

McLeod

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magazine



TRANSFORMING HEALTH. IMPROVING LIVES.

Views



Rob Colones

McLeod physicians, staff and teams have once again received superlative ratings from Healthgrades®, the nation's leading online resource for comprehensive information about physicians and hospitals. These distinctions, driven by the analysis of data, are based on quality outcomes and superior performance. Additionally, the care of patients at McLeod resulted in our being honored for another year with the Outstanding Patient Experience Award, (Top 10% of hospitals nationwide for 3 years in a row.)

While this recognition validates our efforts to provide the finest treatment and services available to the people in the 18-county region we serve, it is also evidence of the dedication and hard work performed daily by our physicians and staff to create a culture of compassion and quality. We are honored that this commitment resulted in McLeod receiving these achievements. But, more importantly, we want to always seek improved medical options, advanced treatments and provide access to the best in medicine for the benefit of our patients now and for decades to come.

We want to be the Choice for Medical Excellence for all our patients and their families. We want our people to engage each day at McLeod with a mission to serve with skill, understanding and respecting the dignity of each individual.

We appreciate the very personal stories shared in the following pages and pledge to continue to do our best to transform healthcare in our region, pushing beyond the expectations of service. We pay tribute to remarkable challenges, outcomes and victories by listening to the voices and hearts of our patients. Thank you for joining us and making our McLeod family a part of yours. Thank you for choosing McLeod.

Robert L. Colones

Rob Colones
President, McLeod Health



ON THE COVER:

McLeod Thoracic Surgeon Dr. Wayne Holley performs robotic video-assisted thoracoscopic surgery at McLeod Regional Medical Center to remove the lower lobe of the lung on a patient with lung cancer. He works with a designated team of operating room staff specially trained in thoracic robotic-assisted surgery. This form of minimally invasive surgery produces better outcomes, results in less pain, better staging of lung cancer, fewer post-operative complications and a two-day hospitalization as opposed to eight to ten days.



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TWO HOSPITALS PARTNER IN STROKE PREVENTION

by Jennifer Hulon & Tammy White

Five years ago, Franklin Webster from Cheraw, South Carolina, knew something was not right with his health. He began experiencing shortness of breath and elevated blood pressure due to a carotid artery blocked with plaque, which limited blood flow to his brain.

Franklin underwent a standard carotid endarterectomy, a procedure to treat carotid artery disease, performed by McLeod Vascular Surgeon **Dr. Christopher Cunningham** at McLeod Regional Medical Center.

The carotid arteries, the main arteries to the brain, carry blood flow on each side of the neck up into the brain.

Franklin continued to have his carotid monitored by Dr. Cunningham to make sure the artery remained open.

In January 2018, Franklin learned Dr. Cunningham was relocating to McLeod Health Seacoast, in Little River, in order to expand vascular services to the patients of Horry County.

Before leaving McLeod Regional Medical Center, Dr. Cunningham helped to establish a procedure in stroke preventative care called Transcarotid Arterial Revascularization (TCAR).

TCAR, a minimally invasive carotid artery treatment, temporarily reverses the patient's blood flow to keep blood clots away from the brain to prevent a stroke.

Placement of a stent inside the artery helps keep it clear of plaque and minimizes the risk of additional strokes.

"We were fortunate to have been selected as the first class of surgeons in South Carolina to complete the FDA training for TCAR," said Dr. Cunningham. "TCAR became available to patients first at McLeod Regional Medical Center and then we brought it to McLeod Health Seacoast. My partners and I are pleased to be a part of a healthcare system that strives to stay abreast of cutting-edge technology to offer our patients the best in stroke and vascular care."

With Dr. Cunningham's relocation, Franklin's care transitioned to McLeod Vascular Surgeon **Dr. Eva Rzutidlo**. Franklin continued to have his carotid monitored by Dr. Rzutidlo. In October 2018, Dr. Rzutidlo indicated to Franklin his right carotid required another interventional procedure. The plaque inside his carotid artery had once again built up, the opening for blood flow narrowed. Because he had already undergone one procedure, Dr. Rzutidlo discussed TCAR as being the best option for repair.

"Some patient's medical conditions not only place them at a high risk but also prohibit them from undergoing a carotid endarterectomy, which makes TCAR a more viable option," said Dr. Rzutidlo.

"Dr. Rzutidlo did an excellent job of explaining the procedure to me in terms I could understand," said Franklin. "She really put my mind at ease, and my family appreciated how calm she made me. After the procedure, I spent the night in the hospital for monitoring. Two days later, except for the surgical scars, you never would have known I had a procedure."

"TCAR patients have a brief hospital stay and find they recover quickly," said Dr. Rzutidlo. "Most patients return to their normal activities within a week. The small procedural incision leads to less pain and minimal scarring."

During the procedure, a McLeod Vascular Surgeon (**Dr. Christopher Cunningham, Dr. Carmen Piccolo, Dr. Eva Rzutidlo, or Dr. Joshua Sibille**) makes a very small, one-inch incision by the collarbone to gain access to the blocked artery while the patient remains under local anesthesia.

Temporary reversal of the blood flow in the carotid artery diverts any dangerous debris that may break loose during the procedure. A soft, flexible tube, placed into the carotid artery, connects to a filter system that directs the blood flow away from the brain and captures fragments of plaque that may come loose during the procedure. The blood returns through a second tube placed in the patient's thigh after filtration.

This filter system also allows stenting to be performed to clear the blockage in the carotid during the blood flow reversal process. A stent, a tiny mesh wire tube, implanted inside the carotid artery,

stabilizes the blocked area. The stent stays in the artery permanently to hold the artery open. After securing the stent, the vascular surgeon removes the filter system and blood flow to the brain resumes its normal direction.

Four months after recovering from the first procedure, Dr. Rzutidlo scheduled Franklin for a TCAR procedure for his left carotid artery. "I noticed from Mr. Webster's ultrasound scan results that the opening of the left carotid was getting tighter than I would like to see," said Dr. Rzutidlo.

