

McLeod

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magazine



Cary and Liz Andrews

HEALTHCARE
BEYOND MEASURE

Views



Rob Colones

At McLeod Health, we are committed to the values of Caring, The Person, Quality and Integrity, striving to improve the health of people who live in the 18 counties we serve and beyond. Daily, our McLeod team of nurses, doctors, medical personnel, support services and volunteers are faithful to this work, diligently seeking new processes that lift the standards of medical care even higher, both in touch and technology.

We value the dedication that reflects a servant's heart and fosters excellence in compassionate service. We celebrate steadfastness to our mission. We challenge each other to embrace stewardship and discernment. We respect the high calling of caring for others when they are most vulnerable and in need of comfort and treatment.

Our patients and their families are constant reminders that the vocation of medicine is about relationships and being an advocate for a healthy community. We consider it a privilege to be considered as a partner in your health and are honored to be your choice for medical services.

We have excellence in our name, a standard by which we measure each outcome. Many of these inspirational stories reflected in the following pages pay tribute to the extraordinary journeys and courage demonstrated by both caregivers and patients. You are invited into the very personal accounts of real people, who have shared their victories and voices of hope within our Fall issue of *McLeod Magazine*.

We are grateful to all who entrust us with their care.

Robert L. Colones

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President, McLeod Health



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ON THE COVER:

Cary Andrews lives a full life more than 10 years following a diagnosis of prostate cancer thanks to the outstanding cancer care he received at McLeod Health. To view Cary's story and the inspirational messages of our 2018 Evening of Hope Cancer Survivors, visit www.mcleodhope.org.

Cary and his wife, Liz, are pictured on the cover of this issue with their Boykin Spaniel, Stonewall Jackson.

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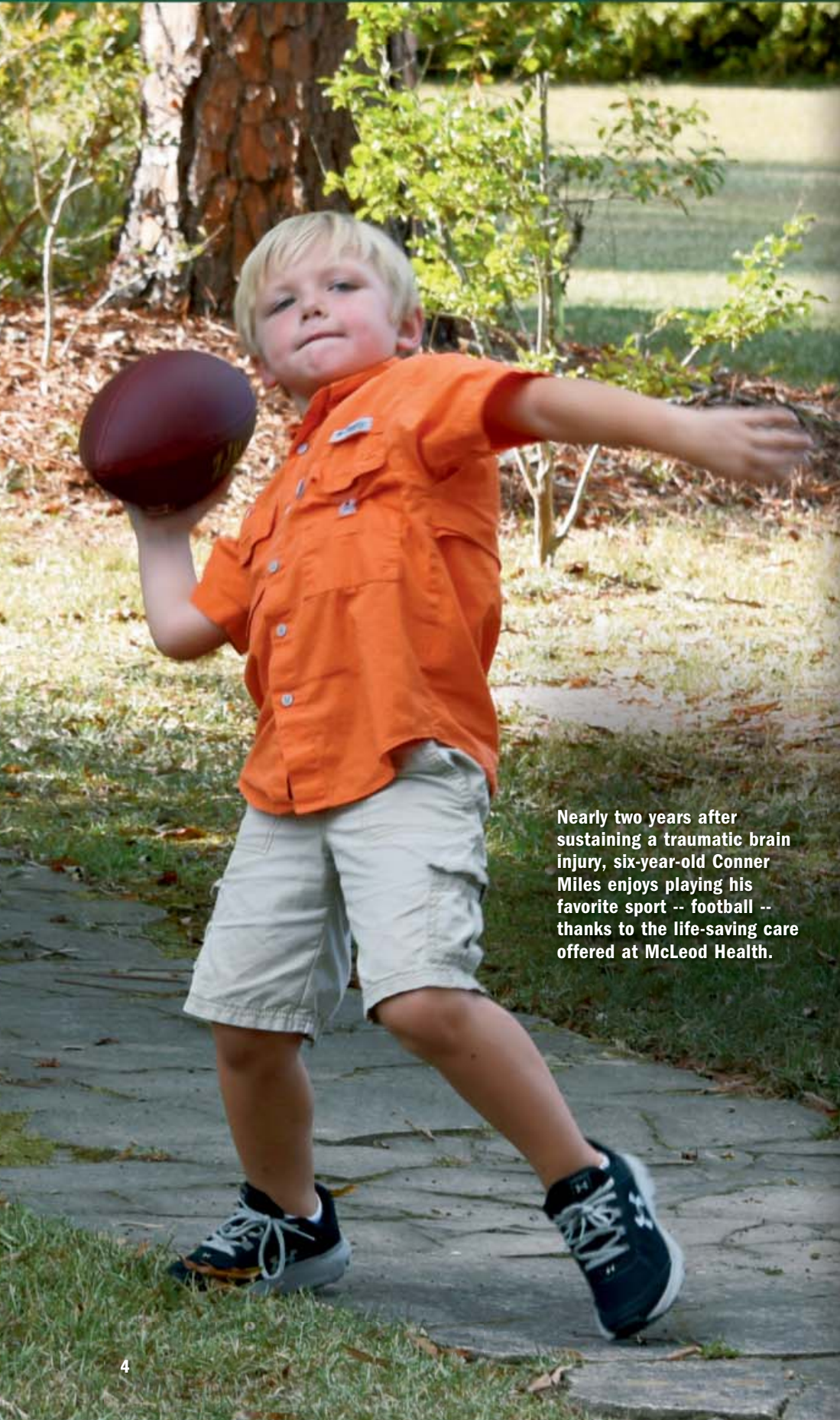


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WORKING AS ONE TO SAVE A CHILD'S LIFE



Nearly two years after sustaining a traumatic brain injury, six-year-old Conner Miles enjoys playing his favorite sport -- football -- thanks to the life-saving care offered at McLeod Health.

by Jessica Wall

During the afternoon of April 5, 2017, local meteorologists issued severe weather alerts for Latta, South Carolina. Aaron and Stephani Miles both work with the Latta school system and arrived at home around 4 p.m. in the afternoon. Soon after, the rain and hail began to beat down on their home.

Aaron and his seven-year-old son Brennon stood looking out the window at the hail until the lightning started, so they moved away. Meanwhile, Stephani prepared dinner in the kitchen while four-year-old Conner played in the den with a baseball bat in one hand and Lucky Charms in the other.

Suddenly, the family's car alarm activated as they heard a thunderous noise. Aaron and Stephani could not believe what happened. A strong gust of wind uprooted a nearby 100-year-old oak tree, which landed directly on their home and both vehicles.

Aaron immediately yelled, "Is everyone okay?" as he looked over the large tree limbs that filled the family's den.

He heard the cries and screams of Stephani and Brennon, but no sound from Conner. Just silence.

Panic and terror overwhelmed Aaron. "I could not see Conner because of the tree and then noticed our dog, Daisy, making noises we have never heard before or since. I knew if I could get to Daisy, I would find Conner," he said.

Aaron struggled to get into the den, but when he finally did, the sight terrified him even more.

"A large tree limb and trusses from the roof covered Conner's body," said Aaron. "I could only see Conner's shoe and blood pouring out from under the limb."

Aaron called 911. The dispatcher advised him to stay on the phone and not move Conner, but Aaron could feel the tree shifting in the house and knew he had to get his son out.

Aaron ended the call and removed as much debris as possible. As rain poured in through the gaping hole in the ceiling, Aaron mustered all the strength he could and moved Conner from under the tree while Stephani ran to get a washcloth and small towel to stop the bleeding from two gashes on Conner's head.

Aaron ran out the door with Conner in his arms. At the same moment, the Latta Chief of Police arrived in response to the 911 call.

Conner's little body shook as he went in and out of consciousness. Just as Aaron reached to put Conner in the police car, the ambulance arrived.

The paramedics took Conner to the McLeod Health Dillon Emergency Department. On the way, Aaron prayed for Conner and everyone involved in his care.

Once there, **Dr. Kievers Cunningham**, Medical Director of the McLeod Dillon Emergency Department, along with a team of nurses, worked quickly to assess the extent of Conner's injuries. While Aaron and Stephani anxiously awaited a report on their son's condition, a couple of nurses brought them dry scrubs to replace their soaked clothing.

A CT scan revealed a fractured skull with several skull fragments pushing into the brain. Conner also sustained an epidural hematoma, a collection of blood between the skull and covering of the

brain, which compressed the underlying brain as well as a cerebral contusion, or bruising of the brain itself.

"Every minute counts when a person sustains such a critical injury," explained Dr. Cunningham. "A hemorrhage increases pressure on the brain, which can lead to irreversible brain damage or death if not treated quickly.

"We intubated Conner to protect his airway and stabilize his vitals while arranging for transport. I explained to the family that Conner would need immediate surgery to stop the hemorrhaging as well as repair the skull fracture."

Dr. Cunningham then called **Dr. William Naso**, a Neurosurgeon with Florence Neurosurgery & Spine Center, and arranged for Conner's transport to McLeod Regional Medical Center in Florence.

(Continued on next page)



The quick actions and team effort of Dr. William Naso, Neurosurgeon with Florence Neurosurgery & Spine Center; Dr. Kievers Cunningham, Medical Director of the McLeod Dillon Emergency Department; and Dr. Carl Chelen, McLeod Pediatric Intensivist, played crucial roles in saving Conner's life.



A severe storm in 2017 left Aaron and Stephani Miles (center) without a home or car. It also left their youngest son, Conner, far left, in critical condition when he suffered a traumatic brain injury and Brennon, far right, struggling to cope with the situation. Through the compassionate, high-quality and family-centered care offered at McLeod Health, this family found healing and now lives each day with gratitude and purpose.

“Upon Conner’s arrival to the Emergency Department, we activated a ‘Q-1,’” explained Dr. Naso. “This lets the Emergency Department and Operating Room staff know that the patient has a severe life-threatening condition requiring immediate surgical intervention. Dr. Cunningham notified me of Conner’s condition so our team could fully prepare for his arrival. The time from Conner’s arrival to the induction of anesthesia in the Operating Room totaled 11 minutes.

“An epidural hematoma remains one of the most time sensitive neurosurgical emergencies. A delay of even a few minutes might literally mean the difference between life and death. Dr. Cunningham’s early intubation, stabilization and transfer of Conner, **Dr. Michelle Huxford’s** preparation of

her Emergency Department staff, and **Dr. Ben King’s** efficiency and care as Conner’s anesthesiologist served as critical components in Conner’s good outcome. Our Emergency Department nurses, respiratory therapists, transport technicians, Operating Room nurses, nurse anesthetists, and Operating Room technicians all played important roles in Conner’s surgery and ultimate recovery. Without all these dedicated professionals, Conner may not have survived,” added Dr. Naso.

Conner underwent a craniotomy with elevation of depressed skull fracture and evacuation of the epidural hematoma. Essentially, Dr. Naso and his surgical team removed a portion of Conner’s skull and the large blood clot compressing his brain. They then repaired the fractured skull using a series of plates and screws.

“With Conner’s surgery underway, Bill Early, a Patient Representative in the Emergency Department, led Stephani and me, along with several family members and friends, to the surgical waiting area and prayed with our entire group,” recalled Aaron.

After surgery, Conner stayed in the Pediatric Intensive Care Unit (PICU) under the supervision of **Dr. Carl Chelen**, McLeod Pediatric Intensivist, where his recovery progressed as expected.

