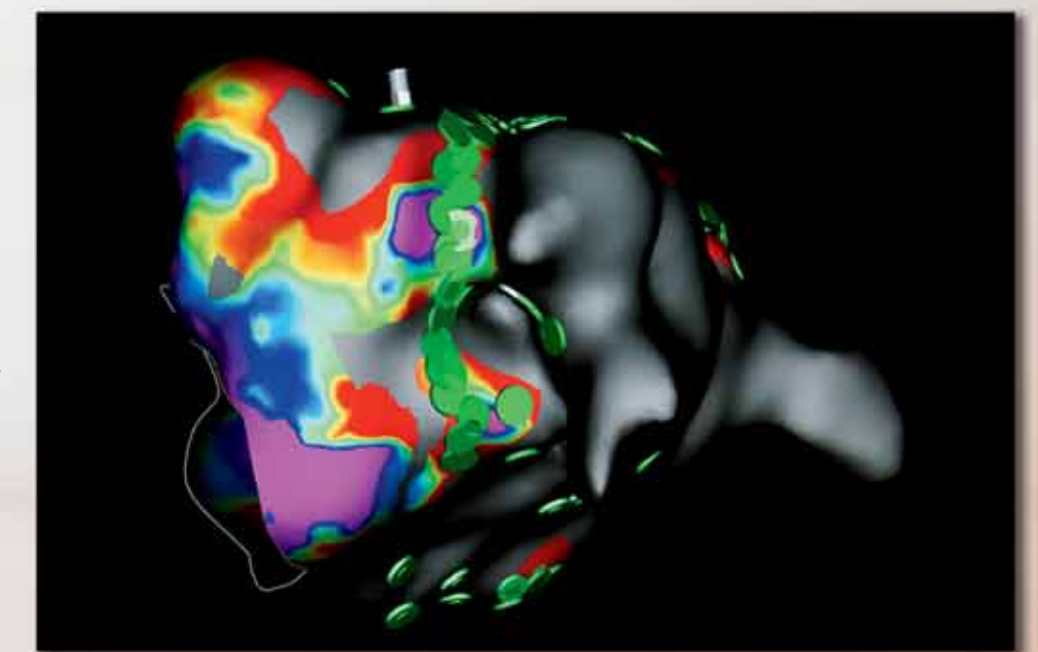
hospital for two or three days afterwards and return to normal activities within a couple of days after going home. This minimally invasive procedure offers a much faster recovery than with an open procedure.

"The Convergent procedure is one opportunity we have available to help patients manage their atrial fibrillation," said Dr. Malik.

"At the McLeod Cardiology Associates office in Florence, we also offer an Atrial Fibrillation Clinic where our team works with the patient to develop a treatment plan for their A-Fib. For those patients who suffer from chronic atrial fibrillation and who qualify, we are pleased to now offer the Convergent procedure option."

"At McLeod, we have embraced the heart team concept, not just for arrhythmia surgery, but for all types of heart problems whether it involves coronary artery valve issues or arrhythmia," added Dr. Huber.

"Multiple studies have shown that if you evaluate the patient as a team, with everyone offering their own level of expertise and contributing to the same cause, patient care improves greatly. The Convergent procedure is one example of the heart team concept being applied to arrhythmia concerns for the betterment of patient care."



The green on this 3-D image of the front of the heart represents the areas that Dr. Malik ablated.

ACCESS EXCELLENCE

by Jennifer Hulon

Lawrence McQueen chose to retire where he once enjoyed the quiet country life in his youth.

Currently residing in North Myrtle Beach, Lawrence and his wife, Rosetta, own a small farm in Loris where they plan to build a new home soon. Lawrence spends time on his tractor manicuring the landscape and taking photographs of his beautiful property and wildlife.

In late 2016, the diagnosis of kidney failure interrupted Lawrence's peaceful retirement. He never imagined his weekly activities would involve making multiple doctor's appointments and scheduling dialysis sessions, which intrude on his newfound free time.

Lawrence's condition requires dialysis three times a week. Patients with renal or kidney failure receive dialysis treatments through a process using a hemodialyzer (artificial kidney). Dialysis removes waste, salt and extra water to prevent them from building up in the body. Dialysis also helps keep a safe level of certain chemicals in the blood, such as potassium, sodium and bicarbonate, and assists in controlling blood pressure.

"A way of life for many, especially in the Carolinas, kidney failure necessitates this life-altering process for patients," explained McLeod Vascular Surgeon **Dr. David Bjerken**.

Patients who undergo dialysis weekly require a vascular access, a way to remove blood from the body then return it. Vascular access options include either an arteriovenous (AV) fistula, AV graft or catheter. An AV fistula, the preferred type of vascular access, offers fewer problems with infection and clotting. Catheters pose the most problems with infection.

Experiencing issues with his dialysis access, Lawrence's Nephrologist **Dr. Sivanthan Balachandran** referred him to Dr. Bjerken in March of 2017. Lawrence's dialysis access involved a neck catheter, which led to an elevated temperature, swelling and risk of more systemic complications due to chronic infection. He needed an alternative access option for his dialysis.

Dr. Bjerken suggested Lawrence undergo a procedure to remove the catheter, and he would create an arteriovenous fistula in his forearm. This offered convenient and safe access for dialysis moving forward as well as alleviated the elevated risk of infection.

"Dr. Bjerken and the McLeod Loris staff stayed very attentive and concerned with my well-being," said Lawrence. "They kept me informed and remained efficient, like a well-oiled machine."

Nearly a year after Lawrence's procedure, he experienced stenosis or narrowing of his fistula vein, a major cause of dysfunction and a common occurrence with a fistula.

"This past February, when I suspected my fistula was clotted, I contacted Dr. Bjerken," said Lawrence. "He told me to come to the hospital so he could look at my arm. He made time to see me between surgery cases because he wanted to take care of me. This impressed me greatly and gave me comfort."

Dr. Bjerken performed a fistulagram imaging test to diagnose Lawrence's problem and an angioplasty procedure to repair it. Angioplasty involves inserting a catheter through a blockage in an artery and inflating a special balloon on the catheter to open up the blockage and allow more blood to flow through it.

"Changes in health care continue to occur, and at McLeod we strive to respond to these needs while emphasizing quality and service."

– **Dr. David Bjerken**
McLeod Vascular Surgeon

Patients with a graft, catheter or fistula require immediate attention if the vascular access becomes damaged or inoperable. However, few healthcare centers provide prompt dialysis access care which produces a significant problem for dialysis patients.

"The number of patients with kidney failure continues to increase rapidly, up 600 percent since 35 years ago," said Dr. Bjerken. "We knew a response to this growing problem needed to be addressed."

Because of the critical need for this specialized area of vascular care, McLeod Loris recently established a Dialysis Access Center for the region. Dr. Bjerken, the lead physician of the center, and the staff provide treatment for patients with access complications in a timely manner.

"Changes in health care continue to occur, and at McLeod we strive to respond to these needs while emphasizing quality and service," Dr. Bjerken said. "A complex process involving multiple facets of our system, dialysis access challenges me to perform at my best for our patients."



McLeod Vascular Surgeon **Dr. David Bjerken** performs a fistula repair procedure at McLeod Loris.

McLeod Loris Administrator Scott Montgomery added, "McLeod Loris remains committed to meeting the needs of our community. Working with Dr. Bjerken, we identified a deficit in serving patients with vascular access needs. By establishing the Dialysis Access Center at McLeod Loris, we are expanding our ability to provide the highest quality of service to these patients."

"Kidney failure patients like Lawrence need these life preserving dialysis treatments," said Dr. Bjerken. "However, creating and maintaining effective access for dialysis is a constant challenge. A priority for Lawrence involves a kidney transplant because it offers him a significant longevity benefit."

"Dr. Bjerken is fantastic and magnificent in every way," said Lawrence. "He's the best."

Now a kidney transplant candidate, Lawrence looks forward to ending his need for dialysis and further improve his quality of life.

Lawrence McQueen enjoys taking pictures of his property and the wildlife.

HOPE for a *Fast Recovery*

by Jennifer Beverly

For Brooke Taylor, hope means more than an aspiration or expectation. Hope served as the inspiration for her boutique, Hope Taylor & Company, in honor of her mother's name. Hope also led her to McLeod Orthopaedics Seacoast to find relief for her excruciating hip pain.



Excruciating hip pain no longer keeps Brooke Taylor from riding her Indian Scout motorcycle along the Grand Strand.

Brooke Taylor, 48, may not be your typical hip replacement patient. In addition to being very active and healthy, Brooke enjoys riding her Indian Scout motorcycle along the Grand Strand on warm, sunny days.

For a year, Brooke suffered from pain in her left hip. The pain intensified and interfered with her everyday life. Getting in and out of her car proved difficult, as did riding her bike or working out. After consulting multiple doctors, Brooke was referred to **Dr. Christopher Walsh** of McLeod Orthopaedics Seacoast.

"On my first visit, Dr. Walsh reviewed an X-ray of my hip and explained that the cartilage in the hip joint had deteriorated," said Brooke. "He offered me two options. The first involved injections to see if the pain could be controlled, and the second option was to have a total hip replacement."

Ready to be pain free and to enjoy life after months of suffering, Brooke elected for the total hip replacement.

"I asked Dr. Walsh to schedule the total hip replacement. Putting a 'Band-Aid' on it wasn't a solution. I wanted my hip fixed," said Brooke.

Dr. Walsh carefully explained the two hip replacement approaches to Brooke.

"During the less invasive anterior approach, we position patients on their back and make a small incision at the front of the hip," said Dr. Walsh. "The surgeon works between the muscles with minimal to no cutting to insert the new hip joint. This procedure offers eligible patients less muscle damage, reduced post-operative pain, decreased risk of hip dislocation, a shorter hospital stay and a faster recovery."

Traditionally, the most common method among hip replacements involves the posterior approach. For this procedure, the team position the patients on their side and the surgeon makes an incision, slightly larger than the anterior option, behind the hip to insert the new hip joint. The posterior approach includes a higher risk of trauma to the muscle tissue, which can cause a longer and more painful recovery for the patient.

At the time of her surgery the holiday season approached around the corner. Brooke worried about being away from her boutique during the busiest time of the year. After much research, Brooke ultimately decided to go with the anterior approach for her hip replacement.

"I thought long and hard about the pros and cons of both procedures and chose to go with the anterior approach, hoping for a faster recovery," said Brooke.

Dr. Walsh performed the surgery at McLeod Seacoast and Brooke said she immediately felt better before even leaving the hospital.

"I spent one night at the hospital, got up and dressed myself before being discharged the next morning," said Brooke. Recovering quickly, she returned to Hope Taylor & Company a week after undergoing her hip replacement.

Driven to always stay busy, Brooke felt ready to get back to her store. "I used my walker, but more out of a safety precaution than for pain," said Brooke.

Brooke followed up with Dr. Walsh two weeks later, and he was amazed by her progress.

"I observed her gait as she walked down the hallway and it was almost perfect," said Dr. Walsh.

Brooke's recovery progressed so well that she did not need to continue physical therapy.

"Patients who receive posterior hip replacements usually require four to six weeks of physical therapy after surgery," said Dr. Walsh. "This helps restore the joint motion and strength. But, with the anterior hip replacement, physical therapy is very minimal."

Enjoying life again, Brooke has returned to normal function.

"Having a hip replacement has been one of the easiest decisions of my life," said Brooke. "I endured more pain giving birth to two children. This surgery proved much less painful. I cannot express my gratitude enough to Dr. Walsh and his amazing team for giving me a new hip... and hope in life."