"I brought this condition on myself," said Franklin. "I started smoking as a teenager at age 16. All those years of smoking created excessive damage to my blood vessels.

"I am certainly grateful to Dr. Rzutidlo. She is one of the biggest reasons I am still here today. With these treatments, Dr. Rzutidlo helped me avoid having a stroke," added Franklin.

(Continued on next page)

McLeod Vascular Surgeons, from left to right, Dr. Joshua Sibille, Dr. Carmen Piccolo, Dr. Eva Rzutidlo, and Dr. Christopher Cunningham, perform Transcarotid Arterial Revascularization (TCAR), to prevent strokes.

Franklin Webster, and his wife Sherry are grateful for the excellent care Franklin received from Dr. Christopher Cunningham and Dr. Eva Rzutidlo.



Gail Watson enjoys her time teaching line-dancing classes at Surfside Beach Civic Center.

“After Dr. Cunningham told me about the TCAR method I could tell he had no doubt this procedure would work for me. I loved his energy and confidence.”

– Gail Watson

Gail Watson

Originally from Connecticut, Gail Watson and her husband Ben moved to Surfside Beach to retire. For most of her life, Gail smoked. However, when a Low Dose CT Lung screening detected four nodules in her lungs, Gail laid her cigarettes down for good.

Not only determined to quit smoking, Gail also began to take better care of herself through diet and exercise.

Since dancing was always one of her favorite pastimes she began teaching a line-dancing class as part of her new healthy lifestyle.

During a routine visit, Gail’s primary care physician grew concerned after listening to her right carotid artery. “A primary care physician will check the carotid arteries with a stethoscope,” explained Dr. Cunningham. “They are listening for Carotid Bruits, a systolic sound due to low blood flow.”

Gail’s primary care physician referred her to Dr. Cunningham. Following an ultrasound, Dr. Cunningham determined Gail was a candidate for the TCAR procedure. This innovative and less invasive procedure would eliminate her carotid blockage and get her back to normal activities.

“After Dr. Cunningham told me about the TCAR method I could tell he had no doubt this procedure would work for me,” said Gail. “I loved his energy and confidence.

“Although I had never heard of the TCAR procedure, after discussing my options with Dr. Cunningham, I realized it offered the least amount of risk.”

Dr. Cunningham performed Gail’s TCAR procedure in February 2019. Gail said she quickly bounced back after surgery.

After recovering for two weeks, Gail returned to dancing. “I would suggest TCAR to anyone diagnosed with carotid artery disease,” added Gail.

Recently, the two TCAR teams were recognized nationally for their high patient outcomes, superb procedural techniques of the vascular surgeons and the excellent patient care they provide. Silk Road Medical, the developers of this procedure, awarded the TCAR Centers of Excellence to McLeod Regional Medical Center and McLeod Health Seacoast. The hospitals were recognized as the top two heart and vascular centers for this procedure in the state of South Carolina. With a low stroke risk and a faster patient recovery, TCAR and McLeod represent the future of carotid repair.

“We are pleased that the McLeod Heart and Vascular Institute has been deemed a TCAR Center of Excellence,” said Dr. Rzucidlo. “This designation shows that our outcomes and quality care match other nationally recognized centers.”

Precise Cancer Treatment Extends Quality of Life

by Tracy H. Stanton

Duane Adams of Sumter, South Carolina says he travels to McLeod Regional Medical Center in Florence because “it is the only place I will go for care.” He also tells family and friends “if you want to live, you better go to McLeod.”

Extremely familiar with the excellent care delivered by the teams at McLeod, Duane’s medical services have included the specialties of spine surgery, pulmonology, thoracic surgery, oncology, neurosurgery and stereotactic radiosurgery.

A smoker all his life, 63-year-old Duane said he suffered for months with colds, sinus infections and a nagging cough that would not go away. In early 2016, Duane’s primary care physician referred him to McLeod Pulmonologist Dr. Vinod Jona for the cough.

After reviewing Duane’s CT scan which indicated a mass in his lung, Dr. Jona performed a fiber-optic bronchoscopy to biopsy cells from the mass. The bronchoscopy procedure allows Dr. Jona to visually exam the breathing passages of the lungs and obtain samples of tissue.

The analysis of the biopsy revealed lung cancer. Dr. Jona shared the diagnosis with Duane and explained that he was a candidate for surgery.

Dr. Jona followed up with an appointment for Duane with McLeod Cardiothoracic Surgeon Dr. Cary Huber.

(Continued on next page)

Duane and Beatrice Adams are grateful for the excellent cancer care Duane has received at McLeod.



Dr. Huber conducted a lobectomy, removing a lobe of Duane's lung. Once he recovered from surgery, Duane met with McLeod Oncologist **Dr. Rajesh Bajaj** to discuss his cancer treatment. The plan involved 19 rounds of chemotherapy and 35 radiation treatments.

"Everyone responsible for my care -- from the physicians to the nurses -- was outstanding. I wanted the best hospital and cancer team and that is what I received at McLeod," explained Duane.

Two years after completing his cancer treatment, Duane developed severe headaches. He communicated his issues with Dr. Bajaj who ordered a PET (Positron Emission Tomography) scan to detect if the cancer had returned.

The scan revealed the lung cancer had metastasized to Duane's brain. Dr. Bajaj referred Duane to Neurosurgeon **Dr. William Naso** with the Florence Neurosurgery and Spine Center.

Using intraoperative neuro-navigation, Dr. Naso performed a craniotomy to remove a portion of bone then under a microscope resected a one-inch tumor in Duane's brain, sparing normal brain structures. To ensure the destruction of the residual cancer cells, Duane returned to McLeod Radiation Oncology for treatment of the surgical area as well as two other small brain lesions.

"The thought of enduring radiation again was not something I wanted to do," said Duane. "But, Radiation Oncologist **Dr. Larry Grubb** explained stereotactic radiosurgery (SRS) to me and it sounded much easier and required fewer treatments."

During stereotactic radiosurgery, the team targets tumors with great precision and accuracy to deliver an ablative dose of radiation, overwhelming all of the abilities of a cancer cell to defend itself.