After two nights in the PICU, respiratory therapists Sherry Gasque and Heather Heape began the process of weaning Conner off the ventilator. Stephani prayed for this to happen before his fifth birthday on April 13. The PICU team extubated Conner on April 12.

Stephani also describes their main fear as knowing that head trauma can change

one’s personality, and Conner has always been the prankster of the family. She and Aaron felt utter relief during one of the first interactions Conner had with Aaron after coming off the ventilator. Since he could not speak yet to show his personality, Conner removed Aaron’s glasses, turned them upside down and put them back on Aaron’s face, then put them on the correct way.

“We cannot express our gratitude for the entire PICU team,” added Stephani. “Dr. Chelen frequently checked on us and explained every detail regarding Conner’s care.

“Josh Murphy, our night nurse, gave Conner a Clemson hat for his birthday, even though Josh pulls for the University of South Carolina. What may have seemed a small gesture to Josh touched us deeply. He showed incredible support and compassion not just for Conner, but our entire family.

“Our oldest son, Brennon, struggled to cope with the accident. He had no home, no familiar car to ride in, and did not know if his brother would be okay. His entire world had turned upside down. When he needed his family the most, we could not be there for him like we wanted. In those moments, even the most ordinary acts of kindness have significant impact.

“Josh always made a point of speaking to Brennon, and the therapists and nurses strived to make sure Brennon felt included and important in Conner’s recovery. The first thing Conner said after getting off the ventilator was not ‘Mom’ or ‘Dad’, but ‘Brennon.’

“Then, Olivia Whatley, the Child Life Specialist, took Brennon to the Child Life Activity Center and let him pick out a Lego for each family member -- him, Conner, Mom and Dad. Olivia put the Legos together to remind Brennon that even though he could not be with his family right now, they loved him very much. This really impacted Brennon, and

he carried the Legos in his pocket long after the accident,” said Stephani.

Conner underwent routine neuro checks in the PICU to assess his brain activity. Aaron prayed for a sign that Conner would be okay and during one of his neuro checks asked Conner to squeeze his hand, wiggle his nose, and wiggle his toes. Aaron happened to capture Conner responding on video.

“No matter what I may deal with in a day, I go back to that video and time stops because at that moment, I remember sitting in the PICU thanking the Lord that Conner knew what it meant to do these things,” said Aaron. “Before that point, we honestly did not know what Conner’s outcome would look like.”

Conner spent a total of 12 nights in the PICU and eight nights on the pediatric floor. During those 20 days, the Patient Representative Aaron met the first night further impacted the family by visiting daily with newspaper in hand.

“Bill will never know how much this kind gesture meant to us,” recalled Aaron.

“For those brief moments, he helped distract us from all our anxieties and concerns through simple conversation.”

Upon Conner’s discharge from the hospital, he underwent occupational and physical therapy at McLeod Pediatric Rehabilitation for a few months, where therapists Megan Jones and Doren Craig made an impression on Conner and the family.

Today, six-year-old Conner enjoys all things sports and wrestling. Shortly after the accident, Conner developed an interest in professional wrestler John Cena whose motto is “Never give up.” Now, Conner has an entire John Cena collection.

Conner currently plays flag football but looks forward to possibly playing more sports soon.

Most importantly, doctors believe Conner should make a full recovery.

“We have definitely gained a new perspective,” says Aaron. “God has a purpose for Conner, and He left him here to fulfill that purpose.”



Last year brought many challenges for the Miles family, especially Brennon (left) and Conner (right). However, the love these brothers share gave them the strength to face every challenge head on and overcome.

Walking the Right Path Together

Seeing a Primary Care Physician Regularly May Save Your Life



Stroke survivor Bob Sillman greets each new day exercising with his wife, Charlotte. Together they are charting a new journey toward healthy living.

by Shaw Thompson

To look at Bob Sillman, one would have thought he was the picture of good health. Energetic and active at 60 years of age, Bob and his wife Charlotte start most mornings with a brisk walk before breakfast and getting ready for work.

However, the morning of August 7, 2018 did not proceed according to their normal schedule. Prior to their walk, Bob began his morning ritual of brushing his teeth and shaving before walking. As he was getting ready, he noticed something odd about his right hand. When he reached to flush the toilet, he missed the handle twice. Finally, he succeeded on his third try.

“It was 5:30 in the morning and I chalked up the problem to not being fully awake,” said Bob. “I am left-handed, so I shaved and noticed nothing unusual. But, as I reached for a towel with my right hand to wipe my face, I missed the towel. Then after brushing my teeth, water dribbled from my mouth when I attempted to rinse out the toothpaste.”

A 15-year member of the McLeod Health team, Bob’s mind leapt to a message he had seen often on flyers and billboards. F.A.S.T. (Face, Arm, Speech, Time), the acronym for recognizing signs of a stroke, explained the symptoms he was experiencing.

“My next thought was to ask my wife if my speech seemed odd,” said Bob. “When I opened my mouth and gibberish came out, I knew the answer.”

Bob’s wife Charlotte, an occupational therapist at McLeod Health Darlington, said, “As soon as I saw his face, I knew he was having a stroke.” Knowing that time was crucial, they rushed to the McLeod Regional Medical Center Emergency Department for treatment.

An examination by the emergency medicine team revealed that Bob had high blood pressure and high cholesterol, but more alarming was the discovery of an elevated blood sugar level of 302. That number triggered Bob having a test called an A1C, a measurement of the blood glucose levels in hemoglobin used to diagnose diabetes. Normal ranges for non-diabetics are below 5.7 percent. Bob’s level was 12.9 percent, making him a diabetic.

“In a matter of hours, I went from thinking I was healthy to having a stroke and being a diabetic,” said Bob. “I was not aware of any family history of diabetes, and I felt fine. I knew my life was changed forever, and that these concerns, in all probability, had been fully preventable.”

In addition, Bob’s work-up showed a 99 percent blockage of his right carotid artery (the artery supplying blood to the right side of his brain). This blockage also had small particles of blood clot in it,

significantly increasing Bob’s risk for yet another stroke. Because of this, McLeod Vascular Surgeon

Dr. Carmen Piccolo was consulted.

“Given the amount, location and type of blockage in his carotid artery, Bob needed the more traditional open endarterectomy. During this procedure, we make a cut in the neck, open the artery, clean out all of the blockage and then place a patch on the artery to make it bigger,” explained Dr. Piccolo.

The carotid surgery was performed on August 10 -- only three days following Bob’s stroke. While preparing for his surgery, Bob was visited by McLeod Neurologist **Dr. Timothy Hagen**. Dr. Hagen confirmed the initial stroke diagnosis and was monitoring Bob’s care as his stroke symptoms subsided. They had a conversation Bob will never forget.

“Dr. Hagen remarked to me that I was only 60 years old,” said Bob. “The other patients on the floor with the same concerns were in their seventies, eighties and nineties. What was I doing here?”

That moment sparked more reflection: how had he gotten here? What could he have done to prevent it, and what should he do going forward?

“During my whole experience, from the emergency room physicians to Dr. Hagen and Dr. Piccolo, all of them asked me ‘Who is your primary care doctor?’ The answer was simple. I did not have one.”

Bob had not seen a doctor for an annual check-up or even brief illness for more than a decade. He had no established relationship with a family medicine or internal medicine physician, and had not taken advantage of free occupational health programs provided by his employer. Unfortunately, working in healthcare and having access to physician practices did not lead to his seeking a primary care provider.

“I felt fine, I was not sick -- I did not think I needed to go to the doctor,” said Bob. “It took a life-threatening event, a stroke, for me to see how going to the doctor, even when you do feel fine, is important.”

At a post-surgical appointment with Dr. Piccolo, Bob discussed his questions and lack of a personal physician. At Dr. Piccolo’s urging, Bob set up an appointment with McLeod Family Medicine Physician **Dr. Stephanie Strickland**.

(Continued on next page)

Under the care of Dr. Stephanie Strickland, stroke survivor Bob Sillman is committed to reversing his diabetes and preventing future health risks.



“Many of the new patients I see come following an emergency or major health scare,” explained Dr. Strickland. “We have a picture in our minds of the stereotypical person who has high blood pressure, diabetes, or high cholesterol. People walk around feeling fine, not aware of what issues our bodies may be gradually adjusting to over time. It is not until the system breaks that they know something is wrong. If we do not personally recognize symptoms, we do not see ourselves fitting those stereotypes.”

Those misconceptions are why having an established relationship with a primary care physician is so important for people of all ages and health levels.

“Our goal as primary care physicians is keeping people healthy,” said Dr. Strickland. “Half of good health is genetics; the other half is what we do on our own to maintain it. Often, we can take care of sicknesses and conditions ourselves, or we can be a gateway to specialists, surgeons, or other services as needed. Working together, we can prevent major health concerns before they happen.”

Under Dr. Strickland’s care, Bob now has a physician dedicated to addressing his concerns directly, especially his new challenge of diabetes.

“Dr. Strickland works with me on medications, diet and lifestyle changes,” said Bob.

“Before my stroke, I rarely ate fruit and vegetables, mostly just starches like pasta and meats. Little did I know that the carbohydrates and hidden sugar in my diet put me on the path to diabetes. That diagnosis could have been discovered with routine lab tests had I been under the care of a physician. With only changing my eating habits, I have lost 30 pounds and feel much better. I know I am a diabetic now, but I hope, in time, I may not be one forever.”

If he ever needs motivation to continue those changes, Bob only has to look in the mirror. The scar on his neck is a permanent reminder of the close call that gave him a second chance.

IMPROVING VASCULAR ACCESS

by Jennifer Hulon

Patients with kidney failure or end-stage renal disease receive dialysis treatments multiple times per week. Dialysis is administered through a process using a hemodialyzer (artificial kidney).

In the United States, more than 660,000 people are in treatment for kidney failure, and of these, 468,000 require a form of dialysis (peritoneal or hemodialysis), according to the U.S. Renal Data System Annual Report. 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.

McLeod Health Loris recently established a Dialysis Access Center for the region because of the critical need for this specialized area of vascular care. The McLeod Dialysis Access Center staff provides treatment for patients with access complications in a timely manner. **Dr. David Bjerken**, a McLeod Vascular Surgeon, serves as the lead physician for the Dialysis Access Center.

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 greatest risk with infection.

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 in eastern South Carolina, producing a significant problem for dialysis patients.

“Kidney failure patients need these life preserving dialysis treatments,” said Dr. Bjerken. “However, creating and maintaining effective access for dialysis treatment requires a complex and creative process, very much a constant challenge.”

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

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

RECEIVE THE RIGHT CARE AT THE RIGHT PLACE

Primary Care Provider, Urgent Care Clinic, TeleHealth and Emergency Department... What is your best option?

Primary Care Provider

The best place to receive care and to establish a regular relationship for you and your family is with a primary care provider. Appointments are usually open during normal business hours, and some providers have extended hours and weekend appointments.

See your primary care provider for the following conditions:

- Common colds, flu, fever, rash, ear aches, infections, sore throats and migraines
- Sprains, minor broken bones, back strains or pain, cuts, burns or eye injuries
- Health screenings and vaccinations
- Management of chronic conditions such as diabetes, heart disease, high cholesterol, asthma, and COPD (just to name a few).