Dr. Christopher Walsh, McLeod Orthopaedics Seacoast, is pictured with Brooke Taylor during a follow-up appointment after her anterior hip procedure.



A MISSION DEDICATED TO *Healing & Access*

McLeod Regional Medical Center Breaks Ground on New Emergency Department

by Erin Brown

In times of crisis, people often turn to the McLeod Emergency Department team of critical care professionals for urgent medical needs. From the middle of the night for a toddler with a high fever to the person suffering chest pains, or those involved in a multi-car accident, the Emergency Department staff stands ready to provide lifesaving care.

“Emergency care is essential to a community, especially to a growing community like Florence,” explained Marie Saleeby, Senior Vice President and Administrator of McLeod Regional Medical Center. “Approximately half of the patients admitted at McLeod on any given day come through the Emergency Department.

“At McLeod, we continue to fulfill our mission by providing the highest level of emergency and trauma services to those living from the Midlands to the Coast. As the regional Level II Trauma Center, we care for our neighbors and friends as well as those travelers who pass

through our area and experience a traumatic event,” said Saleeby.

The Emergency Department at McLeod Regional Medical Center has also experienced rapid growth in the number of patients cared for annually.

“Since 2011, our Emergency Department volume has grown almost 50 percent,” explained **Dr. Jeremy Robertson**, Medical Director of the McLeod Emergency Department.

In order to meet the growing emergency medical needs of the region, McLeod Regional Medical Center has broken ground on an enhanced and expanded Emergency Department that will relocate from the west entrance of the campus on Ravenel Street to the east side of the campus between the Pavilion Tower and McLeod Medical Park East.

“The current location does not allow for expansion to accommodate this volume of patients. The new Emergency Department will provide an increase in capacity, allow for improvement in the flow of patient care and efficiency, as well as support easier access for patients and families,” said Dr. Robertson.

The scope of the facility will also dramatically improve the timeliness of care available to emergency and trauma patients who seek lifesaving treatment at McLeod.

Dr. Robertson added, “The McLeod Emergency Department currently has 40 acute treatment rooms which accommodates 50,000 patients a year. However, we care for in excess of 77,000 patients a year in the Emergency Department, and this number continues to grow.”

The new Emergency Department will include 73 rooms designed to serve 109,500 patients a year.

“We are grateful for the opportunity to expand and serve our patients with quality, safety and service at the core of our work,” said Dr. Robertson.

“The relocation, adjacent to the Pavilion Tower, aligns the patients with nearby operating suites and surgeons, diagnostics and imaging services. This will save time and lives. We consider this a unique opportunity for our staff and physicians to be involved in the development of such a great medical asset to our community,” stated McLeod Emergency Physician **Dr. Thomas Lewis**.

Additional features of the new Emergency Department, according to Dr. Lewis, will include:

- Five dedicated resuscitation areas large enough for lifesaving equipment with quick access to ambulance bays, a CT scanner, and operating rooms to serve stroke, trauma and critically ill patients.
- Larger patient rooms to accommodate family members.
- Lab and Radiology located within the department to increase the turnaround time for these services.
- “Psych-safe” rooms to keep behavioral health patients safe and eight separate beds for the Psychiatric Holding Area

“We are looking forward to the future and continuing to provide the region with quality, lifesaving emergency care,” said Leander Crawford, a Trustee of the McLeod Health Board, and Chairman of the McLeod Planning Committee.

“This project must not be viewed as simply additional bricks and mortar to an ever growing medical system. This new Emergency Department will offer superlative care, ease of access and delivery of the highest level of treatment.”

“To the visionaries, Dr. F. H. McLeod, Givens Young, Bruce Barragan, Lawrence McIntosh, Rob Colones, John Braddy, Ben Ziegler, Kaye Floyd Parris, and many others, thank you for stirring the hearts and minds of the people in our communities to establish and support this great institution, recognizing that our mission is one of hope and healing,” said Dale Locklair, Senior Vice President of Planning and Facilities Management.

“McLeod Health is committed to providing excellent quality care in our region and improving healthcare to those it serves. This new Emergency Department will clearly execute the vision of McLeod in Florence County and beyond.”

The new Emergency Department is scheduled to open to the public in December 2020.



McLeod Health physicians and leadership participated in the groundbreaking for the new Emergency Department at McLeod Regional Medical Center in May. Pictured from left to right: Dale Locklair, Senior Vice President of Planning and Facilities Management; Leander Crawford, McLeod Health Board of Trustees; Dr. Thomas Lewis, McLeod Emergency Department Physician; Dr. Jeremy Robertson, Medical Director of the Emergency Department; Marie Saleeby, Administrator of McLeod Regional Medical Center; and Rob Colones, CEO and President of McLeod Health.

The Region's Choice for Emergency Care

With a long history of and commitment to providing quality care to its patients, McLeod Health continues to invest in services and technology to improve its Emergency Departments across the region.

“We view each patient as unique and important; therefore, we strive to bring them the best care possible in areas such as patient response times, privacy and safety,” said Rob Colones, President and CEO of McLeod Health. “The healing force from the Midlands to the Coast, we remain steadfast in providing an integrated, coordinated, and unique healthcare system that works to improve the health and well-being of the people of our region.”

In 2017, McLeod Health implemented a quality improvement project called Operational Effectiveness within each Emergency Department throughout the McLeod Health system. Driven by efforts to remove the burdens of work, Operational Effectiveness takes out unnecessary steps, allowing more time to focus on “value added” work. The organization implemented the initiative with both patients and employees in mind.

■ McLeod Health Cheraw

With the growing population in Marlboro and Chesterfield Counties, the need for a new Emergency Department at McLeod Health Cheraw has proven evident for several years. The construction of the new state-of-the-art Emergency Department underscores the commitment by McLeod to provide quality, innovative healthcare and services to the residents of Chesterfield, Marlboro and surrounding counties. “As a place of healing we call healthcare, McLeod Health opens phase one of the McLeod Health Cheraw Emergency Department,” said Colones. The expanded 23-bed Emergency Department, featuring private rooms and the latest technology, has capacity to serve 25,000 patients per year. The design includes two rooms dedicated to advanced resuscitation of critical patients and four rooms to provide safe and comfortable holding for psychiatric patients.



The new Emergency Department at McLeod Health Cheraw opened in June. Participating in the ribbon cutting were (from left to right) Sully Blair, McLeod Health Board of Trustee; State Representative Patricia Henegan; Mib Scoggins, Administrator of McLeod Health Cheraw; State Representative Richie Yow; Rob Colones, President and CEO of McLeod Health; and Mary Anderson, McLeod Health Board of Trustee.

■ McLeod Health Clarendon

McLeod Health Clarendon has made great advances in its commitment to the patients and residents of Clarendon and Sumter Counties. The McLeod Health Clarendon Emergency Department sees 26,000 patients annually and offers 14 rooms. Improvements include state-of-the-art equipment and the latest technology. Patient satisfaction scores indicate that patients find these improvements and new processes very beneficial. Some of these new processes include an Intake Registered Nurse stationed in the Emergency Department lobby for a quicker triage process and minor treatment care. Improvements in patient flow include, Arrival to Triage, Arrival to Emergency Department Room, and Arrival to Provider. These metrics show a significant decrease in time which allows for faster, more efficient care.

■ McLeod Health Dillon

Patient satisfaction scores at McLeod Health Dillon also indicate that the renovations and improvement work in the Emergency Department have benefited patients. A complete renovation of the Emergency Department occurred in 2010, offering new treatment rooms, trauma rooms, a helicopter pad, triage area, decontamination area, and a safe area for psychiatric patients. Staff members continuously strive to



Dr. Kievers Cunningham serves as the Medical Director of the 19-bed Emergency Department at McLeod Health Dillon.



The recent 9,600-square foot expansion of the Emergency Department at McLeod Health Seacoast offers more streamlined services and 24 exam rooms with advanced diagnostic equipment.

ensure that every patient in the Emergency Department has a positive experience. Offering 19 beds, including trauma rooms, the McLeod Health Dillon Emergency team cares for more than 35,000 patients annually. These improvements have allowed for better patient flow, resulting in increased patient satisfaction for measurements such as Door to Doctor Time.

■ McLeod Health Loris

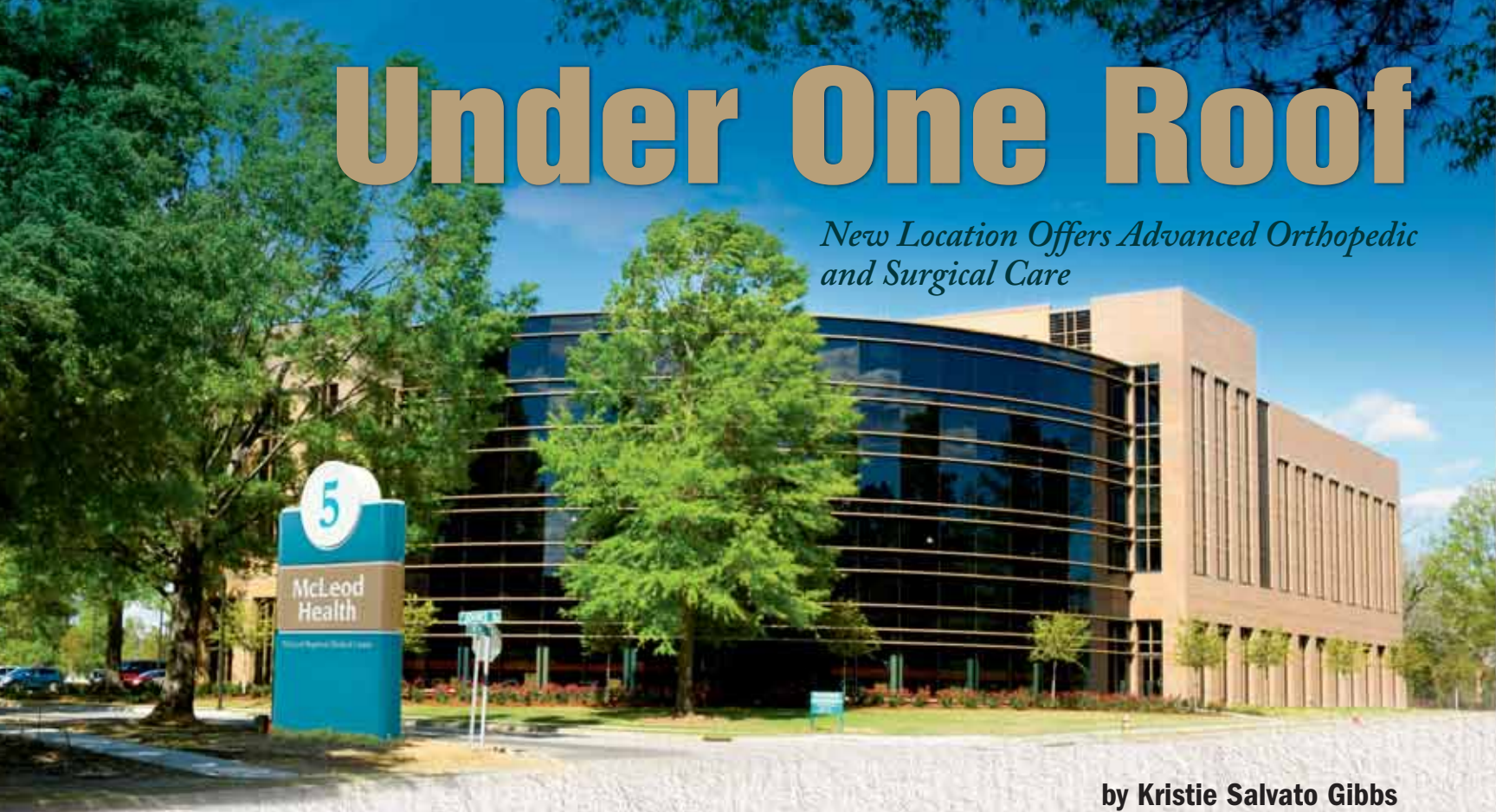
McLeod Health Loris provides convenient emergency care for patients in Loris and the surrounding communities. The Emergency Department offers 15 rooms and cares for approximately 25,000 patients per year. Many improvements have taken place at the McLeod Health Loris Emergency Department to provide quality care to all the patients it serves.