"We focus the radiation onto the area of disease to completely cover it with the dose necessary to ablate the met," explains McLeod Chief Medical Physicist Tobin Hyman, MS, DABR.

"This non-invasive, painless treatment utilizes a set of multiple beams that intersect at a single point on the tumor. The beams remain focused on the area as the linear accelerator rotates around the patient's head."

Advantages of SRS for patients like Duane include the ability to receive treatment close to home. "A cancer diagnosis is a life changing event for all of our patients," says **Dr. T. Rhett Spencer**, McLeod Radiation Oncologist. "Some of these patients are also living with advanced disease. The decision by McLeod to invest in the technology to plan and accurately deliver these types of cancer treatments means patients do not have to leave home to receive the highest level of care."

"Everyone responsible for my care -- from the physicians to the nurses -- was outstanding. I wanted the best hospital and cancer team and that is what I received at McLeod."

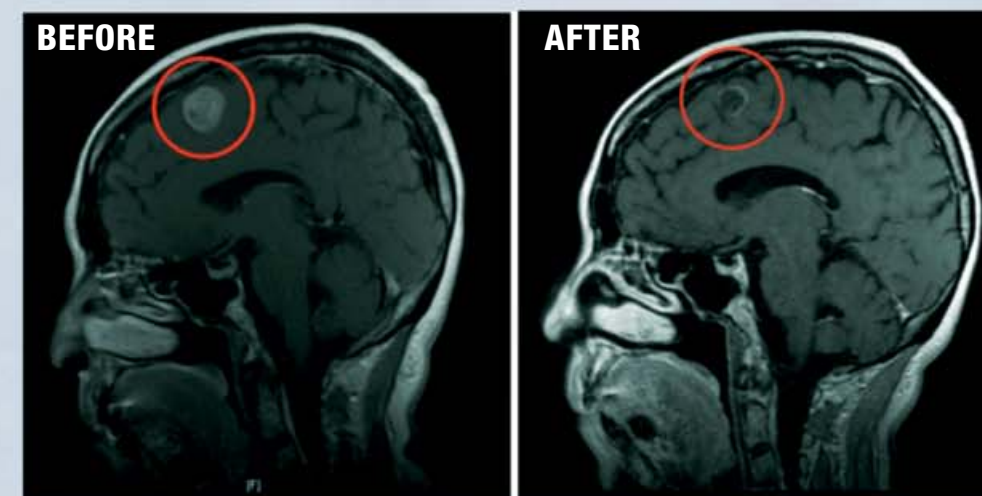
– Duane Adams

"At this point in their cancer journey, patients often want to reach certain milestones. They wish to spend quality time with their family and friends. We make that possible by offering these cutting-edge cancer treatment options."

With a fewer number of treatments, SRS benefits patients by saving them time. Compared to conventional radiation therapy which involves smaller daily doses of radiation in 25 to 35 treatments over five to seven weeks, SRS delivers five to ten times the daily dose of radiation in one to five days of treatment. The increased dose improves the effectiveness of this form of treatment.

The most common use of stereotactic radiosurgery involves the treatment of metastatic disease inside the brain. Metastatic disease occurs when the cancer cells break away from where they were first formed, travel through blood or the lymph system, and form new tumors (mets) in other parts of the body such as the brain. The met is the same type of cancer (i.e., lung or breast) but in an area away from the location of the primary disease. Mets develop in the brain, lung, spine and liver.

In early 2019, Duane learned the cancer had returned in his lung. This time, the radiation team used stereotactic ablative radiotherapy (SABR) to treat these mets.



Above is an example of a brain metastasis prior to treatment (the white mass in the circle) and the same area three months after stereotactic radiosurgery demonstrating that the tumor has been obliterated.

Unlike SRS, which specifically treats tumors in the brain and spine, SABR treats tumors in the body.

In addition to metastatic disease, the team treats primary cancers such as small lesions in the lung, adrenal gland, prostate and liver using stereotactic ablative radiotherapy. For example, they can treat a non-small cell lung cancer measuring five to seven centimeters. SABR also provides a potential curative treatment option for patients with early stage lung cancer who may not be candidates for surgery because of other medical conditions, such as heart disease.

A few months after his SABR treatment, Duane required stereotactic radiosurgery to obliterate two additional mets in his brain. "I slept during the procedure," said Duane. "In one short treatment, they targeted those two areas and I was on my way back home."

Although he is living with metastatic cancer, Duane says, "I feel better than ever. My cancer treatments over the last three years have been successful and allowed me to continue enjoying each day. I look forward to spending more time with my wife Beatrice and our family and friends thanks to God and my medical team at McLeod."

Duane Adams, at center, is pictured with members of his cancer team. From left to right, Dr. Rajesh Bajaj, Dr. Larry Grubb, Dr. Vinod Jona and Dr. Cary Huber.

COMMITTED TO SAFETY AND QUALITY

McLeod Cancer Center First in the State of South Carolina to Achieve International Radiosurgery Certification



The three TrueBeam linear accelerators at McLeod feature advanced imaging capabilities that allow the team to verify the tumor's location or make adjustments during treatment.

by Tracy H. Stanton

The McLeod Center for Cancer Treatment and Research has received international recognition for the highest level of safety and effectiveness in care. Following a rigorous and voluntary audit conducted by an independent, third-party panel of experts in radiation oncology, McLeod is now distinguished as a Cancer Center that exceeds standard measurements for delivery of quality care.

In addition to assurance that the McLeod Cancer Center offers superlative patient safety and treatment, the accrediting body provides the Radiation Oncology team with the ability to share information with other leading cancer centers. Being a part of this worldwide communication and collaborative

network also enables McLeod to receive new ideas on treating cancer, improving the safety of treatment and making existing techniques better. “These experts in the industry measured the quality and safety standards of our radiosurgery program and concluded that we are delivering

stereotactic radiosurgery (SRS) and stereotactic ablative radiotherapy (SABR) at a high level of efficacy and safety commensurate with an excellent standard of clinical practice,” explained **Dr. Virginia Clyburn-Ipock**, a McLeod Radiation Oncologist.