Primary Care encompasses not only family medicine and internal medicine physicians, but also pediatricians and obstetrician-gynecologists. At McLeod Health, we have

McLeod Physician Associates primary care providers located throughout the communities we serve. For a listing of primary care providers accepting new patients, please visit www.mcleodphysicians.org.

Urgent Care Center

Have a medical issue that is non-life threatening at a time when your primary care provider is unavailable? For patients one year and older, your next best option is your nearest urgent care. McLeod Urgent Care Centers are open seven days a week and most holidays with extended hours. McLeod Urgent Care Centers are there for you when you or a family member has a condition that you feel needs to be addressed before you can get in to see your doctor or primary care provider. For more information, please visit www.mcleodurgentcare.org.

McLeod TeleHealth

With McLeod TeleHealth you'll receive quality healthcare online by a physician at anytime, from anywhere -- on your laptop, phone, or

tablet. No appointment necessary, visits are private and secure, and sign up is free. To download the app for both Apple and Android devices, visit www.mcleodtelehealth.org.

Emergency Department

Serious and life-threatening situations warrant a visit to the Emergency Department (ED). If you feel you are in an emergency situation, call 911 or go to the nearest ED. If you or a family member experiences any of the following symptoms, seek emergency care:

- Chest pain or pressure, numbness in face, arm or leg, severe pain anywhere on the body, coughing or vomiting blood, any severe allergic reaction, intense abdominal pain, or head injury
- Heavy bleeding or deep cut, any broken bones breaking through the skin
- High fever with stiff neck, severe burns and any other condition you believe is life-threatening.

WHERE THE ROAD LEADS

by Jennifer Hulon

Jerry Burkhart loved traveling the country every summer. During the two months that Jerry's wife, Jeri, was not teaching school, they would set off in their RV from their home in Lexington, North Carolina, stopping at various places across the United States. When Jeri retired in 2017, they decided to sell their RV and move to North Myrtle Beach.



Jerry Burkhart and his wife, Jeri, return to an active lifestyle after Jerry suffered a mini-stroke and arterial blockage in his leg.

A few months after settling into their new home, Jerry walked into the kitchen where Jeri was sitting at the table and he began mumbling, saying he didn't feel "right." Knowing something was wrong and fearing a stroke, Jeri made the decision to take her husband to the McLeod Health Seacoast Emergency Department (ED).

Upon evaluation, the Burkharts were told Jerry had experienced a transient ischemic attack (TIA), also referred to as a mini-stroke. A temporary blockage in the brain, the symptoms of a TIA are similar to a stroke, but are not permanent. However, a TIA is a warning sign of a stroke, so immediate evaluation of the cause is needed.

The ED Physicians made the decision to transport Jerry to McLeod Regional Medical Center in Florence for further evaluation and treatment. Because of his strong risk factor profile for heart disease due to diabetes, high blood pressure, high cholesterol, and other known arterial disease, Jerry understood the importance of being monitored by a vascular surgeon and cardiologist.

After his hospitalization in Florence, Jerry scheduled appointments with McLeod Health Vascular Surgeon **Dr. Christopher Cunningham** and McLeod Health Cardiologist **Dr. Gavin Leask**. Dr. Cunningham is a member of the McLeod Vascular Associates team. Dr. Leask treats patients at McLeod Cardiology Associates.

To assess Jerry's heart function and risk of obstructive coronary artery disease, Dr. Leask ordered an echocardiogram and nuclear stress test. Both tests returned with normal readings.

Prior to his first visit with Dr. Cunningham, Jerry began to experience slurred speech. Based on this new symptom, Jerry's appointment with Dr. Cunningham was sooner.

A computed tomography angiography (CTA) scan, a special kind of CT exam that focuses particularly on the blood vessels, was performed.

Dr. Cunningham examined Jerry and reviewed the results of his CTA scan. He explained to Jerry that the slurred speech occurred because his left carotid artery (located in the neck) showed a tight stenosis, a narrowing in a blood vessel. Dr. Cunningham scheduled Jerry for a carotid endarterectomy, a surgical procedure to reduce his risk of a future stroke. During an endarterectomy, plaque is removed from inside the artery correcting the stenosis. Jerry's surgery went well and he returned home within 24 hours.

At his follow-up appointment with Dr. Cunningham, Jerry mentioned that he struggled walking for any distance. He shared that he could not even walk the length of a football field. This difficulty interfered with Jerry's ability to exercise. He explained to Dr. Cunningham that the symptoms had progressed over the past several years.

"Dr. Cunningham felt for the pulse in my leg and identified a blockage," said Jerry. "He quickly determined the problem which impressed me greatly." A second CTA scan was administered which detected an arterial occlusion, or blockage. Dr. Cunningham scheduled Jerry for an angioplasty, a surgical procedure that removes plaque in an artery. A couple of hours after surgery, Dr. Cunningham discharged Jerry home after he observed him walking normally.

"Two weeks after the surgery, an ultrasound showed all blocked areas treated in Jerry's leg were wide open with normal pulses," said Dr. Cunningham. "I could not be more satisfied with his results."

Stroke patients remain under life-long care by a physician.

Dr. Cunningham and Jerry have created a friendship and bond through all of Jerry's procedures.

"We have encountered a number of surgeons through the years, but I've never had as much confidence in one like I do with Dr. Cunningham," said Jerry. "He speaks to me so I understand what the procedure will involve from start to finish. He overshadows all the other surgeons I have ever seen."

Today, Jerry and his wife are appreciating retirement and living a healthier life. He is also back in the gym enjoying what he loves. Through his many travels, Jerry chose to make North Myrtle Beach his home and says he is blessed to have McLeod Health right around the corner.

"I highly recommend McLeod Health," added Jerry, whose excellent outcomes have brought quality to his life and retirement.

"We have encountered a number of surgeons through the years, but I've never had as much confidence in one like I do with Dr. Cunningham. He speaks to me so I understand what the procedure will involve from start to finish."

— Jerry Burkhart

Advanced Treatment for A SILENT KILLER



by Kristie S. Gibbs

Like many retirees, Richard Ayers of Sumter, South Carolina, maintains a busy schedule -- fishing, hunting, volunteering at church, and spending time with his wife, Vickie, and their beagle Bandit.

While working in the yard one day, Richard suddenly spiked a high fever. He sought medical care and received treatment for strep throat. A few weeks later, however, the fever returned and continued to come and go for a few months.

The fever rose again to a frightening 104 to 105 degrees. Alarmed, Richard decided to seek medical attention at the McLeod Health Clarendon Emergency Department located in Manning, South Carolina. Medical tests indicated a blockage in the bile duct, a tube that drains bile from

the liver to the intestines.

Richard's medical team at McLeod Health Clarendon then arranged for his transfer to McLeod Regional Medical Center in Florence for further testing and treatment.

Once there, **Dr. Veeral Oza**, Gastroenterologist with the McLeod Digestive Health Center, evaluated Richard's condition and performed an endoscopic ultrasound (EUS), which revealed a pre-cancerous tumor. Given the findings, Dr. Oza prepped Richard for an

Endoscopic Retrograde Cholangiopancreatography (ERCP).

"The ERCP procedure helps gastroenterologists treat diseases of the gallbladder, biliary system, pancreas and liver," explained Dr. Oza. "Using an endoscope, or a long flexible tube with a light and camera at the end, we examine the inside of the digestive system. We also employ contrast dye and X-ray technology which enables us to see the bile duct, pancreatic duct and gallbladder to identify the source of the problem."

During the ERCP procedure, Dr. Oza inserted a stent into the bile duct to allow the blocked fluids to flow through freely. Richard remained in the hospital for additional testing to determine the severity of his condition. A biopsy of the tumor, performed using the endoscopic ultrasound, confirmed pancreatic cancer.

While at McLeod Regional Medical Center, McLeod Surgeon **Dr. John Richey** with Pee Dee Surgical Group cared for Richard. A board certified general surgeon, Dr. Richey's expertise includes advanced training in complex biliary and pancreatic surgery.

Because Richard continued to have a recurrent fever, Dr. Richey ordered a computerized tomography (CT) scan to determine the underlying cause. Results from the scan revealed pancreatitis. Furthermore, Richard also developed an infection in his large intestine that required antibiotics.

"Over the course of a few months, Richard battled numerous medical issues including pneumonia, pancreatitis, colitis, and pancreatic cancer," said Dr. Richey.

Following successful treatment of these other conditions, Dr. Richey scheduled the Whipple procedure to treat the pancreatic cancer.

"The Whipple procedure is also known as a pancreaticoduodenectomy. It is a technically complex operation to treat tumors of the head of the pancreas, bile duct, and duodenum (first part of the intestine) and complications of chronic pancreatitis," explained Dr. Richey.

"During a standard Whipple procedure, we remove the head of the pancreas, the top of the small intestine, the gallbladder, the bile duct, and surrounding lymph nodes," Dr. Richey continued. "We then reconnect the remaining parts of the pancreas, bile duct and stomach to the intestine to allow food to pass through and digest. Most often performed as an open operation, the Whipple procedure requires an incision in the abdomen to allow for access to the pancreas."

Prior to Dr. Richey joining McLeod Regional Medical Center, patients like Richard required transfer to other regional hospitals for this procedure.

Richard remained in the hospital from December 11, 2017 through the first of January 2018. During his recovery time, Richard lost more than 50 pounds and required both physical therapy and home health care.

Once he returned home, Richard credits his wife for taking care of his incision.

"Without a medical background it was challenging for me to help Richard, but McLeod Home Health provided both of us the assistance we needed at home. Our exceptional nurse and physical therapist helped Richard while also teaching me how to care for him. We valued the time they spent with us. Everything fell into place to get him well again," said Vickie.

"Since the surgery, many people have told me how lucky I am," said Richard. "I sincerely appreciate Dr. Richey's youthful, energetic personality as well as his impressive level of knowledge. During my hospitalization, he stopped by my room every evening before going home to talk with me and see how I was feeling. He spent time explaining everything and answered all my questions. He went above and beyond what I could ever expect from a surgeon."

"My health comes from the Lord," said Richard. "He brought Dr. Richey into our lives and worked through him to restore my health. If I had to do it all over again I would, as long as I can do it with Dr. Richey."

Today, nearly one year after the surgery, Richard once again enjoys a busy retirement schedule. And, no one could be more thankful to have him back than Vickie and his beloved companion, Bandit.



Pancreatic Cancer

A vital organ, the pancreas secretes insulin and digestive enzymes that help the body break down food. Its location, deep within the abdomen and surrounded by the liver, intestines, spleen, and stomach, makes detection of tumors difficult.

Pancreatic cancer is an aggressive form of cancer often referred to as the Silent Killer.

The American Cancer Society estimates in the United States 55,440 people will develop pancreatic cancer, and of those people, 44,330 will succumb to the disease in 2018. Most cases of pancreatic cancer occur after the age of 60.

Risk factors include smoking, obesity, chronic pancreatitis, family history (parent, sibling, children), diabetes, and cirrhosis of the liver.

Symptoms can include: abdominal pain or back pain, unexplained weight loss, nausea, fatigue, yellowing of the skin and eyes, and loss of appetite. Early signs of pancreatic cancer are vague, making diagnosis difficult. Since pancreatic cancer is most frequently diagnosed in later stages, the cancer often spreads to other organs.