■ McLeod Health Seacoast

McLeod Health Seacoast has taken extra steps to evaluate and improve emergency services. In June 2016, the 9,600-square foot Emergency Department doubled the size of the existing space, allowing for more streamlined services, including new exam rooms and state-of-the-art trauma facilities. The Emergency Department now offers 24 spacious rooms with advanced diagnostic equipment, including three trauma rooms, two triage rooms and a designated OB/GYN exam room for emergency cases. Additional features of the Emergency Department include an enhanced waiting area that creates a warm and intimate environment for visitors as well as a private family consult room where providers can meet with family members. The first installment of an overall construction plan that also includes a new patient tower and concourse, the Emergency Department's improvements have significantly impacted the patient care process at McLeod Health Seacoast.

Under One Roof

New Location Offers Advanced Orthopedic and Surgical Care



by Kristie Salvato Gibbs

The landscape at McLeod Regional Medical Center continues to evolve to meet the medical needs of patients from the Midlands to the Coast. This impressive medical campus' most recent expansion includes the addition of McLeod Medical Park Five housing the McLeod Ambulatory Surgery Center and the physician offices of McLeod Orthopaedics.

The McLeod Ambulatory Surgery Center occupies the first floor of Medical Park Five. The Center offers a safe and convenient environment for patients undergoing specific surgical procedures that do not require a hospital stay. Two

fully equipped operating rooms are currently operational with two additional operating rooms scheduled to open in the near future.

Installation of a 3.0 Tesla MRI (magnetic resonance imaging) machine is underway. This machine produces higher

resolution images with advanced scanning capabilities, and offers imaging ability for the surgeons to perform more complex cases. Thirty percent faster than the average MRI, the unit allows for quicker imaging procedures and less wait times for patients.



The new Ambulatory Surgery Center also supports the ophthalmology needs of patients throughout the region. Stokes Regional Eye Center physicians utilize the state-of-the-art facility to perform eye surgery procedures.

In addition to eye surgery, McLeod Medical Park Five includes space for orthopedic care. The McLeod commitment to excellence in orthopedic care recently led to combining McLeod Orthopaedics and Pee Dee Orthopaedic Associates under one name, McLeod Orthopaedics, and one location. This group of leading orthopedic surgeons provide the highest level of expertise for the diagnosis and treatment of orthopedic conditions.

The second and third floors of McLeod Medical Park Five are home to the physician offices of McLeod Orthopaedics. The 40,000 square foot space provides a location for the physicians to care for orthopedic patients in one office.

"Previously, orthopedic patients were cared for in two separate office locations," explained **Dr. Pat Denton**, Orthopedic Surgeon and Medical Director of McLeod Orthopedic Services. "The relocation of all orthopedic physicians together enables us to provide exceptional quality care in a new and pleasing environment, easily accessible and convenient for our patients."

(Continued on next page)

The Physicians of McLeod Orthopaedics, caring for patients at McLeod Regional Medical Center, include (from left to right):

*Dr. Christopher Stanley
Dr. Jason O'Dell
Dr. Barry Clark
Dr. Rodney Alan
Dr. Nigel Watt
Dr. Patrick Denton
Dr. Christopher Litts
Dr. David Woodbury
Dr. Albert Gilpin
Dr. Thomas Mezzanotte*

They are supported by Physician Assistants Dean Huiet and Aileen Wawrzaszek.

Dr. Gilpin, a Pediatric Orthopedic Surgeon, cares for patients at McLeod Pediatric Orthopaedics in the McLeod Medical Plaza.



The new space reflects improved flow for both patients and physicians. “Designed with convenience for the patient as a top priority, the patient exam rooms are large and outfitted with the most advanced equipment and technology,” said Dr. Denton. “When caring for bones, ligaments and joints, having diagnostic imagery right at your fingertips for rapid viewing is essential. Additionally, six onsite X-ray machines and an onsite MRI allow us to capture those images quickly while the patient is in the office, making it more convenient for them.”

The facility also houses a rehabilitation

gym for physical therapy and occupational therapy needs and a procedure room for in-office surgical procedures.

A variety of orthopedic outpatient surgical procedures ranging from knee replacement, hand and upper extremity surgery to highly complex shoulder surgeries are performed on the first floor of the Center.

“We eagerly anticipate the opening of the two additional operating rooms,” said Dr. Denton. “These operating rooms will allow us to accommodate the growing number of orthopedic patients in need of surgery.”

Locating the McLeod Ambulatory Surgery Center and the orthopedic physicians all under one roof is an example of the McLeod commitment to providing excellence in orthopedic and surgical care through ease of access, convenience and expedience.

“We are continuously finding ways to meet the growing orthopedic needs of the communities we serve by elevating the level of orthopedic care for patients across the region, providing convenient access to services, and enhancing the experience for our patients,” stated Will McLeod, Vice President of Orthopedic Services.

Committed to providing quality care to individuals throughout the 15-county McLeod Health service area, McLeod Health cares for orthopedic patients from the Midlands to the Coast by continually improving services and offering the latest technology to patients. The McLeod Health team of highly skilled orthopedic surgeons provide convenient access for patients at locations in Florence, Hartsville, Cheraw, Manning, Sumter, Dillon and the North Myrtle Beach area. The team includes:

DILLON



Dr. Michael Sutton
McLeod Orthopaedics
Dillon

FLORENCE & HARTSVILLE



Dr. Rodney Alan
McLeod Orthopaedics
Florence & Hartsville



Dr. Barry Clark
McLeod Orthopaedics
Florence & Hartsville



Dr. Patrick Denton
McLeod Orthopaedics
Florence & Hartsville



Dr. Jason O'Dell
McLeod Orthopaedics
Florence & Hartsville



Dr. Thomas DiStefano
McLeod Orthopaedics
Cheraw & Hartsville

CHERAW & HARTSVILLE

MANNING



Dr. Lawrence Conley
McLeod Orthopaedics
Clarendon

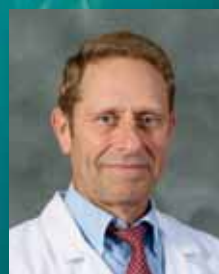
NORTH MYRTLE BEACH AREA



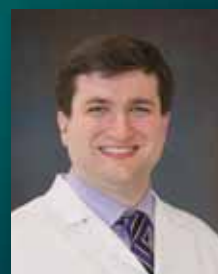
Dr. Eric Heimberger
McLeod Orthopaedics
Seacoast



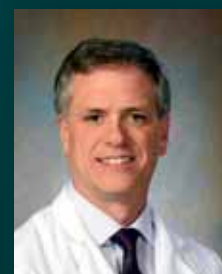
Dr. David Lukowski
McLeod Orthopaedics
Seacoast



Dr. Peter Lukowski
McLeod Orthopaedics
Seacoast



Dr. Christopher Walsh
McLeod Orthopaedics
Seacoast



Dr. David Woodbury
McLeod Orthopaedics
Florence & Sumter

FLORENCE & SUMTER

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Living Life to the FULLEST

by Jessica Wall

On January 12, 2013, just seven months after beginning the adoption process, Jayson and Ashlee Quesada witnessed the birth of their daughter, Caydence.

Everything seemed normal until Caydence's two-month check-up with McLeod Pediatrician **Dr. Brian Naylor**, who noticed her difficulty tracking and focusing on objects.

Dr. Naylor referred Caydence to an ophthalmologist, who diagnosed her with an eye disorder called nystagmus, or involuntary eye movements. These movements can result in reduced vision and depth perception and often affects balance and coordination. Because the nystagmus presents more prominently on some occasions than others, Caydence's ophthalmologist prescribed glasses to help maintain control of her eye movements.

The ophthalmologist also ordered an MRI for further testing, which revealed septo optic dysplasia, a rare congenital condition characterized by the underdevelopment of the optic nerve, pituitary gland dysfunction, and the absence of the septum pellucidum (part of the brain connecting the two hemispheres).

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

Because the area in which Caydence's pituitary gland and optic nerve intersect developed incorrectly, her body does not produce enough growth hormone, an important component for bone density, cholesterol, and muscle mass.

Five-year-old Caydence Quesada resolves to live life to the fullest despite her diagnosis of a rare genetic condition. To celebrate her remarkable progress, McLeod named Caydence the 2018 McLeod Children's Hospital Ambassador.

(Continued on next page)

Septo optic dysplasia causes a range of symptoms including vision problems, difficulty with coordination and balance as well as low immunity.

Facing tremendous concerns over their daughter's unexpected diagnosis, Jayson and Ashlee relied heavily on the quality care of their McLeod physicians. They continue to visit these pediatric specialists every six months to monitor Caydence's growth and development.

Caydence's treatment plan consists of daily low-dose growth hormone injections to balance any hormone deficiencies she may have as well as routine blood work and cortisol stress tests.

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

"We monitor her temperature, especially during the summer, because

"Caydence approaches every obstacle determined to overcome it. She resolves to live life to the fullest, refusing to let anything hold her back."

– Jayson Quesada
Caydence's father

she can overheat easily," says Ashlee. "We keep a thermometer close by, but we have also learned to watch for physical signs such as lethargy. If Caydence develops a fever exceeding 102°F or gets overheated, she receives a cortisol injection."

In addition to growth hormone and cortisol injections, Caydence undergoes weekly occupational, physical, and speech therapy both in school and at McLeod Pediatric Rehabilitation.

Now five years old, Caydence has made tremendous progress. Recalling one of Caydence's most notable accomplishments in recent months, Ashlee explains that Caydence can now walk up and down steps without assistance such as holding a rail.

"Caydence's condition affects her depth perception, making this simple action difficult before now," explains Ashlee. "Overall, however, Caydence has excellent vision considering approximately 80 percent of children with this condition become legally blind."

Caydence works hard and continuously strives to reach her therapy goals, and every success gives her the encouragement to keep moving forward.

Currently enrolled in pre-school, Caydence enjoys many hobbies, including reading books, playing on her tablet, completing puzzles, having dance parties at home, wrestling with her daddy, exploring the outdoors, and telling jokes. Her favorite joke goes like this: "Knock, knock, who's there? Orange you glad I didn't say banana?"

Caydence also takes music lessons and participates in weekly equestrian therapy to strengthen her coordination and balance

while learning self-soothing techniques.

Caydence's prognosis will likely never change; however, her vibrant personality and resilient spirit will help her achieve anything she sets her mind to accomplish.

"Witnessing Caydence's positive attitude throughout her journey inspires us every day," says Jayson. "Caydence approaches every obstacle determined to overcome it. She resolves to live life to the fullest, refusing to let anything hold her back."

"Despite her amazing progress and ability to adapt, Caydence still faces many daily struggles," explains Ashlee. "Social environments, including school, remain a challenge for her. Caydence works hard to learn certain social skills -- such as personal space, volume and interactive play -- which come naturally to most kids. In these moments, Caydence faces the greatest fight -- her personal fear of failure."