One of only eight Novalis Certified Centers in the United States, McLeod is the **only** such cancer center in South Carolina. The hospital also represents one of only 46 certified centers worldwide.

On McLeod’s pursuit of this international certification, Tobin Hyman, MS, DABR, Chief Medical Physicist for the McLeod Cancer Center, said, “We believe that we have a great responsibility to patients and their families to commit our staff and equipment to a 360-degree review of our radiosurgery program. In today’s healthcare environment, specialized treatment techniques such as SRS and SABR should undergo a comprehensive external review at regular intervals to ensure the safest care possible is being delivered when you are treating patients with brain, spine or lung cancer.”

Neurosurgeon **Dr. William Naso** added, “This certification reflects the tremendous commitment of our McLeod Health physicians, physicists, nurses and hospital leadership to quality outcomes and patient safety.”

To date, the McLeod Radiation Oncology team has treated nearly 200 patients with stereotactic radiosurgery and more than 160 with stereotactic ablative radiotherapy.

In addition to this certification, McLeod Radiation Oncology has been accredited by the American College of Radiology -- Radiation Oncology Practice Accreditation program (ACR ROPA) since 2013. Of the roughly 2,500 radiation centers in the United States



Members of the McLeod Stereotactic Radiosurgery Team include, from left to right, **Dr. T. Rhett Spencer**, Radiation Oncologist; **Dr. William Naso**, Neurosurgeon; **Dr. Larry Grubb**, Radiation Oncologist; **Tobin Hyman**, Chief Medical Physicist; **Dr. Virginia Clyburn-Ipock**, Radiation Oncologist; and **Lisa Esco**, Medical Physicist.

only 710 of those or 26 percent are accredited by the American College of Radiology.

The Delivery of Stereotactic Radiosurgery

Stereotactic radiosurgery, a non-surgical radiation therapy, treats cancerous tumors in the brain and spine. This form of treatment allows the McLeod Radiation Oncology team to deliver precisely-targeted radiation with sub-millimeter accuracy in a fewer number of treatments offering patients more convenience and a better quality of life.

During the past five years, McLeod has installed three TrueBeam linear accelerators. The accuracy of these linear accelerators minimize harm to healthy tissue and bones, such as the spinal cord or lungs.

Featuring advanced imaging capabilities such as cone-beam CT, these linear accelerators also allow the team to verify the tumor’s location or make

adjustments during treatment. This drastically decreases the treatment time which increases patient comfort without compromising the quality of the treatment delivered.

When performing stereotactic radiosurgery to the brain or spine, the team ensures extreme precision and accuracy with the TrueBeam STx linear accelerator. This linear accelerator features stereoscopic X-rays and frameless technology, which means the McLeod team delivers highly accurate single fraction treatment without the conventional, invasive frame applied to the patient’s head.

Additionally, this particular linear accelerator allows the Radiation team to improve treatment times for patients. The team can treat up to 15 tumors in a patient’s brain in one 30 to 45-minute treatment session rather than 30 to 45 minutes per tumor. The next upgrade to the system in the Fall of 2019 will enable the McLeod team to treat unlimited tumors.

Cancer Treatment Options Offered at McLeod

In addition to Stereotactic Radiosurgery and Stereotactic Ablative Radiotherapy, the McLeod Cancer Team treats more than 100 types of cancer utilizing the following treatment options:

- Surgery/Robotic-Assisted Surgery
- Chemotherapy
- Immunotherapy
- Targeted Therapy
- Image Guided Radiotherapy
- Intensity Modulated Radiation Therapy
- External Beam Radiation Therapy
- High Dose Rate Brachytherapy
- Low Dose Rate Brachytherapy
- Image Guided Tumor Ablation (Radiofrequency Ablation, Microwave Ablation and Cryoablation)

MCLEOD HEALTH AMONG TOP 10% IN NATION FOR PATIENT EXPERIENCE

McLeod Health has received the Healthgrades 2019 Outstanding Patient Experience Award™. This distinction recognizes McLeod Regional Medical Center as being among the Top 10 percent of hospitals nationwide for patient experience for a third consecutive year (2017-2019), according to Healthgrades, the leading online resource for comprehensive information about physicians and hospitals.

Healthgrades evaluated 3,449 hospitals that submitted at least 100 patient experience surveys to the Centers for Medicare and Medicaid Services (CMS), covering admissions from January 2017 through December 2017, to identify hospital performance. Of those hospitals evaluated, 434 hospitals outperformed their peers, based on their patients' responses, to achieve this distinction.

"These awards are driven directly by patients' feedback, giving them a voice in helping to improve the hospital experience while also helping other consumers make more informed healthcare decisions," said Brad Bowman, MD, Chief Medical Officer, Healthgrades. "We're proud to recognize the hospitals around the country that receive the Outstanding Patient Experience Award for their commitment to providing exceptional patient experiences and always striving to put the patient first."

"Today's consumers want quality healthcare that is convenient and cost-effective accompanied by a positive patient experience. They know they have a choice in who provides their medical care and which hospital they use. Therefore, they turn to resources like Healthgrades to review hospital and doctor ratings which help them make informed decisions," said Marie Saleeby,



McLeod Patient Representative Freddie Mata Abarca talks with Cynthia Graham-Pettis about her care.

Administrator of McLeod Regional Medical Center. "We are pleased to receive this national recognition based on the leadership of our physicians and the work of the McLeod staff who are actively seeking ways to improve quality for the patients we serve. We will continue on this journey to medical excellence and will strive to bring the highest quality medical care possible to our region."

"McLeod has been honored nationally for its quality programs by a number of healthcare organizations," explained Donna Isgett, Senior Vice President of

Quality and Safety and McLeod Physician Associates. "We compare ourselves to the nation's best in receiving measurable results and continuously strive to improve everything that relates to the care of the patient."

McLeod physicians, staff and teams received additional top honors in 2019 from Healthgrades for Neurosciences, Treatment of Stroke, Cranial Neurosurgery, Total Knee Replacement, Pulmonary Care, Treatment of Chronic Obstructive Pulmonary Disease, Treatment of Pneumonia, and Treatment of Sepsis.