A probable curative treatment for early stage pancreatic cancer is the Whipple surgical procedure. Pictured at left, Dr. John Richey performs the complex Whipple procedure.

CANCER IS A WORD NOT A SENTENCE

by Jennifer Beverly

The Honorable Harry McDowell, a Loris real estate proprietor and retired judge of Horry County, never thought brushing his teeth would lead to a diagnosis of cancer.

The Honorable Harry McDowell appreciates his team of expert physicians at McLeod Health Seacoast, whose collaboration led to an early cancer diagnosis.



"It's a funny story," said Judge McDowell. "My dentist recommended for me to start using an electric toothbrush and one morning two of the bristles fell out as I brushed my teeth."

One of the bristles fell into the sink and the other was nowhere to be found. Judge McDowell believed he swallowed the other bristle.

"It felt like I had a fishbone wedged in the back of my throat," said Judge McDowell. "I did everything I could from eating bread to gargling vinegar in hopes the bristle would become dislodged."

After a few days of irritation in his throat, Judge McDowell scheduled an appointment with his internal medicine physician, **Dr. Jonessa Atienza** with McLeod Internal Medicine Seacoast. Dr. Atienza examined him, but found no evidence of the bristle. Concerned for her patient, Dr. Atienza referred Judge McDowell to Otolaryngologist **Dr. Sarah Novis** with McLeod ENT Seacoast.

"Within the hour, I went upstairs to Dr. Novis' office," said Judge McDowell. "The fast coordination of care between the two physician offices impressed me."

Dr. Novis ran a scope called a flexible laryngoscopy down Judge McDowell's throat. This type of procedure allowed her to see the areas of his throat that are not visible through the mouth. Dr. Novis detected an abnormal mass at the base of the tongue area which looked concerning as a possible early malignancy. The most common type of malignancy in this area is usually squamous cell carcinoma.

Dr. Novis explained to Judge McDowell that she would need to surgically biopsy this area of his tongue.

"The tissue we biopsied did not show typical evidence of malignancy, so we sent it for further testing," said Dr. Novis.

The results of the specialized testing indicated Diffuse Large B-Cell Lymphoma, a form of Non-Hodgkin lymphoma. This common type of lymphoma is an aggressive cancer that starts in white blood cells and grows in lymph nodes. Since Diffuse Large B-Cell Lymphoma can spread rapidly, Judge McDowell met with Oncologist **Dr. Donny Huynh** with McLeod Oncology and Hematology Associates at Seacoast, a department of McLeod Regional Medical Center, to discuss his plan of care.

"Judge McDowell's cancer was contained to one location," said Dr. Huynh. "I tailored a shorter course of chemotherapy specifically for him to minimize unwanted toxicity."

Dr. Huynh prescribed three chemotherapy treatments for Judge McDowell, one cycle every three weeks at McLeod Health Seacoast.

"McLeod Health offers state-of-the-art diagnostic capabilities and cancer treatment options so our patients can receive care close to home surrounded by their support team of family and friends," said Dr. Huynh.

The Infusion Services team at McLeod Health Seacoast worked closely

with Dr. Huynh, the McLeod Pharmacy and other support areas to provide safe and holistic care to Judge McDowell.

"The Infusion Services team provided wonderful care," said Judge McDowell. "I couldn't have been treated better if I was a king."

After completion of his final treatment, Judge McDowell rang the bell in the Infusion Department to signify the hope, courage and strength it takes to walk the cancer journey. The staff's goal is to not only provide excellent patient care, but also bring hope to patients and their families.

"McLeod is one heck of an operation," said Judge McDowell. "If I ever need to see a physician or seek medical treatment, I'm returning to McLeod Health Seacoast."

Dr. Huynh is optimistic that Judge McDowell will make a full recovery. Statistics show the survival rate for localized Non-Hodgkin lymphoma is 75 percent.

The physicians and staff of McLeod Health Seacoast understand the importance of working together as a team to help guide patients to the specialists needed when time is crucial. Thanks to the quick action of his expert physicians, Judge McDowell is now on the road to recovery.

Offering superior, individualized cancer care, Dr. Donny Huynh tailored Judge McDowell's chemotherapy regimen to his specific type of cancer.



HOPE GUIDES KATHY'S CANCER JOURNEY

After undergoing a colonoscopy on November 2, 2017, Kathy Walker recalls waking up and the doctor coming in immediately. He explained to Kathy that the results were not good. The diagnosis of stage 4 rectal cancer was coupled with the news that it had spread to her liver and extensively to both lungs.

After hearing those words, Kathy focused her thoughts on her family and two granddaughters. "That was really tough to absorb because we had so many dreams and things we wanted to do."

Kathy's concern then turned to how would she pay for cancer treatment without health insurance. "Fortunately, the director of the free medical clinic in Hartsville told me that they could get me some help at McLeod. She explained that they had a program to help patients who may not have the ability to pay."

The first person Kathy spoke to at McLeod was Tara Pierce, McLeod Cancer Clinic Coordinator. Tara explained to Kathy about the McLeod Cancer Clinic and the HOPE (Helping Oncology Patients Everyday) Fund and how each program serves to assist patients in need. "She told me that I would receive really good care at McLeod."

"What a blessing to hear those words," said Kathy. "Everyone I met was so positive and uplifting to me. I truly felt it in my heart. It was like a life change came over me. They encouraged me by restoring my hope."

Countless cancer patients have benefitted from the establishment of the HOPE Fund since October of 2014. Services covered by the HOPE Fund include transportation to treatments, assistance with medication for pain and nausea, educational supplies for the newly diagnosed, assistance with wigs and head coverings, as well as an immediate needs fund.

While the HOPE Fund provides assistance for all McLeod cancer patients, the needs are often more acute for those with financial challenges like Kathy. The McLeod Cancer Clinic serves patients who have few resources so that they receive the same clinical care as patients with insurance coverage. The addition of the HOPE Fund has served to help these patients who have immediate needs that present barriers to their care.

After meeting with McLeod Oncologist **Dr. Sreenivas Rao**, Kathy asked him if he knew anyone who has survived her diagnosis. "He said he could count the number of patients on one hand, maybe a hand and a half. Based on the dismal news I initially received after my diagnosis Dr. Rao's answer at least encouraged me that I could survive."

After eight months of treatment, Kathy underwent her first PET scan in July. This type of imaging test reveals how well a patient's organs and tissue are responding to treatment.

Once he reviewed the results, Dr. Rao told Kathy her scan was "amazing."

According to Kathy, Dr. Rao communicated her excellent progress. "He said I was basically cancer free. Our prayers were answered. The fact that I'm able to get my chemotherapy, PET scan and bloodwork is a miracle. I truly don't know what I would do without the help I'm receiving from the Cancer Clinic and HOPE Fund."

Kathy reflected on how she was touched by the kindness of all of the staff who provided every aspect of her care. "The nurses are incredible. They offer hugs when you arrive for treatment and when you leave. I have a whole new set of friends, and I'm grateful for what they've done for me."

Today, Kathy continues receiving infusion treatments every two weeks at McLeod to prevent the cancer from returning. She also sees Dr. Rao and Tara in the Cancer Clinic regularly for bloodwork and updated scans. Kathy adds that she prays constantly in thanksgiving for all those involved in her care and the McLeod Foundation donors who contribute to the HOPE Fund and Cancer Clinic. "Because of their generosity, I can now look forward to the joy of a future with my family and granddaughters."



Kathy Walker

AN EVENING OF HOPE AND INSPIRATION

McLeod Health celebrated cancer survivors and its oncology staff during *An Evening of Hope* benefitting the McLeod Center for Cancer Treatment and Research. The McLeod Health Foundation's 19th Annual Cancer Benefit, presented by Wells Fargo, Harbor Freight Tools Foundation, Dargan Construction and Zander Insurance, raised a record breaking \$131,000 for the HOPE (Helping Oncology Patients Everyday) Fund.

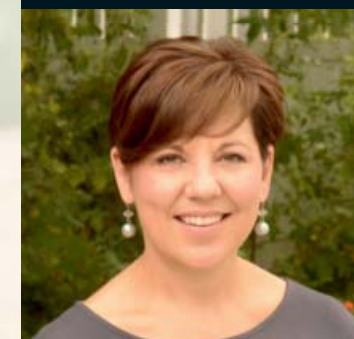
Proceeds from the evening are designated to the HOPE Fund which provides transportation and nutrition support for patients with few resources as well as educational manuals and supplies.

The evening, held on September 27, 2018, highlighted Portraits of Hope representing survivorship and courage. These testimonials were shared in video and through audio and pictures. The Portraits of Hope survivor stories included: Jennifer Almers, Randy Altman, Cary Andrews, Shaw Dargan, Sarah DuBose, Temple Dyson, Edith Friday, Jammie Muldrow, Kerstin Nemec, Kathy Walker and Mildred Welch.

The 2018 event also featured talented performers and regional artists paying tribute to loved ones impacted by cancer. Performers for the evening included: Baritone Alexander Elliott, a Florence native who has performed in concerts and operatic roles with the New York City Opera, Annapolis Opera, Opera Santa Barbara, Orlando Philharmonic, Pittsburgh Symphony Orchestra, among others; Francis Marion University's Ensemble "Young Gifted and Blessed"; Cailin and Jennifer Foxworth accompanied by Robin Thompson; Brass Quintet Pentamorous Shade featuring Cancer Survivor Tommy Spittle; Comedian Dustin Moree; and Florence's Three Tenors: Kevin Carter, Shaw Thompson and Nick Townsend.

PORTRAITS OF HOPE:

The community is encouraged to listen to these individuals share their personal experiences about compassionate and exceptional cancer care at McLeod.



Jennifer Almers



Shaw Dargan



Edith Friday



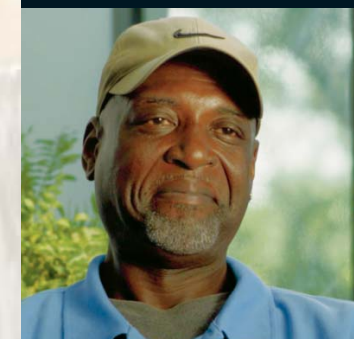
Randy Altman



Sarah DuBose



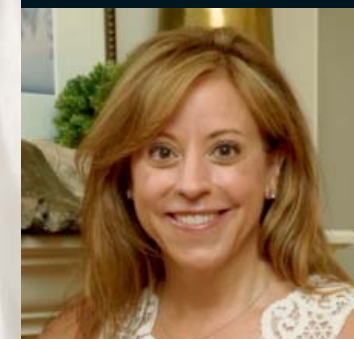
Cary Andrews



Jammie Muldrow



Mildred Welch and Temple Dyson



Kerstin Nemec

To watch these inspirational testimonials, visit www.McLeodHope.org.