"If we could take this away from her, we would; however, Caydence embodies the truth that our differences allow our unique qualities to shine through. When she enters a room, people stop to notice -- whether from her loud voice, her willingness to approach anyone and give them a hug, or her bright smile. She brings so much light, joy and laughter to everyone around her, and we would not have it any other way."

To celebrate Caydence's remarkable journey, McLeod named Caydence the 2018 McLeod Children's Hospital Ambassador. In this role, Caydence participates in local and state activities to help raise awareness of the services McLeod Children's Hospital provides children from the Midlands to the Coast.

Caydence's parents, Ashlee and Jayson, remain her biggest fans.



McLeod Children's Hospital, Your Local Children's Miracle Network Hospital

- McLeod Children's Hospital, one of only four Children's Hospitals in the state of South Carolina, provides the highest level of specialized pediatric care and technology available from the Midlands to the Coast in the areas of cardiology, critical care, endocrinology, and orthopedic surgery.
- McLeod Children's Hospital also offers pediatric care in the areas of general surgery, neurology, neurosurgery, otolaryngology and urology.
- The regional referral center for 15 counties, McLeod Children's Hospital cares for more than 56,000 children each year including inpatient, outpatient, and rehabilitative services.
- McLeod Regional Medical Center, located in Florence, devotes nearly 100 beds to children's needs, including those designated in the McLeod Children's Hospital, Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU) and Day Hospital.
- Children's Miracle Network Hospitals (CMNH), a non-profit organization, raises funds for more than 170 children's hospitals across the country, including McLeod.
- A hallmark of the Children's Miracle Network Hospitals, 100 percent of every dollar raised in a community stays there to help children in need. Donations to McLeod Children's Hospital and CMNH create miracles by funding medical care, research and education that saves and improves lives of children living in the McLeod service area.
- Children's Miracle Network Hospitals and its corporate partners also share unique, powerful partnerships with McLeod. As a result, millions of children's lives have been improved, and these sponsors have built strong reputations as committed, caring corporate citizens.
- Business partners in Northeastern South Carolina and Southeastern North Carolina directly support McLeod Children's Hospital through fundraising efforts.



MORE THAN BRICKS & MORTAR

NEW SEACOAST EXPANSION

by Kelly Hughes

The desire of those who cherish innovation and improvement is about to come true. After a \$110 million investment and nearly four years, the transformation of McLeod Seacoast nears completion.



Construction nears completion on the new bed tower at McLeod Seacoast.

The pinnacle of the transformation at McLeod Seacoast occurs when the doors of the new patient tower open in late Summer 2018. With visually impressive architecture and operationally effective design, benefitting both patients and staff in their new medical home.

The first floor greets visitors with an expanded patient registration area and includes renovated outpatient testing areas and rehabilitation services as well as business offices, a gift shop and a convenient concourse to access the new Emergency Department and Cafeteria. The second and third floors offer spacious accommodations for 36 patient rooms on each floor with clinical services strategically located nearby.

Additionally, other construction projects within the interior of the hospital are scheduled to be completed in 2019.

"This new tower is so much more than just bricks and mortar," said Monica Vehige, Administrator of McLeod Seacoast. "These walls house a place where lives are touched and healing begins. Our staff make a difference in people's lives every day and this gives us the opportunity to do even more."

In 2014, the McLeod Health Board of Trustees approved expansion plans for McLeod Seacoast which enlarges this 50-bed community hospital into a 100-bed state-of-the-art medical facility to serve the residents of Horry and Brunswick Counties.

"Our vision has been to grow McLeod Seacoast into a medical destination that is better equipped to provide complex, high-quality care for residents along the Grand Strand," said Frank Boulineau, Trustee of the McLeod Health Board. "The McLeod Health commitment to Horry County is one of the largest financial investments this area has seen in a long time."

Committed to providing the services that these communities want and need, McLeod expects to add more

than 23 physicians within the McLeod Health system by the Fall of 2018. As the infrastructure to meet those needs is built, McLeod continues to expand its physician network and services.

"Healthcare is at a critical cross-road. Technology, governmental regulations and changing demographics are altering the way hospitals provide care. We are committed to tackling those challenges head-on," said Vehige. "This expansion demonstrates our commitment by investing in the quality of life for our local community."

Phase one of the construction at McLeod Seacoast started in 2016 when the Emergency Department expanded by approximately 9,600 square feet -- more than doubling the original capacity. It now includes 24 private exam rooms, three trauma bays, and a dedicated fast track unit to treat less emergent cases.

In the Fall of 2017, a new cafeteria became operational, serving as both a place of respite for visitors and staff as well as the delivery of nutrition to patients.

The opening of four new operating rooms in March of 2018 increased surgical capabilities and decreased patient wait times for outpatient, non-emergent surgeries.

In these new operating rooms, experienced McLeod Surgeons perform cases -- from inserting tubes in a small child's ears to reduce ear infection complications to complex vascular surgeries that save the limbs of a diabetic patient.

Since 2017, surgical cases increased 42 percent and the number continues to rise. McLeod Seacoast stands ready to meet that growing demand.

The mission of McLeod Health is to improve the health and well-being of people living within South Carolina and eastern North Carolina by providing excellence in healthcare. For McLeod Health, this mission is more than a plaque that will hang on these new walls.

Driven by this mission every day, the staff of McLeod Health live out this work in the compassionate service and care they provide.



McLeod General Surgeon Dr. Amanda Turbeville spends time discussing care with her patient.

DRIVEN TO LEARN NEW TECHNOLOGY

McLeod Surgeon Rededicates Career to Robotic Thoracic Surgery

by Tracy H. Stanton

McLeod Thoracic Surgeon Dr. Wayne Holley aligns the robotic camera scope to obtain 3-D visualization for the surgery.

Few surgeons change course midway through their illustrious careers to learn advanced, innovative technology. However, McLeod Thoracic Surgeon **Dr. Wayne Holley** did just that.

After caring for patients for more than 20 years, Dr. Holley called a “time out” in 2013 to learn a more advanced form of minimally-invasive surgery to treat patients with lung cancer and other diseases of the chest. This sabbatical involved a one-year thoracic surgical oncology fellowship at Memorial Sloan Kettering Cancer Center in New York. The oldest of the residents to undergo training in robotic-assisted surgery at 54 years old, Dr. Holley realized he could still keep pace with the younger physicians.



During robotic-assisted surgery, McLeod Thoracic Surgeon Dr. Wayne Holley (at left) controls the robot's every move while seated at a console in the operating room. His hand, wrist and finger movements guide the robot manipulating the surgical instruments inside the patient while he views the surgical site through a high-definition 3-D camera.

A Board Certified Thoracic Surgeon, Dr. Holley received his degree in medicine from Vanderbilt University School of Medicine in Nashville, Tennessee. He completed a general surgery residency at the University of Tennessee Health Sciences Center in Memphis. Dr. Holley also completed a thoracic surgery residency at the University of Mississippi Medical Center in Jackson, Mississippi.

He began his medical career performing cardiac surgery in Kingsport, Tennessee. He then spent 20 years performing vascular, thoracic and cardiac surgery in Albany, Georgia. After completion of his fellowship in New York, Dr. Holley cared for patients in Savannah, Georgia.

“Today, most of the training programs ask cardiothoracic surgery residents to declare a specialty -- cardiac surgery or thoracic surgery. Thirty years ago, cardiothoracic residency programs expected us to perform both heart and lung surgery,” explained Dr. Holley.

“I also see this reversal of roles in the area of robotic surgery. During their residencies, surgeons now learn about robotic surgery from day one and demonstrate a high level of comfort

performing these surgeries by the completion of their residency. However, they demonstrate less confidence performing the type of surgery I originally trained in with large, open incisions.

“I did not undergo training in minimally-invasive surgery because I focused mainly on caring for my patients which left little time to learn the new technology,” explained Dr. Holley. “Yet, stepping away from patient care and completing the surgical oncology fellowship at Sloan Kettering enabled me to refine my skills as a surgeon. That one year made the difference for me.”

Robotic-assisted surgery, a form of minimally-invasive surgery, allows the surgeon to perform many types of complex procedures with more precision, flexibility and control than traditional techniques offer.

During a robotic-assisted surgery, the surgeon operates through a few small incisions, controlling the robot's every move while seated at a console in the operating room. The surgeon's hand, wrist and finger movements guide the robot manipulating the surgical instruments inside the patient. In essence, the robot becomes an extension of the surgeon's

hands. The surgeon views the surgical site through a high-definition 3-D camera. This magnified imagery provides enhanced visibility and improved precision for exact treatment and greater dexterity for the surgeon.

Thoracic robotic-assisted surgery also allows the surgeon to reach the lungs without spreading the ribs. “This form of surgery offers better visualization and more precision with smaller incisions,” explained Dr. Holley. “Twenty years ago, I performed this very same operation through large incisions in the chest and the side of the patient.”

Minimally invasive thoracic surgery produces better outcomes, much less pain, better staging of lung cancer, fewer post-operative complications and a two-day hospitalization as opposed to eight to ten days, according to Dr. Holley.

“In industry, that means the patient returns to work within two to four weeks instead of 12 weeks which benefits both the patient and the employer,” he said.

Dr. Holley brought his expertise in robotic thoracic surgery to McLeod Regional Medical Center in December 2017.

(Continued on next page)

"This position has afforded me the opportunity to grow a thoracic surgery program," said Dr. Holley. "I also discovered that McLeod has a progressive group of robotic surgeons, which I found impressive."

All McLeod surgeons who offer robotic-assisted surgery as an option for their patients undergo additional specialized training. These surgeons perform robotic-assisted procedures in general surgery, thoracic surgery, gynecology and urology at McLeod Regional Medical Center and McLeod Seacoast.

McLeod now has 14 surgeons trained in robotic-assisted surgery and two da Vinci Robotic Surgical Systems. "As more McLeod Surgeons adopt this technology, the hospital will soon have capacity for a third robot," said Dr. Holley.

Prior to Dr. Holley's arrival, McLeod Surgeons utilized a third generation robot, the da Vinci Si. The medical center installed the latest version available, a fourth generation robot, da Vinci Xi, in February 2018.

The number of thoracic surgeons performing robotic-assisted surgery in South Carolina remains minimal with three surgeons in Greenville, two in Charleston and one in Spartanburg.

"This perfectly situates McLeod to provide this level of care from the Midlands to the Coast so patients do not have to travel to the Upstate or Lowcountry.

"McLeod instills an institutional culture of individual care and concern for patients that I find exemplary," added Dr. Holley.

"With continued efforts, McLeod Health has potential to become a destination for thoracic oncology care. Our multidisciplinary team consisting of medical and radiation oncology, pulmonary medicine, interventional radiology, pathology and thoracic surgery deliver the best outcomes possible for patients with cancer of the chest."

Importance of Lung Cancer Screenings

"If we identify lung cancer early enough to completely remove the tumor, we have several treatment options available depending on the patient's other medical conditions, general endurance, stamina and -- most importantly -- whether the cancer has spread," explained McLeod Thoracic Surgeon Dr. Holley.

"Spotting the cancer early often allows us to remove the smallest amount of lung tissue possible. This may involve only part of a lung or an entire lung."

However, in three out of four cases, patients receive their diagnosis at advanced, inoperable stages, according to Dr. Holley. "As with most cancers, early detection remains the key to survival.

"Until recently, we did not have reasonable tests for early detection because the tumors did not always show up well on X-rays," explained Dr. Holley. "Historically, we waited until a patient developed symptoms of lung cancer -- either coughing up blood or shortness of breath -- before we tested them."