McLeod Health



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

**Outstanding Patient Experience Award™
(2017 – 2019)***

**Neurosciences Excellence Award™
(2017 – 2019)***

**Top 5% in Nation for Treatment of Stroke
(2017 – 2019)***

**Pulmonary Care Excellence Award™
(2017 – 2019)***

**★★★★★ in Total Knee Replacement
(2016 – 2019)***

*Distinctions listed represent McLeod Regional Medical Center

HOW YOUR HEALTH IMPACTS YOUR JOB

by Tracie Foster

Florence County Councilman Kent Caudle vividly remembers making a phone call five years ago that ultimately saved his life.

For two nights, Kent was awakened by aching pain in his left arm. After the second night of not being able to sleep due to the pain in his arm and new pain in his jaw, Kent knew something was not right.

After arriving at work, Kent's first call that morning connected him with Amanda Coleburn, McLeod Nurse Practitioner for Florence County's On-Site Health Center. Kent described his symptoms to Amanda and she immediately instructed him to come to the health center where she performed an electrocardiogram or EKG. Based on the results, Amanda felt it best for Kent to see his primary care physician right away.

With no history of high cholesterol, smoking, diabetes or heart conditions in his family, Kent found himself admitted to the hospital later that day with a 90 percent blockage in one artery and a 95 percent blockage in another.

"I am living proof, the testimony, the poster child that good healthcare matters," said Kent.

The mission of McLeod Occupational Health for more than 25 years has been to offer excellent healthcare to businesses and industries in the region. The work of Amanda and other nurse practitioners underscores that commitment.

In 1992, McLeod Occupational Health opened its doors and moved into uncharted territory. That same year, President Clinton introduced a national healthcare plan that relied heavily on the cooperation and involvement of businesses. Moving forward, much of the responsibility of paying for healthcare would fall on two groups: businesses and healthcare providers.

Florence County Councilman Kent Caudle credits the quick actions of Amanda Coleburn, Nurse Practitioner at McLeod On-Site Health Center Florence County, for helping to save his life.

A five-person team led this body of work at McLeod and began partnering with area businesses by providing Occupational Health Consulting, Health Promotion Services, Urgent Care, Injury Management, and Industrial Rehabilitation. Today, McLeod Occupational Health continues to offer these services as well as Employee Health, Employee Safety and Workers Compensation, Employee Assistance Programs, On-Site Services, Healthier You, and the McLeod Healthier You Care Center. The team of five in 1992 has grown to 75 team members serving eight counties, more than 1,400 industries and their employees, and nearly 13,000 McLeod Health personnel.

McLeod On-Site Services provides on-site health centers for 14 industries in Florence, Dillon, Horry and Williamsburg counties. These on-site health centers offer services that include Occupational Health, Employee Health, Worker's Compensation, Wellness/Sick Visits, Care Management and more. Understanding from an employer and employee point of view that time away from work is lost productivity and wages, employees in these industries have immediate access to an on-site provider without ever having to leave their workplace. In addition to providing care to their employees, some industries extend these services to the employee's family members as well as retirees.

On average, Americans spend 30 percent of their life at work. Recent studies suggest a person's health has a direct correlation on their effectiveness and productivity. Maintaining health and fitness can mean dollars and dimes for both the employee and the employer. With continued focus on the well-being of employees while at work, McLeod On-Site Services makes accessibility to quality healthcare a priority.

Employee well-being remains an ever growing trend in businesses and industries. At the forefront of this trend is a more personal approach to health and wellness.



In May, an Open House and Ribbon Cutting was held for McLeod Occupational Health Commerce Park. Participants in the ribbon cutting included, from left to right, Jeff Singletary; Krystal Cooley, FNP; Octavia Williams-Blake; Dr. Stuart Sandler; and Fulton Ervin.

No two employees are the same, so each program offered by an industry is different. The key to an effective health and wellness program is to offer an individualized strategy. With the McLeod Healthier You Program, employees receive just that.