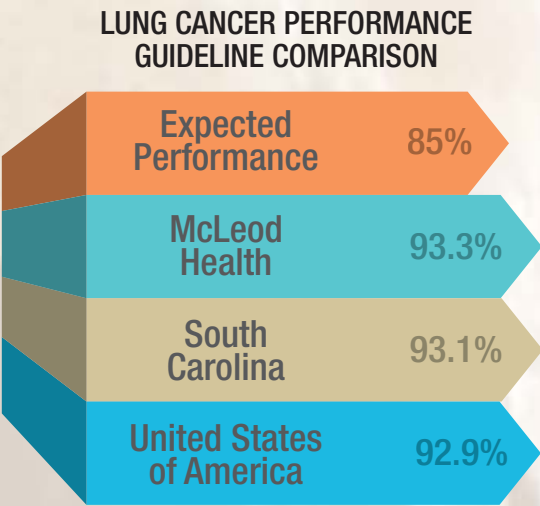
McLeod Exceeds Quality Standard for Lung Cancer Treatment

At McLeod Regional Medical Center, there are greater than 250 new cases of lung cancer diagnosed and treated annually. As the focus continues to move toward early detection of lung cancer through low-dose CT screenings, McLeod remains committed to exceeding quality expectations for lung cancer treatment.

McLeod Regional Medical Center (MRMC) is nationally accredited by the American College of Surgeons' Commission on Cancer as a Community Comprehensive Cancer Program. This means that MRMC meets or exceeds standards of care and quality metrics defined by the Commission on Cancer as essential to the provision of high quality cancer care.

For lung cancer, the American College of Surgeons' Commission on Cancer has set a very specific measure related to this cancer. Evidence supports the best practice for treatment of Stage IIIA lung cancer (specifically, with two positive lymph nodes and no metastasis, or spread to other organs) should not begin with surgery as the first course of treatment. The American College of Surgeons' Commission on Cancer has set an expected performance rate for this quality standard as 85 percent compliance.

For the fourth year in a row, results from the National Cancer Data Base quality reporting tool indicate that the performance rate for McLeod Regional Medical Center has exceeded this expected performance, with the most recent year's performance measuring 93.3 percent.



Reference: <https://facs.org> (American College of Surgeons' Commission on Cancer)



Screening to Save Lives

Lung cancer is the most commonly diagnosed cancer and the leading cause of cancer death among both men and women in South Carolina, according to SC DHEC. In addition, the American Lung Association states that there will more than 4,630 people in South Carolina diagnosed with lung cancer and 2,900 will succumb to the disease in 2018.

Of critical importance for survival is early detection. Patients with early stage lung cancer often do not have symptoms and can go for months and potentially years without detection. These are the reasons that screening for those at high risk for lung cancer has been recognized as an important method in saving lives. Similar to cancers of the breast, colon, and prostate, it is obvious that the early detection of lung cancer with a screening CT scan provides for a greater chance to be cured with surgery.

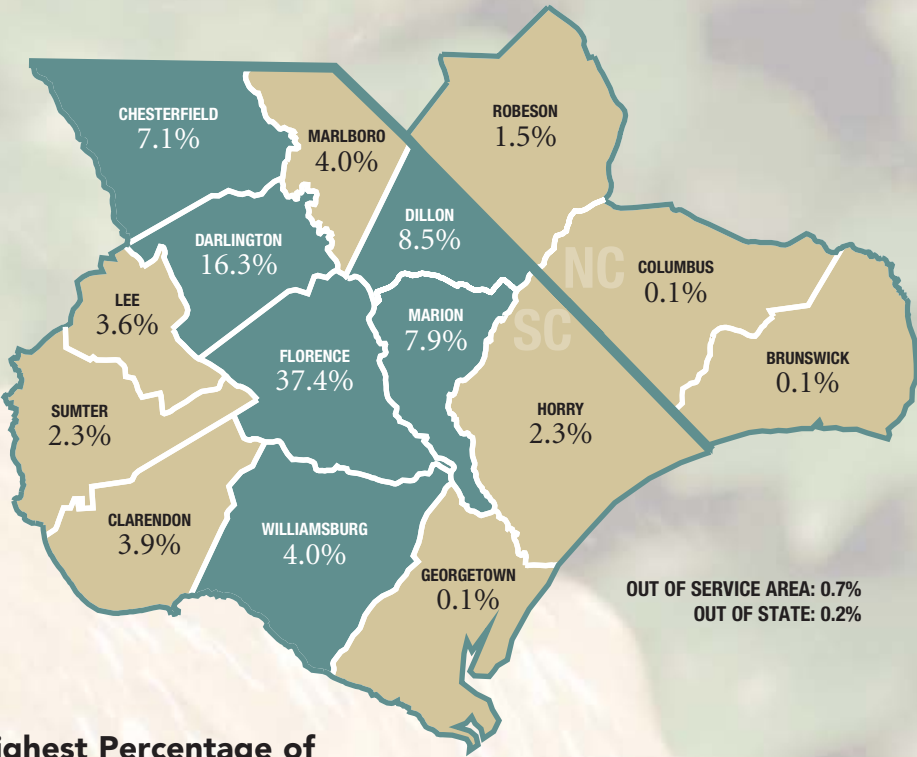
In December 2013, the United States Preventive Services Task Force recommended screening for lung cancer using a low-dose CT scan in patients who meet the following criteria:

- 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 an individual meets this criteria, one may qualify for receiving annual low-dose CT scans.

This fairly new screening plays a crucial role in detecting lung cancer at earlier, more treatable stages. Today, Medicare and most private insurance companies 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.

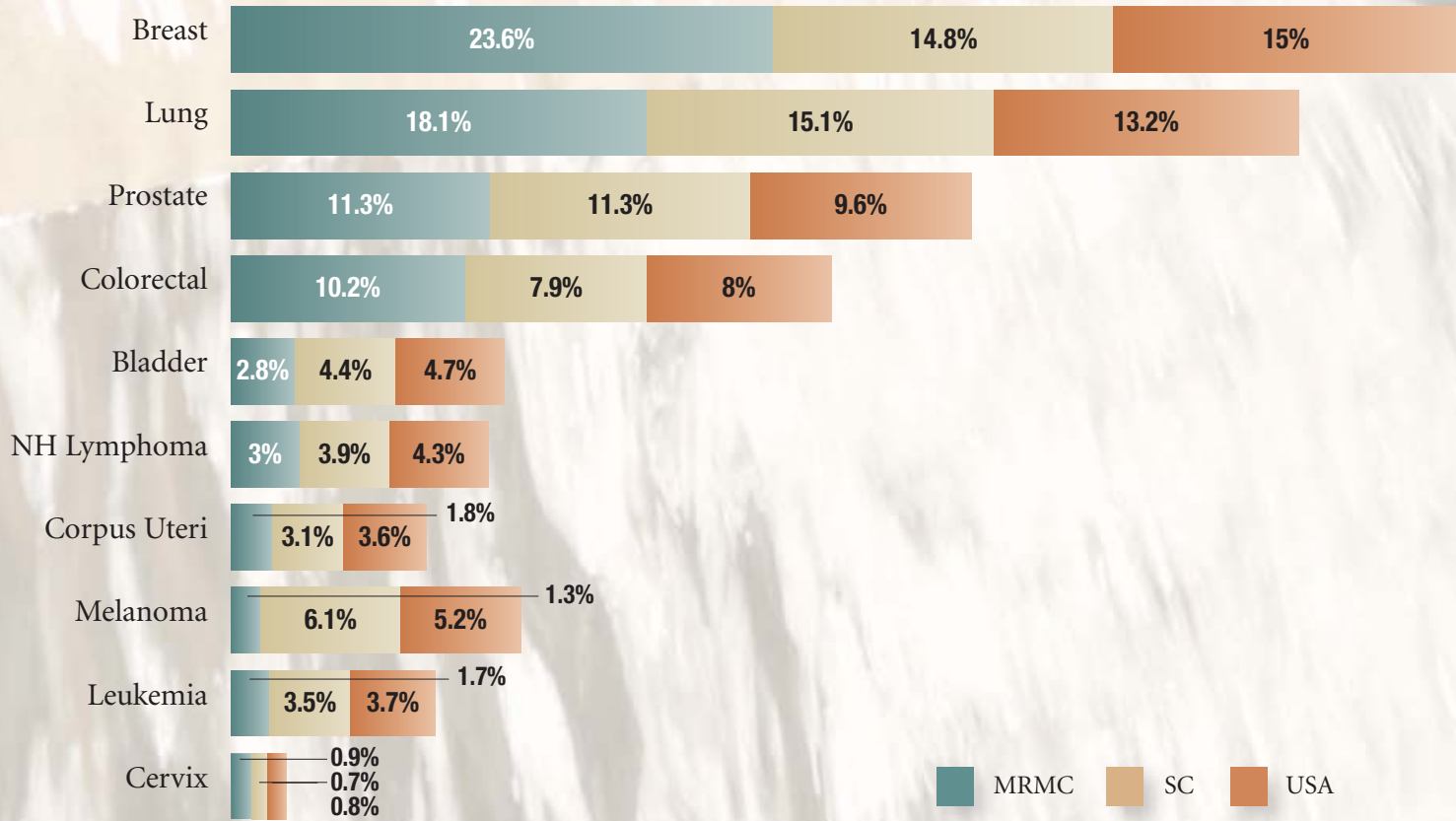
Five Leading Cancer Sites	
Diagnosed at McLeod in 2017	
Site	Cases
Breast	341
Lung	262
Prostate	163
Colorectal	147
Urinary System	81
Total Cases: 994	



Highest Percentage of New Cases in our Service Area

10 Most Prevalent Cancer Sites

Source: American Cancer Society "Cancer Facts and Figures 2017"





A New Day Dawns for HEALTHCARE *in Horry County*

McLeod Health Seacoast Opens New Patient Tower for Patients Along the Grand Strand

by Kelly Hughes

McLeod Health Seacoast opened its new patient tower in September following the completion of a \$110 million expansion that more than doubles its patient capacity and transforms the delivery of medical care to the community.

The expansion of the patient tower allows McLeod Health Seacoast to increase its bed capacity and create a hospital experience designed for the patient and their families. The building also meets new sustainability standards and increases

modern efficiencies -- rooms are filled with natural light, high efficiency glass windows and solar fins to deflect heat.

The new tower accommodates more patients and staff. The previous hospital had been running at or near capacity. The

patient tower adds 55 beds bringing total capacity to 105 beds. The two patient floors incorporate an evidence-based design, which is both family-focused on the environment and for visitor convenience.



McLeod Health Seacoast medical staff members and the leadership team open the new patient bed tower.



Paula Thompson, Director of Nursing, tours community members on the second floor of the patient tower during the ribbon cutting event on September 5, 2018.

In addition to the increased patient rooms, the expansion includes six new operating rooms escalating the total operating room capacity to 10 rooms. These rooms increase surgical capabilities and decrease patient wait times for outpatient, non-emergent surgeries.

The patient tower project continues as additional improvements are scheduled to come online before the end of 2018 and into 2019. These services include a new Outpatient Pharmacy to help patients, employees and the community manage all of their medication needs, including prescriptions and over-the-counter medications.

"Our new Pharmacy will be an added convenience to our patients who need medications or durable medical equipment before being discharged," explained Price Todd, Director of Pharmacy. "This continuity of care means they no longer have to wait for medications or coordinate with a family member to pick them up. We keep the patient experience at the forefront of all we offer."

Additional expanded outpatient services include a Women's Breast Health Center with 3D mammography and stereotactic breast biopsy capabilities.

New 160-slice and 32-slice CT scanners will also be installed in the Radiology Department.

The completion of the Outpatient Rehabilitation Department will offer more treatment space and equipment designed with the goal of helping patients with physical, speech or occupational limitations achieve greater independence and an improved quality of life. Using the latest diagnostic and therapeutic equipment and techniques, the McLeod Health Seacoast staff of licensed therapists help individuals learn and develop skills necessary to overcome disability or recover from a medical illness or procedure.