In 2011, results of a national study of more than 53,000 patients -- both former or active smokers -- indicated that a low dose CT scan of the chest provided greater detection of lung cancer than a chest X-ray. In the study comparing CT scans to chest X-rays in patients 55 to 75 years of age with a 30-pack-year history of smoking (smoking one pack a day for 30 years or two packs a day for 15 years), researchers found a 20 percent reduction in mortality using CT scans for diagnosis.

Based on the results of this trial, in December 2013, the United States Preventive Services Task Force recommended screening for lung cancer using a low-dose CT scan in patients who meet the following criteria:

- Age 55 to 80, who have also had a:
- Cumulative smoking history of 30-pack years or more.
- Who still smokes or who has this history but stopped smoking in the last 15 years.
- And, currently does not exhibit any symptoms of lung cancer.

If a person meets this criteria, he/she qualifies for receiving annual low-dose CT scans.

"The prevalence of lung cancer in this area reflects what we expect given this population and demographics," said Dr. Holley. "It seems like our lung cancer patients come in at higher stages. Instead of early detection of the cancer, we now see more patients at stages three and four -- often the inoperable stages.

"We now know that this screening plays a crucial role in detecting lung cancer at earlier, more treatable stages. It simply has not gained the same level of awareness of other screenings, such as mammography for breast cancer and colonoscopy for colon cancer," added Dr. Holley.

For More Information on Lung Cancer Screenings

Medicare and most private insurance companies now cover the cost of the low-dose CT scan if an individual meets the criteria for a lung cancer screening. Ages covered by Medicare range from 55 to 77; private insurance will pay for those 55 to 80. If an individual does not have Medicare or private insurance or cannot afford the deductible (and meet certain financial criteria), the McLeod Foundation offers scholarships through two groups -- McLeod Men and McLeod Angels -- to assist in paying for the screening. For additional questions on the screening or scholarships, please call the McLeod Lung Cancer Nurse Navigator at 843-777-5640.



THANKFUL FOR THE VISION



by Jaime Hayes

In the Fall of 2018, McLeod Health Dillon will celebrate its 75th anniversary serving the community and 20th year since the hospital joined the McLeod Health system.

In the midst of World War II, Dillon, South Carolina, was a remote rural area with only a handful of physicians serving a county population of nearly 30,000 people.

One of these physicians, Surgeon Dr. William Victor "Vic" Branford, had the vision and determination to establish a state-of-the-art hospital on the border of South and North Carolina.

Dr. Branford began his Dillon practice in 1934. His wife, Lucille, was his office nurse. Soon after his arrival, discussions resurfaced on the need for a local hospital.

At the time, the people in Dillon who needed to be hospitalized traveled long distances. Two failed attempts to build a hospital preceded Dr. Branford's involvement.

Knowing the community could not undertake the task of building a hospital on its own, Dr. Branford, a Roman Catholic, contacted the Reverend Emmet M. Walsh, Bishop of Charleston, South Carolina, with an urgent plea for the Catholic Church to consider helping to build his dream hospital.

(Continued on next page)



Bishop Emmet M. Walsh



Dr. William V. Branford



Mother Mary Concordia

Upon entering McLeod Dillon, visitors see a large frame on the wall holding portraits of Dr. William V. Branford, Bishop Emmet Walsh and Mother Mary Concordia. The inscription reads:

“Their inspiration, guidance and efforts made it possible for Saint Eugene Hospital to become a reality on November 16, 1943. To these Founders, we give thanks.”

Bishop Walsh corresponded with the Order of the Sisters of St. Mary, requesting support for the proposed hospital in Dillon. Their mission involved establishing hospitals in areas of great need. Led by the insight and compassion of Mother Mary Concordia, Mother General of the Sisters of St. Mary, the Sisters traveled half way across the country from St. Louis, Missouri to South Carolina to begin this healing ministry.

In addition to the support of the Sisters of St. Mary, Dillon County donated the land for the hospital on Highway 301. The Sisters of St. Mary financed building of the new hospital, and a planning committee held fundraisers in order to furnish it with modern and up-to-date equipment.

Completed in 1943, the new four-story hospital cost \$175,000. Catholic healthcare publications hailed it as one of the “most scientifically equipped and most efficiently operated hospitals in the United States.”

Dedicated as Saint Eugene Hospital, the facility opened on November 16, 1943. Pope Pius XII proposed the name when the Sisters told him they planned to name it St. Pius Hospital. Years before, when he was known as Cardinal Eugenio Pacelli, the Sisters promised to establish a new hospital in his name. He suggested that since they made the promise when he served as cardinal the name should reflect that fact.

Fourteen Sisters of St. Mary staffed the hospital under Dr. Branford, the Chief of Staff. This original building would serve the community until 1972.

The Need for a New Hospital

During the late 1960s, everyone involved with the upkeep of the aging Saint Eugene Hospital realized that serious renovations needed to take place for the hospital to meet the growing health care needs of the community. The new hospital administrator, Sister Florence Weinel, hospital physicians, and community leaders announced optimistic plans for a new hospital facility.

The \$3 million facility hinged on the ability of the citizens of Dillon County to raise \$400,000 in 14 days.

The late Alan Schafer, a local businessman, led the fund drive for a new hospital. “When Saint Eugene Hospital was established in 1943, it didn’t cost the County a dime. The Sisters came here at their expense and took care of our sick people. Now the facilities are not adequate and it is time for us to show our appreciation by helping the Sisters build a better hospital,” Schafer said.

Schafer’s fundraising campaign included an all-night telethon with University of South Carolina Football Coach Paul Dietzel. The successful telethon raised more than \$100,000. The citizens and businesses of Dillon rallied to the cause and collected more than needed. As a result, those involved in the plans for the new hospital decided to rename it Saint Eugene Community Hospital in honor of the people of Dillon County.

Since Dr. Branford owned all of the land adjacent to the old hospital,

his widow, Lucille, sold the 2.5 acres to the Sisters for a fraction of the appraised value. Ground was broken for the new hospital on July 15, 1970.

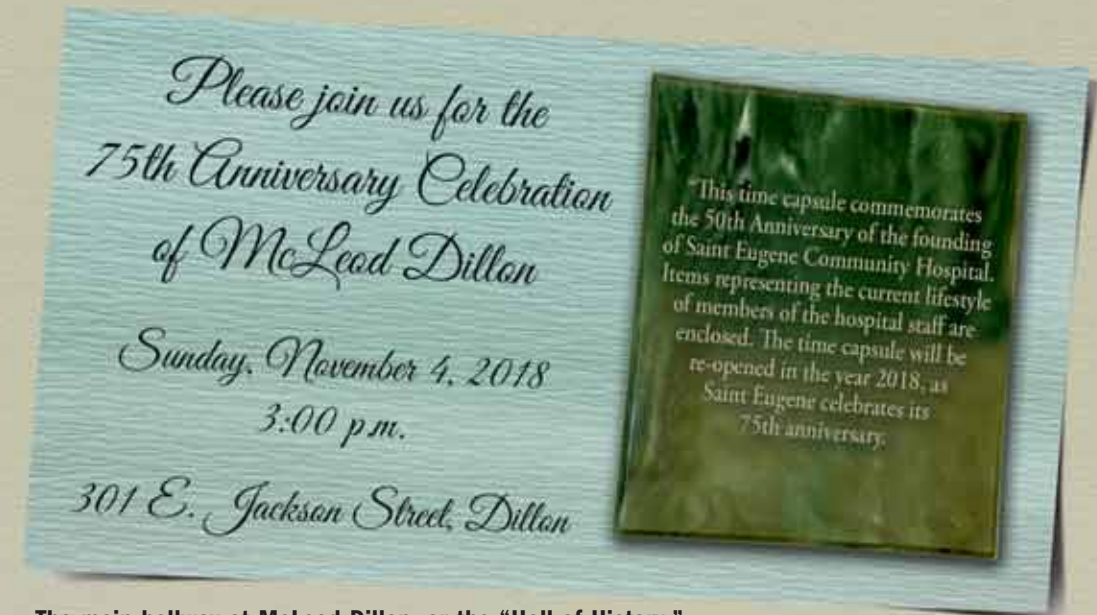
The late W. J. McLeod, a state representative, addressed members of the community at the groundbreaking ceremony. “The people of Dillon County today see the coming true of a dream. A dream of countless Sisters of the Order of St. Mary who have worked in the present Saint Eugene Hospital, the first and only hospital in our county. To say we as a community, a county, as individuals are grateful for the presence of the Sisters is a masterpiece of understatement. Only by our actions can we let them know that their errand to Dillon County as Sisters of mercy has been successful. We hope and pray that their future will be long and bright.”

Saint Eugene Community Hospital opened in 1972 and included new monitoring equipment, donated by Mr. Schafer.

Highlighted by tremendous growth and expansions, the hospital developed depth and specialties. In 1987, a construction project added a new Emergency Department and larger Intensive Care Unit, as well as a Physical Therapy and a Pediatrics Unit to the facility. Less than ten years later, the campus grew with the addition of the three-story Professional Building housing physician offices and a rehabilitation center.

McLeod Health Acquires the Hospital

In 1998, McLeod Health recognized the importance of the facility to the community and acquired the hospital, bringing to the community an established quality program and even more services. One of the first projects undertaken by McLeod, a \$3.8 million Operating Room expansion, accommodated the advancement in technologies and medical equipment used daily with four larger operating rooms, private patient care



The main hallway at McLeod Dillon, or the “Hall of History,” includes a time capsule commemorating the 50th anniversary of the founding of Saint Eugene. The contents of the time capsule will be on display at the celebration in November.

areas, a family waiting room and equipment storage. In addition, approximately 2,900 square feet were added to the Professional Building for future expansion of physician offices.

In 2004, the name of the hospital, Saint Eugene, officially changed to McLeod Medical Center Dillon. The new identity for the hospital was part of an ongoing effort by McLeod Health to identify and distinguish the quality of care offered to the people of Dillon County as well as the surrounding service areas.

Two years later, McLeod Dillon opened the Women’s Center offering four birthing suites, 12 rooms for recovery from birth or gynecological surgery, a suite for caesarean delivery, fetal monitoring for high-risk pregnancies, a Level-I skilled newborn nursery, a breastfeeding center and advanced nurse monitoring systems.

To make emergency care more accessible and timely for patients in Dillon County and the surrounding areas, a \$6.3 million Emergency Department expansion added approximately 9,365 square feet to the hospital in 2010. The project focused on efficiency and flexibility -- providing for future growth and changes based upon population and technology.

The Emergency Department included 17 new exam and treatment rooms, a decontamination area, staff support spaces, a new entrance for walk-in patients, a family waiting area, and a dedicated site for a helicopter pad to allow transport of trauma patients. In 2017, the Emergency Department cared for more than 35,000 patients.

In January of 2018, a new medical office building for McLeod OB/GYN Dillon opened on the McLeod Dillon campus. “This year, marks the 75th year the hospital has served this community, and the 20th year since Dillon joined the McLeod family. What a special time to open the doors to this beautiful new facility,” said Joan Ervin, Administrator of McLeod Dillon.

A life-long resident of Dillon County, Johnnie Luehrs, President of the Dillon County Chamber of Commerce, added, “The McLeod commitment to and investment in the residents of Dillon has not gone unnoticed. Thank you McLeod for your vision and for caring for our community.”

Today, McLeod Dillon looks toward the future while honoring its past. Without the vision and determination of many, the hospital would not have become a reality for the people of Dillon.

“The McLeod commitment to and investment in the residents of Dillon has not gone unnoticed.

Thank you McLeod for your vision and for caring for our community.”

– Johnnie Luehrs
President, Dillon County
Chamber of Commerce

IDEAL CANDIDATES

for Receiving New Heart Valves

by Tammy White

Rebecca Knoller, 88, attributed her lack of strength and energy to her age. Today, thanks to her new heart valve she knows differently.