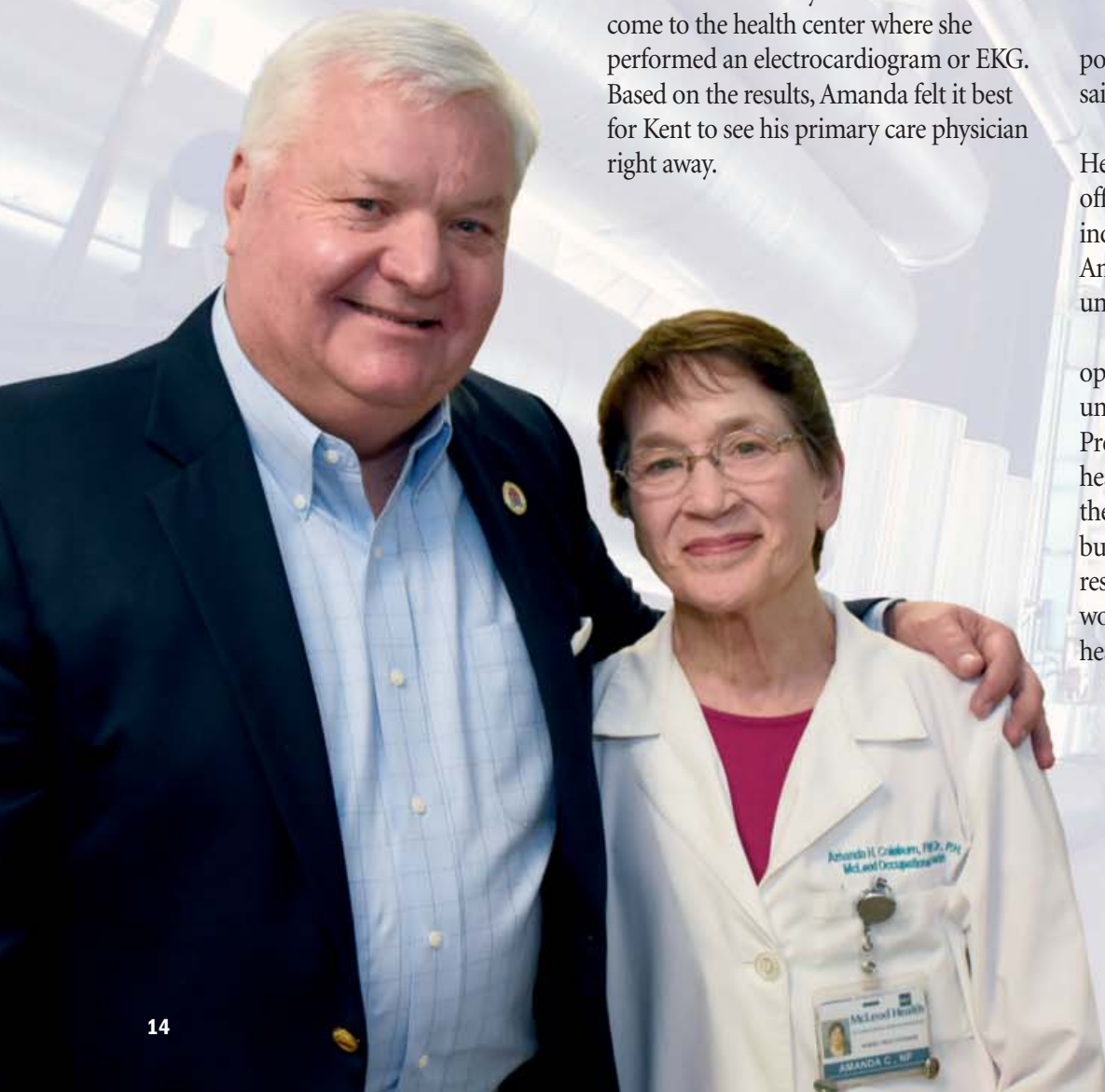
Established in 2014, the McLeod Healthier You Program offers McLeod employees and their spouses access to information for choosing a healthier lifestyle. Designed as a population health care management program, Care Managers meet regularly with participants to offer education and guidance on chronic disease management, setting goals, and reinforcing care plans established by Primary Care Physicians and/or specialists.

"We are focused on the personal health and well-being of our employees, from annual screenings to chronic care management," said Melissa Page, McLeod Healthier You Engagement Specialist. "Our goal is to take care of McLeod employees so they can provide the best care to our patients and their families."

Another example of how McLeod provides care to employers and employees includes occupational health facilities strategically located across the region.

Currently, McLeod Occupational Health on the campus of McLeod Regional Medical Center, McLeod Occupational Health Commerce Park located at Pee Dee Touchstone Energy Commerce City Park in Florence, McLeod Occupational Health Cheraw, and McLeod Occupational Health Sumter are meeting the needs and providing treatment, services and health care to area businesses and industries. Services provided by these locations include DOT Certified Exams and Physicals, Work Related Injury/Wellness Treatment, Pre-employment Physicals, Comprehensive Drug and Alcohol Testing Programs, Labs, Lead Blood Testing and more.

"We strive to provide quality and convenient care to area businesses and industries throughout the 18 counties McLeod Health serves," said **Dr. Stuart Sandler**, Medical Director of McLeod Occupational Health. "Occupational Health represents our combined efforts to offer preventive and medical care to support our regional workforce. Keeping employees healthy not only benefits the business or industry, it also contributes to our economic growth."



A NEW TREATMENT FOR ANEURYSM REPAIR

by Tammy White

McLeod Vascular Surgeon Dr. Eva Rzutidlo performs the FEVAR method of treating abdominal aortic aneurysms in the Hybrid-OR at McLeod Regional Medical Center.



You inherited your father's nose and your mother's brown eyes. Thanks to your father's athleticism you also excelled at sports and good grades came easy due to the intelligence you received from your mother. However, your parent's genetics can have serious implications on your future health. Because if either of them developed an aneurysm you are more likely to have one, too.

An aneurysm, described as an enlarged, balloon-like bulge, and weakened section of a blood vessel, produces a dangerous threat of rupture if left untreated. The danger increases with size and unmanaged high blood pressure. Approximately 30,000 deaths occur each year in the United States due to abdominal aortic aneurysms, usually because of rupture.

How would you know if you are predisposed to have Mom or Dad's aneurysm? "You would not," says McLeod Vascular Surgeon **Dr. Eva Rzutidlo**. "Commonly patients with aneurysms never encounter symptoms."

Those who do, may experience: a pulsing sensation that feels like a heartbeat in the abdomen; sudden onset of intense pain in the abdomen, chest,

or lower back; or an abdomen that has become stiff or rigid.

"For many of us our mid-section has grown a little larger over the years so the pulsing sensation isn't noticeable by the patient but detected by a physician during a routine physical exam," said Dr. Rzutidlo. "About 30 percent of aneurysms are discovered in this manner."

The most common type of aneurysm is the abdominal aortic aneurysm. Most aneurysms occur in the aorta, the largest blood vessel that comes out of the heart and provides blood to the rest of the body.

The traditional surgical treatment involves sealing off the aneurysm with the placement of an endovascular graft stent. This stent, a fabric-covered metallic scaffold, once inserted into the aneurysm protects it from bursting or continuing to grow. It takes two small injections in the groin area to perform this procedure. The endovascular method requires the location of the aneurysm far enough from the kidney arteries, which branch off the aorta, so the stent can be securely attached to the aorta for the procedure to be successful.

Ten percent of patients with an abdominal aortic aneurysm are discovered to have aneurysms too close to the kidneys for the traditional treatment to work. This makes the aneurysm complicated to treat. An aneurysm located too close to an organ makes attaching the graft a challenge.

For patients who are not a candidate for the traditional endovascular treatment, a minimally-invasive option at McLeod Regional Medical Center now gives patients another possibility. Fenestrated endovascular aortic repair (FEVAR), a form of endovascular surgery, uses a custom-designed graft to repair the aneurysm. FEVAR makes it possible to treat the aortic aneurysm that had been formerly inoperable.