Two new additions to the services available at McLeod Health Seacoast will include the diagnostic Cardiac Catheterization Lab and Electrophysiology Lab once the department construction is complete in early spring 2019.

In the new Cardiac Catheterization Lab, McLeod Cardiologists will perform procedures to examine how well the heart is working. During a catheterization, the Cardiologist looks for blockages that could lead to a heart attack and evaluates the heart chamber's pressures and its pumping capabilities. The new Electrophysiology Lab will enable the McLeod Electrophysiologist to test the heart's electrical activity and discover the location of the abnormal heartbeats to determine the best method of treatment for the patient.

"We are planning for the future of health care in our community," said Monica Vehige, Administrator of McLeod Health Seacoast. "McLeod Health works to ensure we have the right physicians, the latest equipment and the perfect setting for our patients. The health of those who turn to us in their time of need is important to us and underscores our commitment to offer the highest quality of care."

"McLeod Health works to ensure we have the right physicians, the latest equipment and the perfect setting for our patients."

**- Monica Vehige,
Administrator of McLeod Health Seacoast**



Dr. Joseph Wangeh of McLeod Pediatrics Dillon encourages families like Isaac and Shyane Howard to bond with their baby immediately following the delivery with rooming-in and skin-to-skin contact.

Journey to Excellence

by Jaime Hayes

Nearly five years ago, McLeod Health Dillon embarked on a journey to improve healthy outcomes for mothers and babies in the community.

“We began with a goal to promote breastfeeding to our mothers because we knew the benefits of breastfeeding,” said Pat Jones, RN, Director of Women’s Services at McLeod Dillon.

“The depth of our project expanded allowing us to achieve an international designation.”

In 2015, EMPower Breastfeeding selected the hospital as one of 100

hospitals nationwide to join their initiative. EMPower is a quality improvement initiative designed to support hospitals in the achievement of the prestigious Baby-Friendly USA®

designation. As part of the initiative, McLeod Dillon received tailored coaching and guidance toward building and implementing the Ten Steps to Successful Breastfeeding.

Based on the Ten Steps to Successful Breastfeeding, the Baby-Friendly USA® designation recognizes birth facilities that offer breastfeeding mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies.

The Baby-Friendly USA® designation also indicates that besides breastfeeding, the facility supports and promotes the importance of mother and infant bonding. At McLeod Dillon, this means making sure mothers have immediate skin-to-skin contact with their newborn.

Early skin-to-skin contact involves placing the newborn baby on the mother’s bare chest.

“We encourage mothers to initiate breastfeeding within one hour of birth,” said Jones. “Mothers should hold their infants with uninterrupted and continuous skin-to-skin contact immediately after birth and until the completion of the first feeding.”

Babies kept skin-to-skin with the mother immediately after birth for at least an hour are more likely to latch on, improving breastfeeding rates. Mothers also report less breast engorgement and pain as well as less anxiety at three days postpartum.

“Skin-to-skin with fathers has benefits for the baby as well,” adds Tracey Campbell, RN, Obstetrical Nurse Navigator at McLeod Dillon. “In fact, newborns cry less and achieve

a drowsy, content state sooner when skin-to-skin with their father. Skin-to-skin has a calming effect.”

In August 2018, Shyane Howard delivered her daughter, Haylen, at McLeod Dillon. She had always planned to breastfeed her daughter. “My mother breastfed my siblings and me, and she explained to me the benefits breastfeeding would provide my daughter,” she said. “There was no question that my daughter would be breastfed.”

At McLeod Dillon, babies remain with their mother most of the time during their stay, rather than being whisked away to a nursery. Shyane and her husband, Isaac, enjoyed having Haylen at the bedside.

“Bonding with your new baby in a nurturing, family environment is important from the beginning,” said Haylen’s pediatrician, **Dr. Joseph Wangeh** of McLeod Pediatrics Dillon. “Rooming-in, or keeping the baby in mom’s room during her hospital stay, allows parents to serve as active participants in the care of their new baby and take part in every special moment from the beginning,” he added. “Rooming-in provides the best start for both mom and baby.

“As a new mom delights in all of the wonderful things a newborn brings, adopting practices to help her new bundle of joy experience the healthiest of outcomes remains our top priority at McLeod,” continued Dr. Wangeh.

“Bonding with your new baby in a nurturing, family environment is important from the beginning.”

– Joseph Wangeh, MD

The Baby-Friendly Experience

Becoming a Baby-Friendly facility involves a comprehensive, detailed and thorough journey toward excellence in providing evidence-based maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. This designation compels facilities to examine, challenge and modify longstanding policies and procedures. It also requires training and skill building among all levels of staff, and entails implementing audit processes to assure quality in all aspects of maternity care operations.

“We found our journey exciting and challenging,” added Jones. “It made our team better and stronger, and that will lead to enhanced patient satisfaction and improved health outcomes.”

In May 2018, Baby-Friendly USA Inc. announced McLeod Health Dillon’s designation. Baby-Friendly USA is the U.S. authority for the implementation of the Baby-Friendly Hospital Initiative (BFHI), a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF). The initiative encourages and recognizes hospitals and birthing centers that offer an optimal level of care for breastfeeding mothers and their babies.

“The significance of this recognition extends beyond the McLeod Health Dillon team members who worked so hard to obtain it. This achievement serves as a wonderful distinction for our region. We join a limited number of hospitals and birth centers to receive this designation,” said Joan Ervin, Administrator of McLeod Health Dillon.

To date, McLeod Health Dillon is one of 539 facilities nationwide with the Baby-Friendly designation, and one of only 14 in South Carolina. McLeod Regional Medical Center is also currently pursuing this designation.

Dr. Rebecca Craig with McLeod OB/GYN Dillon, said the designation illustrates the hospital’s commitment to patient and family-centered care. “We know this initiative at McLeod means our mothers and families receive the optimum care and encouragement that has been proven to reduce risks to the baby and mom.”

A STEP IN THE RIGHT DIRECTION

by Arielle Williams

Imagine living with constant joint stiffness and pain. Each day brings with it the worry of whether or not you will be able to do the things you love most.

Annie “Sparkle” Shoemake, a Cheraw resident, faced this concern daily as she painfully got out of bed each morning. Sparkle is not alone. In fact, thousands of Americans face the harsh reality of limited mobility on a regular basis, often resulting in poor quality of life.

Sparkle had undergone a total knee replacement on her right knee ten years ago in Florence and recognized the same symptoms in her left knee; however, Sparkle was focused on caring for her late husband who was ill.

As time passed, Sparkle’s knee pain became more intense and debilitating. The unbearable pain and stiffness restricted her from participating in her favorite activities, namely spending precious moments with her grandchildren.

“I could manage necessary tasks, but walking for long periods of time became impossible,” said Sparkle.

“My quality of life suffered because I could not do anything without being in constant agony, including standing, sleeping or even sitting.”

Sparkle tried cortisone injections, pain relievers and other non-invasive treatments to no avail.

After enduring more than two years of pain, stiffness and limited range of motion with her left knee, Sparkle decided to tell her primary care physician about her concerns.

Based on her symptoms, Sparkle’s primary care physician referred her to **Dr. Thomas DiStefano**, an orthopedic surgeon with McLeod Orthopaedics Cheraw.

“I had heard great things about Dr. DiStefano. But, his sincere bedside manner and professionalism during my initial visit and each encounter after blew me away,” said Sparkle. “He genuinely cares about his patients as individuals, and his passion for helping them get better is truly evident.”

Dr. DiStefano reviewed Sparkle’s medical history and ordered X-rays of her left knee which revealed that her arthritis had progressed to being bone on bone. Dr. DiStefano strongly recommended knee replacement surgery for Sparkle.

After her initial consultation with Dr. DiStefano, Sparkle felt something that she had not experienced in a while: hope.

“Prior to surgery, we arranged for a CT scan and uploaded Sparkle’s images to a computer program that created custom cutting blocks made to fit her anatomy perfectly,” explained Dr. DiStefano. “These blocks helped guide us when making cuts in the operating room. This also increases precision and promotes a quicker healing time due to the accuracy of the technique.”

Sparkle then met with the physical therapy team for a pre-surgery assessment of her range of motion.

She also received education on certain exercises and tips for getting out of bed and walking after surgery.

On January 19, 2018, just two weeks after her consultation with Dr. DiStefano, Sparkle underwent the first total knee replacement performed at McLeod Health Cheraw.

“I feel honored to have been a part of this historical first for the hospital. I am also grateful that we have timely and convenient access to excellent healthcare that tends to only exist in larger cities,” said Sparkle. “We have the quality of McLeod Health doctors and services available right here at home.”

Sparkle’s surgery proved to be successful, and she began an extensive physical therapy routine almost immediately following her surgery.

Sparkle also praised the physical therapy team and nursing staff for a positive patient experience during her hospital stay.

“They had me up and walking only hours after my knee replacement to lower my chances of developing blood clots and improve my overall outcomes.”

The one-on-one attentiveness of Dr. DiStefano also impressed Sparkle as he checked on her daily and visited with the family to answer questions and provide any assistance needed.

After settling in at home, team members from McLeod Outpatient Rehabilitation Services Cheraw provided convenient in-home therapy until Sparkle could drive again.

Sparkle Shoemake no longer experiences unbearable pain in her knee thanks to the care she received from Dr. Thomas DiStefano and the McLeod Health Cheraw Physical Therapy team.

Once cleared, Sparkle completed the rest of her physical therapy sessions in the outpatient rehabilitation department of McLeod Health Cheraw.

Determined to regain the pain-free, physical independence she once enjoyed years ago, Sparkle dedicated herself to the physical therapy program. She credits the program as one of the major factors in her successful and speedy recovery.

“Now, I can play with my grandchildren and keep up with them. I can even walk through Walmart without pain or stopping for a break,” said Sparkle. “My knee no longer holds me back like it did before.”

“I am so happy that I finally decided to have my second knee replaced, and I could not have asked for a better doctor to help make this possible,” she adds.

Today, Sparkle enjoys her retirement one step at a time with her children and her grandchildren.

Orthopedic Surgeon
Dr. Thomas DiStefano
performs total joint
replacement surgery.

Enjoying Benefits of Treatment CLOSER TO HOME

by Erin Brown

Charles Hopper, a 76-year-old Bishopville, South Carolina native and retired correctional officer, dealt with excruciating knee pain for many years. “My knee would literally come out of place with no warning,” said Charles.

The pain prohibited Charles from enjoying his retirement. He could no longer garden, go fishing, or take his wife out to dinner. He even missed an occasional church service.

Charles previously underwent procedures on his right knee to alleviate meniscus damage, but after years of wear and tear, his knee pain was a result of bone on bone.

Charles visited doctor’s offices for multiple years and received conservative treatments for the knee pain until June 2018 when he decided to seek another option. Charles talked with his Primary Care Nurse Practitioner in Hartsville who referred him to **Dr. Rodney K. Alan**, a Board Certified McLeod Orthopedic Surgeon.

After examining Charles and reviewing his medical history, Dr. Alan determined surgery would be the best option. Dr. Alan explains, “Total knee replacement surgery restores the weight-bearing surfaces of a damaged, worn, or diseased knee joint. The aim is to remove pain and restore mobility.”