Valves keep the blood flowing in the heart. Heart valve disease occurs if one of the four valves in the heart does not open or close properly.

Patients with valve disease may not encounter any symptoms in the early stages of the disease. Over time, they are likely to begin experiencing: fatigue, shortness of breath, chest pain, dizziness, and an irregular heartbeat.

“Many patients with heart valve disease have no symptoms,” said **Dr. Scot Schultz**, McLeod Cardiothoracic Surgeon. “For those experiencing symptoms, fatigue or tiredness are the most common, along with heart irregularities that some describe as ‘palpitations.’”

A patient of **Dr. Steven Ross**, an Internal Medicine Physician, Rebecca talked to Dr. Ross about her complaints of fatigue. After an echocardiogram test, Dr. Ross referred Rebecca to McLeod Interventional Cardiologist **Dr. Fred Krainin**. Dr. Krainin believed Rebecca represented the ideal candidate for the new Transcatheter Aortic Valve Replacement (TAVR) procedure.

A minimally invasive procedure performed at McLeod Regional Medical Center, TAVR allows physicians to replace a patient’s diseased or damaged heart valve without removing the old valve.

“Most patients who have this procedure are in their 70s and 80s,” 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. Because of Rebecca’s age, the Valve Clinic Team determined TAVR as the best choice for replacing her valve.”

The McLeod Valve Clinic Team includes: Cardiothoracic Surgeons **Dr. Scot Schultz** and **Dr. S. Cary Huber**; Interventional Cardiologists **Dr. Fred Krainin** and **Dr. Brian Wall**; Anesthesiologists **Dr. Daniel Fox**, **Dr. Kyle Johnson** and **Dr. Robert Savage** and **Ryan Hill**, Nurse Practitioner and Valve Clinic Coordinator.

“Dr. Krainin surprised me when he explained that the severity of my heart valve problem required surgery to repair it,” said Rebecca. “But, I had no concerns about being their first patient for the new procedure. The less invasive option appealed to me more than undergoing an open procedure.”

Performed similar to a heart catheterization, during the TAVR 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 physician precisely positions the new valve across the diseased valve, releases the new valve, and it starts functioning immediately. The old valve provides the foundation to hold the new valve in place.

TAVR procedures are performed in the 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.

“After I received my new valve, I recovered quickly, and my energy and strength returned,” said Rebecca. “Recently my husband, Peter, accompanied me to an appointment with Dr. Ross to voice his concerns about me overdoing it. Dr. Ross explained to my husband that thanks

to my new valve I am doing beautifully.

“I cannot describe how much better I feel today than a year ago. I appreciate Dr. Krainin, Dr. Schultz, Dr. Huber, Ryan and the rest of the Valve Team for the care they provided to me,” added Rebecca.

(Continued on next page)

“I cannot describe how much better I feel today than a year ago. I appreciate Dr. Krainin, Dr. Schultz, Dr. Huber, Ryan and the rest of the Valve Team for the care they provided to me.”

– Rebecca Knoller



Rebecca Knoller celebrates the one-year anniversary of her new heart valve. She is pictured with Ryan Hill, Nurse Practitioner; Dr. Fred Krainin, McLeod Interventional Cardiologist; and Dr. Cary Huber, McLeod Cardiothoracic Surgeon.

Dr. Franklin Mason
Mullins, SC

Dr. Franklin Mason ran in his first marathon, out of a total of 120, at the age of 60. In 2004, at 80 years old, he ran in the Boston Marathon. That evening, after losing consciousness, local EMS transported Dr. Mason to a hospital where the medical team

performed an echocardiogram that revealed his heart had a low ejection fraction, or a weakened heart muscle. However, Dr. Mason waited until he returned home to South Carolina and his Cardiologist, Dr. Krainin, for cardiac treatment which involved placement of a defibrillator with pacemaker capabilities.

Dr. Mason retired from running marathons at age 85, but he remained active. Today, at the age of 93, Dr. Mason continues to practice dentistry in Mullins, quite possibly the oldest practicing dentist in South Carolina, according to Dr. Mason. He also exercises at a local gym three times a week and serves as an active member of the Mullins Lions Club, dating back to 1953.

Recently, Dr. Mason started feeling short of breath and tired easily.

Dr. Krainin had been monitoring Dr. Mason's aortic valve and determined it needed to be replaced. The contributing factor to Dr. Mason's weariness was valve disease and not his age. Dr. Krainin also knew Dr. Mason would respond well to the TAVR procedure.

"God has plans for me still so with prayers from my friends and family, and my faith, I went forward with the procedure," said Dr. Mason. "I noticed the difference right away with me having more energy and breathing better. I only missed a week of work due to the procedure. Dr. Krainin told me I am the oldest patient at McLeod to have this procedure."

Dr. Mason said, "I am very thankful that, at my age, I continue to remain active in so many endeavors. My commitment to my dental practice reflects my dedication to my patients."

Dr. Mason presently serves as a Deacon and Chairman of the Finance Committee at his church. He also maintains his involvement in the Mullins Lions Club and district and state Lions affairs. Although he no longer runs, which he misses very much, Dr. Mason continues to work out at the gym, too.

"I thank God every day for 93 years of a happy and productive life, a wonderful family, many devoted friends and so many opportunities for service," added Dr. Mason.

"Dr. Krainin told me I am the oldest patient at McLeod to have this procedure."

—Dr. Franklin Mason

At 93, Mullins Dentist Dr. Franklin Mason's commitment to his dental practice and his patients remains strong.

Donna James
Little River, SC

Rebecca, a resident of Johnsonville, served as the first McLeod TAVR patient in February 2017, and Dr. Mason marked the oldest. A year into the program, Donna James from Little River also benefitted from this new technology.

Experiencing fatigue and dizziness, Donna explained to McLeod Cardiologist **Dr. Gavin Leask** that walking up stairs brought on shortness of breath. Donna had been diagnosed with aortic valve disease years before that her physicians continuously monitored. Dr. Leask believed Donna's valve disease had progressed to the point of requiring intervention. He referred her to Dr. Schultz.

"I had never heard of TAVR before meeting Dr. Schultz, but a minimally invasive procedure appealed to me," said Donna. "My husband, Richard, and I are real exercise enthusiasts -- playing golf and walking. But, my breathing issues kept me from doing what we loved and I wanted to get my life back."

"Rather than undergoing another open heart procedure, TAVR represented the best option for Donna since years ago she underwent open heart surgery to replace a faulty mitral valve," said Dr. Schultz.

Designed to work like the human heart valve, the TAVR heart valve takes over the job of regulating blood flow immediately upon implant. Patients start feeling better right away and return to everyday activities within days as compared to weeks or months with a traditional surgical valve replacement. With the establishment of the McLeod TAVR program in 2017, more than 45 patients have undergone this new procedure.

"The simplicity of the surgery amazed me -- no discomfort, chest pain or stitches," said Donna. "Immediately after the procedure, I could breathe normal again. I received my new valve on Thursday and by Monday I walked two and a half miles on the beach. My only limitations involved no golfing or bowling for 30 days.

"Richard and I are now back to our regular schedule of golfing and walking the beach, thanks to Dr. Schultz, Dr. Krainin and the entire McLeod Heart Team. I could not be happier," added Donna.



Bowling is no longer an issue for Donna James following her new heart valve and the TAVR procedure.

Enhancing the PATIENT'S EXPERIENCE

by Carrie Anna Strange

When Rachelle Lynch first started experiencing abdominal pain on her right side during a Girl Scouts trip with her daughter, she thought the pain stemmed from a kidney stone. The symptoms mimicked those she had previously experienced with kidney stones. Since she was out of town she wanted to wait and see if the pain subsided before seeking medical care.



McLeod General Surgeon
Dr. Devonne Barrineau performs
a laparoscopic procedure at
McLeod Health Clarendon.

The next day Rachelle Lynch, a resident of Sumter, went to work as usual but as the day wore on her pain intensified. She finally asked her husband, David, to take her to McLeod Health Clarendon. Upon arrival to the Emergency Department, the medical team performed a CT Scan on Rachelle and drew labs which indicated she had appendicitis.

McLeod General Surgeon **Dr. Devonne Barrineau** explained the risks and benefits of laparoscopic appendectomy to Rachelle, which involves accessing the appendix through a few small incisions in the abdomen to remove it. However, the unusual location of Rachelle's appendix also increased the risk of complications, according to Dr. Barrineau.

Although the surgery began laparoscopically, the positioning of Rachelle's infected appendix, intertwined within the large bowel or sigmoid colon, required Dr. Barrineau to convert the surgery to an open procedure.

"Dr. Barrineau saved my life by removing my appendix," said Rachelle. After surgery, she spent the next five days in the hospital recovering from the complexity of the operation. Upon discharge the medical team informed Rachelle she needed to follow up with Dr. Barrineau in a week.

During her follow-up appointment, Dr. Barrineau determined that Rachelle had developed a post-operative intra-abdominal abscess, a pocket of infected fluid surrounded by inflamed tissue in the abdomen. The diagnosis is not uncommon after the spread of infection or inflammation caused by a condition such as appendicitis.

Dr. Barrineau admitted Rachelle to McLeod Health Clarendon for intravenous antibiotics. In addition to the medication, the hospital transported Rachelle to McLeod Regional Medical Center in Florence

where an Interventional Radiologist inserted a tube into her abdomen to facilitate drainage of the infection.

Following this procedure, the team transported Rachelle back to McLeod Health Clarendon where she spent the next 15 days being monitored for removal of the infection and cared for by nurses that she says, "became extended family members during my hospitalization."

Rachelle also spent Christmas and New Year's Day at McLeod Health Clarendon. "The nursing staff went above and beyond to make sure my children enjoyed Christmas. They printed paper targets and placed them in my hospital room for the children to shoot with the Nerf guns they got for Christmas.

"My experience with McLeod has been amazing, and I highly recommend McLeod Health to everyone. The nurses at McLeod Health Clarendon even lined the hall on my day of discharge to tell me goodbye," added Rachelle.

Rachelle's experience reflects what other patients are saying as well. Recent data collected from patients utilizing Same Day Surgery Services at McLeod Health Clarendon rank the hospital above the 75th percentile on the question "Would You Recommend" according to Professional Research Consultants, Inc.



Sumter resident Rachelle
Lynch highly recommends
Dr. Devonne Barrineau, at right,
and McLeod Health Clarendon
to everyone she meets.

Transforming Clarendon's Healthcare

McLeod Health acquired Clarendon Health System now known as McLeod Health Clarendon in July of 2016.

As part of the agreement, McLeod Health assumed the debt obligations of Clarendon Health Systems, which relieved the county of more than \$34 million of debt, resulting in lower taxes for Clarendon County property owners.

Since then, McLeod Health has invested \$2.5 million in technology, state-of-the-art equipment and infrastructure. Additionally, renovations have been made to enhance the lobby and patient care areas of the first floor of the hospital. The McLeod Health Foundation also granted \$397,851 to various departments in the hospital for new programs and services.

The affiliation has increased access to specialists in the McLeod Health system and improved the patient satisfaction and flow process in the Emergency Department.

New Processes:

- Intake Registered Nurse stationed in Emergency Department (ED) lobby
- Minor treatment care provided

Improvements in Patient Flow:

- Arrival to Triage: 33 minutes to 1 minute
- Arrival to ED Room: 44 minutes to 7 minutes
- Arrival to Provider: 41 minutes to 16 minutes
- Patients who left without treatment: 6% to 1.88%

Kawasaki's Kryptonite:

TIMELY CARE DEFEATS A FRIGHTENING DISEASE

*A Rare Disease is No Match
for the Physicians of
McLeod Children's Hospital*

by Shaw Thompson

Maurice Sanders II, M.J., can run, jump
and play without any lasting impact
following his battle with Kawasaki Disease.