A computed tomography (CT) scan of the aorta helps to create the custom designed graft for the FEVAR procedure. The graft has dedicated holes (fenestrations) that correspond to the unique positioning of the arteries in the body that branch off from the aorta to the kidneys, intestines and liver.

Because an aneurysm involves the major blood vessels from the aorta that feed the kidneys, intestines and liver,

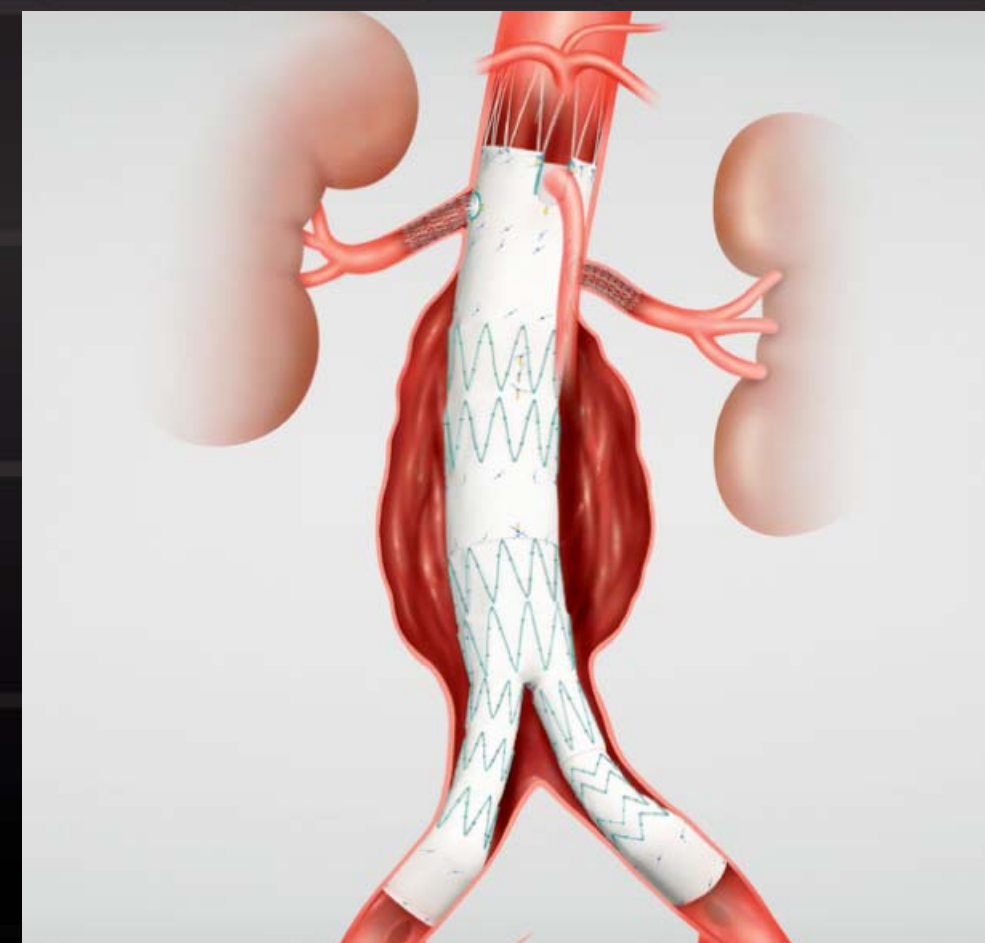
the stent graft from the traditional method cannot be used as it blocks the blood flow to the organs.

With the implanting of the fenestrated endograft inside the aneurysm, blood can flow through the diseased area without putting pressure on the aneurysm, and the holes in the graft allow blood flow to continue to the vital organs.

"The FEVAR procedure has really advanced the treatment of patients with abdominal aortic aneurysms at McLeod," said Dr. Rzutidlo. "With this technology it allows patients to undergo treatment and go home the day after their procedure. It also eases their fear of the aneurysm rupturing."

"With this technology it allows patients to undergo treatment and go home the day after their procedure. It also eases their fear of the aneurysm rupturing."

– Dr. Eva Rzutidlo



With a fenestrated endograft, blood can flow through the diseased area without putting pressure on the aneurysm and continue to the vital organs. Image courtesy of Cook Medical.

TRANSFORMING LIVES WITH A TEAM APPROACH

by Erin Brown

At McLeod Health, physicians representing numerous specialties work collaboratively to care for patients. Smylie Grantham, a 67-year-old resident of Bishopville, South Carolina, experienced this team approach after a routine colonoscopy, a screening test used to detect changes or abnormalities in the colon, revealed cancer.

Smylie's primary care physician referred him to McLeod Gastroenterologist **Dr. Deepak Chowdhary** for this procedure. "Each year, physicians diagnose nearly 137,000 new cases of colorectal cancer, often referred to as colon cancer, in the United States. In large part, however, regular screenings have made this disease preventable or at least highly treatable with early detection," explained Dr. Chowdhary.

Pathology results on polyps removed during Smylie's colonoscopy confirmed colon cancer. Knowing Smylie would require cancer treatment, Dr. Chowdhary

recommended he see McLeod Oncologist **Dr. James Smith** for treatment.

"I knew I was in great hands at McLeod, because every procedure and surgery I experienced has taken place at McLeod," said Smylie. Previously, he underwent surgical care for a knee replacement, back surgery, and a heart procedure at McLeod Regional Medical Center.

Dr. Smith determined that Smylie would require surgery before he could begin cancer treatment. He scheduled an appointment with General Surgeon **Dr. Nicholas White** at Pee Dee Surgical Group, part of McLeod Physician Associates.

"Dr. White explained the surgery to me, and made it clear in words I could understand," said Smylie.



Dr. Nicholas White, a McLeod General Surgeon, performs robotic-assisted surgery at McLeod Regional Medical Center.

Dr. White performed robotic-assisted surgery and removed a large portion of Smylie's colon through small incisions. Robotic-assisted surgery offers many benefits for the patient, including: less pain, minimal scarring, shorter hospital stay, and faster recovery.