Dr. Rodney Alan examines Charles Hopper’s knee during an appointment at McLeod Medical Park Hartsville.

BEFORE



AFTER



These X-Ray images show Charles’ knee prior to surgery and after his total knee replacement.

Prior to surgery, Charles participated in the McLeod Total Joint Replacement Class offered to orthopedic patients. The class informs patients about what to expect during their hospital stay and recovery period. The joint replacement class, taught by Orthopedic Navigator Melissa Brock, prepared Charles and his family for his care at home as well as his follow-up appointments.

Charles’ surgery was performed at McLeod Regional Medical Center in Florence. “I received excellent care during my overnight stay at McLeod. The doctors, nurses, technicians, and environmental services staff were so thoughtful and took care of mine and my family’s every need,” said Charles.

After surgery, Charles was given the option to use McLeod Orthopaedics and McLeod Sports Medicine and Physical Therapy located at McLeod Medical Park Hartsville for his follow-up appointments with Dr. Alan and his physical therapy. Living in Bishopville, the drive to Hartsville only took 11 minutes.

Charles experienced a successful surgical outcome. He progressed well through his physical therapy with Physical Therapist Karen Hammer and Tanner Heustess, Physical Therapy Assistant at McLeod Sports Medicine and Physical Therapy in Hartsville.

“Charles is an ideal patient. He has taken the healing process seriously and completed his physical therapy,” added Dr. Alan.

“I live each day pain free, and I am able to appreciate all that life has to offer thanks to Dr. Alan and McLeod.”

– Charles Hopper



Charles enjoyed receiving physical therapy from McLeod Physical Therapist Karen Hammer and Tanner Heustess, Physical Therapy Assistant.

McLeod Medical Park Hartsville provides continued excellence and quality care with greater access to services. At this regional clinic, McLeod Orthopaedics offers comprehensive orthopedic care from the first consultation to the last follow-up. Highly-skilled McLeod Orthopedic Surgeons serving this location include **Dr. Rodney Alan, Dr. Patrick Denton, Dr. Thomas DiStefano** and **Dr. Jason O’Dell**. Additionally, services at the clinic include physical therapy and rehabilitation through McLeod Sports Medicine as well as physician appointments in Cardiology and Vascular Services.

Today, Charles enjoys spending his retirement working in his garden and visiting with his family. “I live each day pain free, and I am able to appreciate all that life has to offer thanks to Dr. Alan and McLeod.”

Ready for the Next 70 Years

Heart Surgery Provides New Lease on Life



Dr. Robert Messier, McLeod Cardiothoracic Surgeon, performed life-saving Coronary Artery Bypass Surgery on Dwight Lindley of Florence.

by Tammy White

One cold, crisp morning, Dwight Lindley stepped outside and breathed in the fresh air. He noticed that his lungs felt a little sensitive from the bitter temperature. Dwight considered the achy feeling in his lungs that he experienced whenever going out into the cold air as normal. However, when the season changed, and the temperatures rose, the achy feeling did not go away.

A family history of heart disease and being diabetic prompted a referral by Dwight's primary care physician to Interventional Cardiologist

Dr. Fred Krainin of McLeod Cardiology Associates.

Diagnostic testing, including a heart catheterization performed by Dr. Krainin, revealed five coronary artery blockages, all more than 90 percent blocked. Due to the seriousness of his condition, Dr. Krainin did not release Dwight to go home following his catheterization. Dwight needed immediate open heart surgery to repair the blockages.

Dr. Krainin referred Dwight to **Dr. Robert Messier**, a Board Certified Cardiothoracic Surgeon whose areas of expertise include Coronary Artery Bypass Grafting Surgery, Minimally Invasive Heart Valve Repair, and Thoracic Aneurysm Surgery. Dr. Messier, along with his partners, **Dr. Wayne Holley**, **Dr. Cary Huber** and **Dr. Scot Schultz**, bring world class heart care to patients in Northeastern South Carolina and Southeastern North Carolina.

Dr. Messier met with Dwight and his family in his patient room at McLeod Regional Medical Center. "I felt very comfortable with Dr. Messier," said Dwight. "He answered all of our questions and reassured me to the point that I did not feel overly anxious about undergoing surgery."

On March 13, 2018, Dr. Messier performed Dwight's quadruple Coronary Artery Bypass surgery. Dwight had four blockages that could be bypassed. The fifth blocked artery was too small to bypass, but it would not affect the performance of his heart, according to Dr. Messier.

"As I lay on the surgical table in the operating room, I had an expectation I would be asked to count backwards," said Dwight. "I thought the anesthesiologist would ask me to do this to help put me to sleep for the surgery, but the counting never took place.

"One minute I was involved in a conversation with Dr. Messier and the next thing I knew I was waking up in recovery. I believe Dr. Messier helps relieve last minute anxiety for his patients by engaging them in conversation like he did with me.

"After surgery, I experienced very little pain except when I had to cough," added Dwight.

Patients who have undergone surgery require breathing exercises, using an incentive spirometer given to them while they are in the hospital, as well as deep breathing and coughing every couple of hours to ensure their lungs stay fully inflated. These exercises can be painful for open heart surgery patients because

of their large chest incision. For this reason, they are given a heart hugger pillow to hold against their chest whenever they cough or move.

"During open heart surgical procedures, I use a special retractor," said Dr. Messier. "A retractor holds the chest open for performing the surgery. A standard retractor will hold the chest open in a square shape. The one I utilize holds it open in a pie shape. This smaller opening reduces the post-operative pain for the patient."

Once Dwight sufficiently recovered from surgery, he began Cardiac Rehabilitation at the McLeod Health and Fitness Center. He admits exercise, a nonexistent entity in his life prior to surgery, has now become more of a focus. Dwight exercises three times a week at the McLeod Health and Fitness Center and uses a stationary bike at home.

"I also carefully watch what I eat," said Dwight. "My wife, Becky, and I rarely eat fried foods but when we do, we use a hot air fryer. I also look at sodium levels, which is important for anyone on a cardiac diet."

One of the proudest moments since Dwight's recovery occurred on July 21 when he officiated his daughter Rebecca's wedding at Immanuel Baptist Church in Florence. "She waited 42 years to meet the man of her dreams," said Dwight. "I felt so happy to see how much she smiled that day."

Today, Dwight is grateful he made the decision to see his primary care physician in March. "I had no idea my diagnosis would end up being heart-related," said Dwight. "I encourage anyone feeling something they find troublesome to not take it too lightly. It could be more than you expect. Fortunately, I didn't let it go or it may not have been such a positive outcome for me.

"During my heart journey, I felt like I had my own personal team handling my care -- from Dr. Krainin and Dr. Messier to the McLeod Home Health team, who provided post-surgery home care, and McLeod Cardiac Rehabilitation. They all worked so well together. I am now ready for my next 70 years," added Dwight.



Four months after his open heart surgery procedure, Dwight Lindley officiated his daughter Rebecca's wedding.

SECOND CHANCE AT LIFE

by Carrie Anna Strange

Manning resident Ethel Starks, a wife, mother of three and grandmother of five, has been active all her life. As a 19-year breast cancer survivor, Ethel knows the importance of taking good care of herself and keeping an eye on her health.

But in the summer of 2015, Ethel noticed she felt more fatigued and short of breath with only small amounts of activity. There were other signs as well -- weight gain and a cough that would not go away.

She initially blamed the symptoms on soaring summer temperatures, but she knew that there may be more to her worries.

At her next appointment with her primary care physician, Ethel shared her concerns. "With my heart history and my current symptoms, she admitted me to the hospital that same day. That is when I first met McLeod Cardiologist **Dr. Ryan Garbalosa** with McLeod Cardiology Associates Sumter. After learning about my symptoms, Dr. Garbalosa started ordering tests to check my heart," said Ethel.

Ethel Starks credits McLeod Cardiologist Dr. Ryan Garbalosa for helping her regain her quality of life.

One of the tests ordered by Dr. Garbalosa was an echocardiogram. An echocardiogram uses sound waves to allow physicians to see how the heart moves and pumps blood. This test can show how the heart functions and can detect fluid around the heart. When the test is complete, an "ejection fraction" or "EF" is calculated which is an estimate of how the heart is functioning.

"Normally, this is somewhere around 50 to 70 percent," explained Dr. Garbalosa. "For Ethel, it was only 13 percent, showing that her heart was very weak. A low ejection fraction, one of the causes of congestive heart failure, occurs when your heart is not working well enough to keep your blood circulating correctly. This was the cause of Ethel's symptoms.

"A decrease in ejection fraction can be caused by several things," said Dr. Garbalosa. "The most common causes are not getting enough blood flow to the heart due to a blocked blood vessel or having an uncontrolled blood pressure. However, there are many other reasons such as infections, certain medications, or problems with the electrical signals in the heart.

"Ethel already had some heart problems from a previous heart attack, but it seemed that her symptoms were getting much worse. It got to the point where she could not lay down to sleep or walk across the room without difficulty breathing. It was tough going at first because her symptoms were

severe and her heart was so weak, but I told her that I would not give up on her," added Dr. Garbalosa.

"My heart and lungs had fluid all around them," Ethel recalled. "I needed medications to remove the excess fluid and strengthen my heart but my blood pressure kept dropping. I was told that if the medications did not work I might need a heart transplant."

"There are many medications available to treat congestive heart failure," Dr. Garbalosa said. "Some of them can dramatically improve symptoms and keep our patients out of the hospital and at home doing the things they love. Ethel was given the best and most modern medicine available and after a little time, things started to turn around."

"I was worried about my health, but even more so about my family," Ethel stated. "What if my heart stopped while I was sleeping? What about my husband, my children, and my grandchildren? What if I missed my grandchildren growing up?" These worries became her reasons to fight.

One of the reasons that Ethel's symptoms were so significant was that the electrical signals in the heart were not working properly. Dr. Garbalosa performed an ECG, or electrocardiogram, which indicates the electrical activity of the heart.

"It was abnormal and showed that both sides of her heart were not squeezing at the same time.

At this point I referred Ethel to McLeod Electrophysiologist **Dr. Rajesh Malik**," said Dr. Garbalosa.

Dr. Malik implanted a special kind of pacemaker called a bi-ventricular pacemaker/defibrillator that would pace both sides of Ethel's heart so they squeezed in unison as well as to prevent her from having an abnormal heart rhythm. After the procedure, Ethel spent the next few days at McLeod Regional Medical Center surrounded by staff that she says joined her in her fight.

For the next year, Ethel was followed closely by Dr. Garbalosa. At first, she saw him every few weeks, then every few months. Each time, Dr. Garbalosa adjusted her medications and made sure she was avoiding salt. Slowly Ethel started walking more and continued increasing her activities. "I felt like I had been given a second chance," said Ethel.

Today, more than three years after Dr. Garbalosa began assisting Ethel in taking control of her heart health, she remains grateful to him and the McLeod team for helping her regain her quality of life. She says that she is able to do some activities now that she hasn't done in years, even the small things that many take for granted.

"I can enjoy a family vacation and keep up with my five grandchildren. I've also returned to work and I'm able to do more around the house," Ethel added. "My faith in God, my family, and Dr. Garbalosa are why I'm doing so well."