Maurice Sanders II, known as "M.J." to his loved ones, bolts around like any typical little boy. A bundle of energy, he smiles and laughs as he plays with balls, blocks, and books, running from one corner of a room to another seeking his next adventure. M.J. slows down usually only for a snack or drink. His parents, Kamara and Maurice, feel lucky if he pauses for a hug or a nap, but the moment quickly passes as M.J. winds himself back up to high speed.

This perpetual state of motion and joy slowed for a time in October 2017. When two-year-old M.J. appeared sluggish and showed signs of a cold, Kamara made an appointment with M.J.'s pediatrician, **Dr. Karen Hill** at McLeod Pediatric Associates of Florence, for evaluation and treatment. After M.J.'s symptoms worsened and his fever climbed, Kamara brought him back to the office for a Saturday clinic visit with **Dr. Michael Collins**, and subsequently M.J. was later admitted to the McLeod Children's Hospital with a suspected diagnosis: Kawasaki Disease.

"A rare condition, Kawasaki Disease affects children usually before two years of age," said **Dr. Charles Trant**, McLeod Pediatric Cardiologist. "While the disease does not have a well-defined cause, some researchers have found potential links to certain viruses."

The common symptoms of Kawasaki Disease include: a high spiking fever for at least five days; a rash; conjunctivitis; bright red palms/soles; red/swollen tongue; and enlarged lymph nodes. While these signs can cause fear and alarm, especially in such young children, most recover quickly from the disease when caught early.

The treatment for Kawasaki Disease involves hospitalization and a drug therapy called intravenous gammaglobulin (IVIG), a mixture of antibodies and aspirin. Most patients need only a single dose of IVIG, but some require multiple doses of this powerful drug, according to Dr. Trant.

To the great relief of M.J.'s family, the effectiveness of the IVIG treatment manifested almost immediately.

"As soon as he received the IVIG, M.J. started to come back," said Kamara. "For a brief moment, all I could see was Superman flying into the light of the sun, regaining his power as the weight of kryptonite vanished from his chest. My little Superman looked strong again."

M.J. and his family recently celebrated his third birthday, and thankfully should not have to worry about Kawasaki Disease slowing him down again.

"Patients who respond well to the IVIG treatment and show improved signs of inflammation go home and continue taking aspirin for at least three weeks," explained Dr. Trant. "After that time passes, we perform an EKG/ echocardiogram, and if we see no heart damage, we stop the aspirin but follow-up

again in three more months. If doing very well at the time of the follow-up, the patient can continue normal supervision by their pediatrician or family physician."

While considered rare, Kawasaki Disease does impact the lives of children in the region, but the McLeod Children's Hospital meets those needs.

"I see six to ten patients a year with Kawasaki Disease, which can lead to very severe complications if it impacts the coronary arteries. In rare cases, it can cause heart attacks in small children," said Dr. Trant.

"Thankfully, having the McLeod Children's Hospital here in Florence means that these children can receive treatment closer to home, without travelling hundreds of miles or to other states for their care."

"For a brief moment, all I could see
was Superman flying into the light of
the sun, regaining his power as the weight of
kryptonite vanished from his chest.
My little Superman looked
strong again."

- Kamara Sanders

ENJOYING LIFE PAIN FREE

by Arielle Williams

Cheraw resident Kim Williamson has dealt with excruciating, unpredictable menstrual cycles for decades.

“Over time, the pain grew in intensity, to the point that I could barely tolerate it,” recalled Kim. “However, I perceived this as a normal ‘part of life’ for women and disregarded the pain.”

In Spring 2017, the Rotary Club of Cheraw invited **Dr. Sutton Boyd** with McLeod OB/GYN Cheraw to discuss women’s pelvic health issues as a guest speaker. A Rotary Club member, Kim’s timely encounter with Dr. Boyd would significantly change her life.

“Dr. Boyd’s presentation opened my eyes,” said Kim. “For many years, I neglected important annual screenings, including my pap smear and mammogram, but when doctors diagnosed my sorority sister with breast cancer, I suddenly realized the dangers of delaying these screenings.”

With a nagging sense that she needed to take control of her health, Kim decided to make an appointment with Dr. Boyd.

“I immediately felt drawn to her professional, caring demeanor during the presentation,” continued Kim. “I knew she would provide the quality, compassionate care I needed.”

Kim’s first appointment occurred in June 2017. Dr. Boyd performed a routine breast exam and pap smear. During the physical exam, Dr. Boyd felt an abnormality in Kim’s left breast, so she ordered a diagnostic mammogram and

an ultrasound of the breast. The results proved benign. However, the laboratory results from the pap smear showed the presence of atypical cells in Kim’s cervix.

“When we discover atypical cells in a post-menopausal woman, we immediately proceed with further testing to rule out any possibilities of cancer,” said Dr. Boyd.

Dr. Boyd attempted two minor procedures to examine the cervix and uterus more closely; however, the size of Kim’s cervix did not allow for the instruments to pass through.

Dr. Boyd offered Kim two options -- repeat one of the procedures or undergo a hysterectomy.

“I opted for the hysterectomy,” said Kim. “Though I do not have a family history of ovarian cancer, I wanted to eliminate any risk. I also wanted to enjoy life again without constant pain.”

Dr. Boyd then prepared Kim for life after the surgery -- from the downtime and what to expect during recovery to life without hormones and other changes that she would experience.

“When discussing treatment options with my patients, I communicate both the pros and cons and explain that the benefits must outweigh potential risks,” said Dr. Boyd. “I have seen a correlation between ownership in the treatment process, both before and after surgery, and improved communication, patient satisfaction and outcomes.”

On December 7, what began as a routine hysterectomy quickly turned into a more extensive operation when Dr. Boyd discovered an extreme case of endometriosis that had spread to tissues and organs surrounding Kim’s pelvic region. Due to the complicated nature of removing the endometriosis from other non-reproductive organs, Dr. Boyd called in **Dr. Salim Ghorra**, General Surgeon with McLeod Surgery Cheraw, to assist. The surgery proved successful.

“In Kim’s case, our search for cancer led to an incidental finding of

endometriosis, which explained a lifelong list of issues from which she silently suffered,” explained Dr. Boyd.

“Endometriosis occurs when tissue similar to the endometrium, or lining of the uterus, grows in a different place. When this type of tissue begins to grow outside the uterus, we call this endometriosis. Tissue might grow in the fallopian tubes, bladder, ureters, ovaries or rectum.”

These tissue implants can grow and bleed, much like the lining of the uterus during the menstrual cycle, causing swelling, inflammation and irritation. When the tissue breaks down, scar tissue forms.

While symptoms vary from person to person -- such as discomfort and even infertility -- most patients identify pain and cramping with menstrual cycles as the primary symptom. In addition, properly diagnosing endometriosis often presents a challenge since pelvic pain can have many causes and even mimic other conditions.

“I cannot overstate the importance of making the diagnosis as quickly as possible so we can begin discussing treatment options to eliminate this very real pain,” said Dr. Boyd. “Many women have suffered this painful condition for years and have learned to live with the pain. In some cases, the people around them disregard their pain altogether.

“Unfortunately, only treatment can provide relief, but I always walk through the process with my patients and give



Pictured with her husband, Jimmie, Kim enjoys life now more than ever since undergoing a hysterectomy at McLeod Health Cheraw.

them a choice in their personalized treatment plan,” she continued.

In the weeks following her surgery, Kim noticed such a drastic improvement in her quality of life. As she reflects on the past year, Kim expresses deep gratitude for crossing paths with Dr. Boyd at the Rotary Club of Cheraw meeting.

“Because of Dr. Boyd’s excellent care, I now have the answer to the years of pain I suffered and can move forward,” recalled Kim.

Kim has undergone several successful follow-up appointments with Dr. Boyd since her hysterectomy and continues to enjoy life pain-free with her husband, Jimmie. She hopes that her story will encourage other women to seek treatment for their pelvic health issues so they too can experience a better quality of life.

Kim Williamson no longer experiences intense pain from endometriosis thanks to the care she received from Dr. Sutton Boyd.

Endometriosis

- Endometriosis has no known cause. Yet, it strikes one out of 10 women between the ages of 15 and 49.
- Common symptoms of endometriosis include discomfort, pain or even infertility. However, some patients who have endometriosis do not have any symptoms.
- During pregnancy, a woman will experience a reduction in her symptoms. However, symptoms may recur after the birth of her child.
- Women with a family history of endometriosis or who delay childbearing face an increased risk of developing the condition.
- Treatment options for endometriosis depend on the diagnosis. Sometimes doctors can presumptively treat endometriosis without confirmation that the patient has it. Treatment may include birth control pills or medications that stop the menstrual cycle. If the endometriosis does not respond to medications, doctors may recommend surgery as the best option.

For more information, please visit www.McLeodPelvicHealth.org.

A HISTORY OF SERVICE

by Tracie Foster

Dr. Frank Hilton McLeod envisioned a hospital located in Florence, South Carolina to serve the needs of the Florence community and the surrounding areas in 1906. Fast forward 112 years, and this principle of service continues to drive the day-to-day operations of McLeod Health, a seven-hospital system.

From doctors, nurses, clinical staff, and environmental services to engineering, ground crews, and volunteers, the people who walk the halls of each McLeod Hospital unite under a common mission to care for residents living in the 15-county McLeod service area, encompassing South Carolina and eastern North Carolina. This service extends beyond the hospital walls and into the region in more ways than one.

Support for Area Organizations

McLeod Health supports more than 100 not-for-profit and local organizations through participation in events and fundraisers as well as financial contributions. As one of the region's largest service organizations, McLeod employees' direct wage impact to the region in 2017 represented \$488 million. This money flows into numerous local organizations to help stimulate the region's economy each year.

To support the March of Dimes, staff members from throughout children's and women's services at McLeod Regional Medical Center,

McLeod Health Cheraw, McLeod Dillon and McLeod Loris annually participate in the area March for Babies events to help raise awareness of premature births.

McLeod Health also partners with the American Heart Association for the Pee Dee Heart Walk, Sumter Heart Walk and Waccamaw Area Heart Walk.

Employees from the McLeod Heart & Vascular Institute, McLeod Cardiac and Stroke Units, Cardiac Rehabilitation Centers, McLeod Health & Fitness Centers and other areas raise funds and walk in these events to reduce the prevalence of cardiovascular disease and stroke.



Chris Moseley, McLeod TeleHealth Coordinator, explains the McLeod TeleHealth App to attendees during the Chesterfield County Health Fair, at Northeastern Technical College.

Annually, McLeod Health donates \$75,000 to the Nursing Programs of Francis Marion University and Florence-Darlington Technical College. These contributions recognize each school's nursing program for their commitment to developing outstanding health care professionals in the region. In addition to these donations, McLeod offers scholarships to eligible nursing students in need of financial assistance.

Additionally, McLeod Health supports the American Red Cross through both monetary donations and blood drives, where one unit of blood collected saves up to three lives. In 2017, McLeod Health hosted 32 blood drives and collected 872 units of blood, potentially saving 2,616 lives throughout the region.

McLeod staff members also dedicate their time to serve on numerous community boards and committees for local organizations such as the South Carolina Hospital Association, Florence County Economic Development Partnership, United Way, and Mercy Medicine, amongst others.

McLeod Community Health Education Outreach Programs

McLeod Community Health Education programs provide many industries, schools, churches, and organizations with tools to improve the health of individuals living in those communities. For example, in the last year, community members received health information on cancer, diabetes, heart disease, cholesterol, women's health, men's health, injury prevention and child safety. Available opportunities for residents also included free or reduced-cost health screenings such as blood pressure, blood sugar, cholesterol, and sports physical screenings.

The McLeod Mobile Mammography Unit began making visits to businesses and industries in January 2008 to improve



Annually, the hospitals of McLeod Health hosts heart healthy lunch and learns on National Go Red for Women Day. Pictured from left to right at the McLeod Health Clarendon event are Barbara Mathis, Carole Utley, Mary "Garson" Taylor, Kay Prothro, Janet Benton, Ellen Taylor and Honri Jones.

a woman's access to a screening mammogram. In 2017, the Mobile Mammography Unit screened 3,010 patients and detected 10 cases of breast cancer.

Safe Kids Pee Dee/Coastal, led by McLeod Health, works to reduce the

number of unintentional childhood injuries through a multi-faceted approach combining community action, safety events, public awareness, education, and public policy initiatives. The program hosts regular events and awareness initiatives throughout the community, including car seat checks, bicycle rodeos, Safe Sleep classes, Injury Prevention talks, Fire Safety education through school districts, and health fairs.

Community Health Needs Assessment

Every three years, McLeod Health assesses the health needs of the areas it serves. The results of the Community Health Needs Assessment (CHNA) enable McLeod Health to set priorities, develop interventions and direct resources to improve the health of people living in the organization's 15-county service area. Some of these resources include community health education, support groups, health screenings, free and discounted medical supplies, health education, research, and financial and in-kind contributions.

These efforts demonstrate the heart and legacy of McLeod Health -- a spirit of service.



Patricia McKeever, the 20,000th woman screened on the McLeod Mobile Mammography Unit, received her mammogram during the mobile unit's visit to Highland Industries in Cheraw.

McLeod News

MONTGOMERY NAMED ADMINISTRATOR OF McLEOD HEALTH LORIS



Scott Montgomery

McLeod Health is pleased to announce that Scott Montgomery has been named the new Administrator of McLeod Health Loris.

With the growth of Horry County, and strategic opportunities

identified at McLeod Health Loris, the need for a full time leader to focus on this work was determined. As Administrator of McLeod Health Loris, Montgomery implements management action plans and is responsible for the establishment, maintenance, and enhancement of quality health services in accordance with the philosophy and mission of McLeod Health.

“Scott has a record of success leading

growth and development in a regional multi-hospital health care system, working on efforts to increase revenue, surpass customer needs, cost containment, and developing vision and strategy,” stated McLeod Health President Rob Colones.

“He is an excellent communicator and has developed strong relationships with physicians, colleagues, staff and patients.”

A member of the McLeod team since 2008, Montgomery has served the organization in McLeod Health Loris and McLeod Health Seacoast as Director of Rehabilitation and Associate Vice President of Rehabilitation Services/Orthopedic Services which included Therapy, Fitness, Diabetes Management and Cardio-pulmonary Rehabilitation.

Montgomery received his Bachelor’s

Degree in Communication Disorders and Master’s Degree in Speech-Language Pathology from Western Kentucky University in Bowling Green.

“It is an honor and a privilege to transition in this role. I am most appreciative for the opportunity and committed to the people and mission of McLeod Health. This role further underscores our dedication to the provision of quality healthcare in our region and investment in the community of Loris. My goal is to perpetuate the trust and confidence placed in our hospital and professionals,” stated Montgomery.

Montgomery and his wife, Mellissa, a Respiratory Therapist at McLeod Loris Seacoast, have twin sons, Conner and Collin and a daughter, Kenley.

3D MAMMOGRAPHY™ NOW AVAILABLE

McLeod Regional Medical Center in Florence and McLeod Health Dillon now offer the most accurate mammogram available -- 3D Mammography™. This technology will soon be available at McLeod Health Clarendon and on the McLeod Mobile Mammography Unit. The Genius™ 3D Mammography™ exam is revolutionizing how breast cancer is detected by providing a better option for women of all breast densities compared to 2D alone.

3D Mammography™ produces a three-dimensional view that allows doctors to examine breast tissue layer by layer unlike the flat images used in conventional mammograms. A good analogy for 3D Mammography™ is like thinking of the pages in a book. If you look down at the cover you cannot see all of the pages -- but when you open it up, you can go through the entire book page-by-page to see



everything between the covers.

Studies show that the Genius™ 3D Mammography™ exam has greater accuracy than 2D mammography for women across a variety of ages and breast densities. It is the only mammogram that is FDA-approved as superior for women with

dense breasts compared to 2D alone. This is good news for patients, as nearly 50 percent of women between the ages of 40 and 74 have dense breasts.

3D Mammography™ also allows for earlier detection, finding 20 percent to 65 percent more invasive cancers than conventional mammography. In addition, 3D Mammography™ provides greater peace of mind, reducing call back exams by up to 40 percent.

Contributions by The Duke Endowment and donors of the McLeod Health Foundation have supported McLeod Health in obtaining 3D mammography.

If it is time for your annual mammogram, schedule your 3D Mammogram at either of the McLeod locations below by calling McLeod Reservations and Scheduling at (843) 777-2095.

McLeod Regional Medical Center

801 East Cheves Street
Florence, SC 29506

McLeod Health Dillon

301 East Jackson Street
Dillon, SC 29536

McLeod News

GROUNDBREAKING HELD FOR McLEOD OCCUPATIONAL HEALTH COMMERCE PARK



From left to right: Octavia Williams-Blake, Vice President of Workplace Health & Safety for McLeod Health; Dr. Stuart Sandler, Medical Director of McLeod Occupational Health; Frank J. “Buddy” Brand, II, McLeod Health Board of Trustee; Dale Locklair, Senior Vice President of Planning and Facilities Management for McLeod Health; and Jeff Singletary, Vice President of Marketing with Pee Dee Electric Cooperative, Inc., break ground for the McLeod Occupational Health Commerce Park.

McLeod Health held a groundbreaking ceremony for McLeod Occupational Health Commerce Park in April. The ceremony was held at Pee Dee Touchstone Energy Commerce City Park in Florence.

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 a continuing effort to meet the medical needs of the region.

The addition of McLeod Occupational Health Commerce Park underscores this commitment by McLeod Health to provide treatment, services and health care to area businesses and industries.

Frank J. “Buddy” Brand, II, Chairman of the Florence County Economic Development Partnership and a member of the McLeod Health Board of Trustees, said, “This day represents the body of work

to fulfill our efforts in the provision of preventive and medical care to people who support businesses and industries through this service. Keeping our workforce healthy fosters economic growth and stability.”

In his remarks, Brand also explained how the McLeod Occupational Health Commerce Park will benefit the existing industries located at the Pee Dee Touchstone Energy Commerce City Park as well as the recruitment of future industries to the Florence community.

“The momentum we are seeing in Onsite Services mirrors the broader momentum sweeping the country,” said Octavia Williams-Blake, Vice President of Workplace Health & Safety for McLeod Health. “More and more employers are choosing to bring healthcare directly to their worksite. Employers are experiencing the positive financial impact of having physicians and nurse practitioners onsite providing convenient, high quality care to team members and their families.

“Local employers often share with me how the convenience of onsite care has resulted in improved health outcomes, reduced health plan expenses, increased productivity and retention of their employees. We now provide more than 15 onsite clinics across the region in industries such as Honda, Otis Elevator, WestRock, the City of Florence, Florence County and McCall Farms just to name a few.”

Situated at the intersection of Interstate 95 and S.C. Highway 327, the Pee Dee Touchstone Energy Commerce City Park is home to FedEx, Ruiz Foods, Performance Foodservice, Johnson Controls, Pepsi Cola of Florence, Pee Dee Regional Water Treatment Plant and Windy Hill Volunteer Fire Department.

McLeod Occupational Health Commerce Park is scheduled to open in early 2019.

The services offered will include:

- Onsite X-ray and EKG Services
- DOT Certified Exams and Physicals
- Pre-employment Physicals
- Comprehensive Drug and Alcohol Testing
- Hearing/Audiometry Testing
- Spirometry Testing
- Labs and Lead Blood Testing
- Firefighter Physicals
- Ergonomic and Physical Capacity Testing
- Wellness Programs including Screenings
- Disease Care Management
- Flu Shots and other Immunizations and Vaccinations
- Pharmacy Courier Services
- Treatment for Minor Illnesses
- Employee Assistance Program Services

McLeod News

MCLEOD HEALTH DILLON EARNS PRESTIGIOUS BABY-FRIENDLY® DESIGNATION

McLeod Health Dillon is pleased to announce that the hospital has earned the prestigious international recognition as a “Baby-Friendly® Designated” birth facility.

Based on the “Ten Steps to Successful Breastfeeding,” a bundle of science-based practices established by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) as global criteria to improve breastfeeding rates, the Baby-Friendly designation recognizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies. These criteria are also endorsed by the American Academy of Pediatrics.

As a Baby-Friendly hospital, McLeod Health Dillon has demonstrated that their policies and practices meet the gold standard for mother/baby care related to

breastfeeding. This designation also indicates that McLeod Health Dillon supports and promotes the importance of mother and infant bonding through skin-to-skin -- placing baby on mom’s bare chest soon after delivery -- and rooming-in -- keeping the baby in the room with his parents during the hospital stay. While these practices promote bonding, skin-to-skin and rooming-in also offer many health benefits to both the mom and her baby.

“Achieving Baby-Friendly designation illustrates the hospital’s commitment to patient and family-centered care,” said **Dr. Rebecca Craig** with McLeod OB/GYN Dillon. “This initiative means our mothers and families are getting the optimum care and encouragement that has been proven to reduce risks to the baby and mom.”

Joan Ervin, Administrator of McLeod Health Dillon, added, “This recognition is not just significant for the McLeod Health

Dillon team members who have worked so hard to obtain it -- it is also a wonderful distinction for our region. We join a limited number of hospitals and birth centers to receive this designation.”

“Our team has worked toward the Baby-Friendly designation for more than four years,” explained Pat Jones, RN, Director of Women’s Services at McLeod Health Dillon. “This initiative, along with other enhancements at our hospital, are important for community health throughout the region and will lead to healthier babies and moms.”

The Baby-Friendly designation began in 1991 in response to rising infant mortality rates around the world. To become Baby Friendly, a hospital must demonstrate its commitment to a whole philosophy of care that helps women understand the benefits of breastfeeding and be successful at it. The designation is given after a rigorous on-site survey is completed.

The McLeod Dillon Women’s Services Team, pictured from left to right, Sharhonda Johnson, MST; Kayla Heffner, RN; Pat Jones, RN; Pam Salmon, RN; and Tracey Campbell, RN; worked together for more than four years to earn the Baby-Friendly® Designation.



McLeod Health 2018 TOP HONORS



McLeod Health is excited to share our most recent achievement in the hospital ratings by Healthgrades®, the leading online resource for comprehensive information about physicians and hospitals. With Top Honors in major categories, McLeod is transforming healthcare in our region.

**Distinguished Hospital Award
in Clinical Excellence™ (2017 – 2018)***

**Outstanding Patient Experience Award™
(2017 – 2018)***

**America’s 50 Best Hospitals
for Vascular Surgery™ (2015 – 2018)***

**★★★★★ in Total Knee Replacement
(2016 – 2018)***

McLeod Health

*Distinctions listed represent
McLeod Regional Medical Center

FLORENCE | CHERAW | CLARENDON | DILLON | DARLINGTON | LORIS | SEACOAST

McLeod Health

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