"Ethel was given the best and most modern medicine available and after a little time, things started to turn around."

– Dr. Ryan Garbalosa

Expanding to Offer HOSPICE CARE FROM THE MIDLANDS TO THE COAST



by Tracy H. Stanton

Supportive care for patients at the end-of-life is often delivered in their home. The home-setting allows the patient to receive care in a place where they are most comfortable surrounded by their loved ones and friends.

Understanding the unique needs of these patients and their families, McLeod Hospice has expanded its operations to include offices in Loris, Cheraw and Manning. Located on the campuses of McLeod Health Loris, McLeod Health Cheraw and McLeod Health Clarendon, these local McLeod Hospice teams offer care closer to home for patients living in Marlboro, Chesterfield, Clarendon, Horry and Sumter Counties.

“Opening these offices across the region has provided us the opportunity

to hire staff who live and work in these areas,” said Joan Pavy, RN, MN, Administrator of McLeod Hospice. “As a result, our staff members bond with the patients and families over shared acquaintances and other connections they may have in common.”

These local McLeod Hospice teams meet regularly to discuss each patient’s care with *comfort* and *dignity* as the *priority*. During the patient care conferences, staff members bring any medical, social or spiritual needs a patient or family may have to the table

to improve the patient’s quality of life from a holistic approach.

McLeod Hospice first expanded into **Horry County** in July 2016, led by Associate Medical Director **Dr. Jason Harrah**. Board certified in Family Medicine, Hospice and Palliative Care, Dr. Harrah, McLeod Family Medicine Carolina Forest, has cared for hospice patients for more than ten years.

“We remain resolved in our mission to provide services that not only relieve physical symptoms such as pain, but also the emotional and spiritual issues

of the patient and their family that often accompanies a terminal illness. Our primary purpose involves helping patients live with their illness while maintaining the highest quality of life for as long as possible. In addition, we provide hospice care in the home, enabling families to remain together in peace, comfort, and dignity.”

A year after expanding to Horry County, McLeod Hospice established an office at **McLeod Health Cheraw** in July 2017. Led by Associate Medical Directors **Dr. Ryan Connor** and **Dr. Andre Dyer**, the McLeod Hospice team serves Chesterfield and Marlboro Counties. Both physicians also care for patients at McLeod Health Cheraw as Hospitalists.

Layne Rogerson, Chaplain and Volunteer Coordinator, explained that she previously served as a chaplain for a hospice in eastern North Carolina. “I always felt a little envious of my co-workers who were taking care of patients they had known all their lives. When I moved ‘home’ to Cheraw and McLeod Hospice opened an office to serve Chesterfield and Marlboro Counties, I finally had the chance to take care of the people who cared for me growing up. I thank God I have the opportunity to come alongside my neighbors and friends and say, ‘in the midst of one of the most difficult times in life, you are not alone, and it is my honor to walk this leg of the journey with you.’ My role with McLeod Hospice allows me to show gratitude for all this community has done to invest in my life.”

The McLeod Hospice team at **McLeod Health Clarendon** began caring for patients in November 2017, led by Associate Medical Director **Dr. Robert Eagerton** with Eagerton Family Practice in Manning. Dr. Eagerton also has more than ten years of experience caring for hospice patients.

Patient Care Coordinator Cindi Barnett, RN, has spent 17 years caring for patients in their home as a home health and hospice nurse. “Caring for hospice patients and their families is very rewarding to me. I often hear people say hospice is about dying, but it’s not. We are about living and ensuring our patients are comfortable and free of pain. Improving a patient’s quality of life often allows them to enjoy more time with family and friends.”



The McLeod Hospice team located at McLeod Health Cheraw includes from left to right: Dr. Ryan Connor; Otelia Grace, Social Worker; Stephanie Falise, Hospice Aide; Connie Chewning, RN; Layne Rogerson, Chaplain/Volunteer Coordinator; Louise Talbert, RN, Patient Care Coordinator; Gloria Curtis, Hospice Aide; Hannah Bragg, Secretary; Brandi Owens, RN; and Dr. Andre Dyer.



The Hospice staff members caring for patients in Clarendon and Sumter Counties include, first row from left to right: Melanie McFadden, Hospice Aide; Barry Dean, Social Worker; Stacy Mosier, Volunteer Coordinator; and Rebecca Allday, RN; back row: Cynthia Fulton, Hospice Aide; Perrie Brown, Secretary; Dr. Robert Eagerton; Cindi Barnett, RN; Shannon McCord, RN; and Rev. Esta Gilley, Chaplain.



The McLeod Hospice team for Horry County participates in a patient care conference. From left to right: Kim Carlson, RN; Susan Stoughton, Social Worker; Glynis Leask, RN; Diane Kmett, Hospice Aide; Tammy McMillian, Patient Care Coordinator; Dr. Jason Harrah; Joann Gillard-Williams, RN; Heather Norris, Secretary; Kelly Shooter, Volunteer Coordinator; and Wendy Rouse, Hospice Aide. Staff members not pictured include Trasha Johnson, RN, and Pam Wade, RN.

McLeod Hospice: The Right Choice



McLeod Hospice has been the right choice for patients and families for more than 35 years. Dedicated to helping patients live the remainder of their lives as fully as possible, McLeod Hospice cares for patients in their home, in the hospital or in a long-term care facility. McLeod also provides inpatient care for acutely ill patients at the McLeod Hospice House in Florence.

Physicians may recommend hospice care for patients in advanced stages of a life-threatening illness. Some of these diseases include: heart disease, congestive heart failure, COPD, Alzheimer’s disease, dementia, cancer and Parkinson’s disease.

As a not-for-profit Hospice, McLeod ensures that all patients receive Hospice care regardless of their ability to pay.

McLeod Hospice serves patients from the Midlands to the Coast in Chesterfield, Clarendon, Darlington, Dillon, Florence, Horry, Lee, Marion, Marlboro, Sumter and Williamsburg Counties.

For information about McLeod Hospice, please visit www.mcleodhospice.org.

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Hospice

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McLeod News

MCLEOD HEALTH HOSPITALS RECOGNIZED WITH 23 ZERO HARM AWARDS

McLeod Health has been honored with 23 South Carolina “Certified Zero Harm Awards” from the South Carolina Hospital Association (SCHA) in recognition of the hospital system’s excellent work in preventing hospital-acquired infections. McLeod Health received the most Zero Harm Awards by a hospital system.

The Zero Harm Awards showcase the hospitals who have had extended harm-free stretches in Surgical Site Infections (SSI) in major surgical procedures like knee replacements, hip replacements, colon surgery, and abdominal hysterectomy, or gone months without a Central Line-Associated Blood Stream Infection (CLABSI), MRSA or C. diff. To earn a Certified Zero Harm Award, hospitals must experience no preventable hospital-acquired infections of a specific nature over an extended period of time.

All hospital data used for the awards is independently verified by the South Carolina Department of Health and Environmental Control and recognizes the exceptional achievement the hospital or hospital unit has made to the safety and quality of care within their facilities.

The McLeod Health hospitals recognized with Zero Harm Awards included McLeod Health Cheraw, McLeod Health Dillon, McLeod Health Loris, McLeod Health Seacoast and McLeod Regional Medical Center.

McLeod Health Clarendon was not eligible to receive these awards due to being the newest facility in the health system. They will be eligible for this recognition next year.



McLeod Health Cheraw

CLABSI • ICU • 18 Months

SSI Abdominal Hysterectomy • Hospital Wide • 18 Months

SSI Colon • Hospital Wide • 18 Months

McLeod Health Loris

C. diff • Hospital Wide • 12 Months

CLABSI • ICU • 18 Months

CLABSI • ICU • 24 Months

SSI Colon • Hospital Wide • 24 Months

SSI Abdominal Hysterectomy • Hospital Wide • 42 Months

McLeod Health Dillon

SSI Hip • Hospital Wide • 24 Months

MRSA • Hospital Wide • 42 Months

McLeod Regional Medical Center

CLABSI • NICU • 12 Months

CLABSI • NICU • 12 Months

CLABSI • CVICU • 12 Months

CLABSI • TSCU • 12 Months

CLABSI • TSCU • 12 Months

CLABSI • CCU • 24 Months

CLABSI • PICU • 36 Months

McLeod Health Seacoast

SSI Hip • Hospital Wide • 12 Months

C. diff • Hospital Wide • 12 Months

MRSA • Hospital Wide • 18 Months

SSI Knee • Hospital Wide • 30 Months

CLABSI • ICU • 30 Months

SSI Abdominal Hysterectomy • Hospital Wide • 54 Months

McLeod News

MCLEOD ROBOTIC TEAM REACHES MILESTONE



McLeod Regional Medical Center Robotics Coordinator Juleidy Turnipseed, PAC, aligns the robotic camera scope which provides the 3-D visualization for the surgeons.

The McLeod Regional Medical Center robotic-assisted surgery team of highly skilled surgeons and well-trained operating room staff recently performed their 1,000th robotic-assisted surgical procedure. Robotic-assisted surgery at McLeod Regional Medical Center is performed by McLeod General Surgeons, Gynecologists, and a Thoracic Surgeon. McLeod Health Seacoast also offers robotic-assisted surgery for general surgery and urology patients.

Robotic-assisted surgery, like minimally invasive surgery, is an alternative to traditional open surgery and is performed through a few small incisions. During surgery, the surgeon controls 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. 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 dexterity for the surgeon.

Robotic-assisted surgery provides many benefits to the patient including: less pain, minimal scarring, shorter hospital stay, faster recovery, and a quicker return to normal activities. Conditions treated include: hernias, gallbladder, colon cancer, reflux disease, lung cancer, esophageal cancer, tumors, congenital or acquired ureter disease, vaginal prolapse, endometriosis, hysterectomy, prostate cancer, kidney disease and bladder cancer.

At McLeod, robotic-assisted surgery is a team approach with a designated team of operating room staff specially trained to work with each surgeon and surgical specialty. The robotic-assisted surgical team consists of a physician assistant, operating room nurses, and surgical technologists in addition to the surgeon.

Robotic-assisted surgery is not for everyone. Only a physician can determine if it is the right surgical option.

MCLEOD RATED NO. 5 IN THE NATION FOR CONSUMER LOYALTY

McLeod has received a 2017-2018 NRC Health Consumer Loyalty Award. McLeod is rated No. 5 in the nation for this inaugural consumer loyalty rating.

In 2018, NRC Health fully adopted the Loyalty Index as its single trackable metric and benchmark of healthcare consumer loyalty. This metric provides a 360-degree view of consumer loyalty and recognizes top performers in the healthcare industry.

"McLeod is honored to be rated as the No. 5 hospital in the nation for Consumer Loyalty by NRC Health," said Donna Isgett, Senior Vice President of Quality and Safety. "We understand that loyalty is only as strong as a person's most recent experience. We believe this is a reflection of our mission and core values of caring, the person, quality and integrity of our nearly 9,000 physicians, medical professionals and staff as they seek to focus on every patient, every day."

NRC added that consumers have more choice than they've ever had when it comes to their health care and the Consumer Loyalty Award winners like McLeod are at the forefront of this shift towards a consumer-centered approach to care. McLeod is also among the 71 percent of provider organizations citing patient engagement as a top priority.

More than 310,000 households nationwide were polled from June 2017 through May 2018 as part of NRC's market insight survey.



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