"I returned to work in four weeks," said Smylie.

reflux disease, lung cancer, esophageal cancer, tumors, congenital or acquired ureter disease, vaginal prolapse, endometriosis, hysterectomy, kidney disease, bladder cancer, and prostate cancer. The robotic-assisted surgical team consists of a physician assistant, operating room nurses, and surgical technologists in addition to the surgeon.

After surgery, Smylie returned to Dr. Smith to begin cancer treatment. He currently receives oral chemotherapy monthly to ensure all the cancer cells have been killed as well as to lower the chance of a reoccurrence.

Because of the advancements in technology at McLeod Health, Smylie received all of his medical care in one place.

"I will not have anything done unless it is at McLeod," said Smylie, who is now back to working full time and taking care of his wife's "honey do" list.

Smylie Grantham is pictured with his care team. From left to right Dr. Deepak Chowdhary, Dr. James Smith, and Dr. Nicholas White.

McLeod Physicians First in South Carolina to Perform New Treatment for Colon Cancer



Dr. Davinderbir Pannu and Dr. Veeral Oza perform the EFTR procedure utilizing the full-thickness resection device (FTRD).

Advanced Endoscopic physicians from the McLeod Digestive Health Center successfully performed the first colon cancer removal procedure of its kind in South Carolina in the Fall of 2018.

The procedure is known as the Endoscopic Full Thickness Resection (EFTR) and is primarily used to remove large polyps and early tumors in the colon in

a minimally invasive manner using a specialized endoscope.

McLeod Advanced Interventional Gastroenterologists **Dr. Veeral Oza** and **Dr. Davinderbir Pannu** performed the procedure utilizing the full-thickness resection device (FTRD). The device allows for tumors, both benign and cancerous, which may be deeper in the GI wall, to be safely removed in an outpatient setting, potentially avoiding the need for an invasive surgery. This results in shorter treatment time and a faster recovery.

"Colon cancer is the second leading cause of death in both men and women in South Carolina," said Dr. Oza. "This is a promising procedure that will revolutionize the way we prevent and treat this deadly disease in this state and beyond."

According to DHEC, men are 30 percent more likely to be diagnosed and 46 percent more likely to die from the disease than women.

The McLeod Digestive Health Center includes specially trained physicians, called gastroenterologists, who utilize the most innovative tools and techniques to diagnose and treat a range of gastrointestinal issues facing residents of North and South Carolina. The McLeod Digestive Health team treats conditions that affect the esophagus, stomach, small intestine, colon, liver, pancreas and gallbladder.

McLeod TeleHealth:

BRINGING SPECIALIZED CARE TO RURAL AREAS

by Jaime Hayes



Candice Tyler, LPN, facilitates a telepulmonary consultation between McLeod Pulmonologist Dr. Vinod Jona and a patient at McLeod Health Dillon.

In a healthcare landscape that demands convenience and access, rural hospitals face daily challenges on how to provide specialized services without compromising quality or patient satisfaction. Serving 18 counties in northeastern South Carolina and southeastern North Carolina, McLeod Health has hospitals in communities considered rural due to population size and proximity to larger, metropolitan areas.

As a member of a larger healthcare system, McLeod Health Dillon continues to keep up with technological advances, obtain state-of-the-art equipment and grow and flourish in a time when many rural hospitals face closure.

One enhancement offered by McLeod Health involves Telehealth,

the delivery of health care treatment from a distance utilizing telecommunications. This form of medicine uses technology to provide specialized care in the areas of cardiology, vascular, pulmonary and psychiatry, remotely to rural areas such as Dillon.

Dillon, along with the entire Pee Dee region, has a high prevalence of heart disease and stroke. Telehealth provides the hospital with access to board certified cardiologists within the McLeod Health network.

The McLeod Telecardiology program brings a cardiologist virtually to the patient's bedside through a telemedicine system that includes a monitor, camera and electronic stethoscope.

Candice Tyler, LPN, Patient Representative at McLeod Health Dillon, facilitates many of the telehealth consultations on campus. "Prior to the telecardiology visit, I provide the cardiologist with the patient's records, lab and test results including telemetry, or cardiac rhythm strips," explains Candice. "I also prepare the patient on what they may expect from their consultation, and make the introduction between the doctor and the patient."

Once the cardiologist enters the "virtual" appointment via the large high-definition monitor, the consultation begins. Engaging in a real time, face-to-face encounter allows the physician to ask the patient questions about their symptoms, review their medical history, and discuss test results.

"The cardiologist uses the camera to check for any edema, or swelling, in the patient's legs or feet and an electronic stethoscope to listen to the patient's heart and lungs," Candice says.

In addition to the high number of heart disease cases in Dillon County, respiratory conditions like asthma and Chronic Obstructive Pulmonary Disease (COPD) are also prevalent.

The McLeod Telepulmonary platform provides patients at McLeod Health Dillon with access to McLeod Pulmonologist **Dr. Vinod Jona**.

"Often when caring for a patient diagnosed with a respiratory illness such as COPD, emphysema or asthma, the hospitalist or inpatient medicine physician on call requests a telepulmonary consult," explains Cynthia Pernel, Director of Cardiopulmonary Services at McLeod Health Dillon.

"If a patient experiences a change in their respiratory condition, or shows no sign of improvement from current treatments, the telepulmonary consult with Dr. Jona results in a change in medication or additional follow-up testing.

"Many patients who receive a telepulmonary visit also require a ventilator or BiPap machine to help them breathe. Sometimes we encounter difficulty weaning patients off of the machines, prompting the hospitalist to request a telehealth consult," continues Cynthia.

The safety and efficiency of telehealth has also been shown to result in earlier detection of warning signs in patients, more timely interventions by providers and fewer hospital readmissions.

Additionally, the majority of patients who receive cardiology and pulmonary telehealth consults remain at McLeod Health Dillon rather than being transferred to McLeod Regional Medical Center, the regional tertiary care center.

"It is such a convenience for our patients," adds Candice. "They appreciate not having to travel long distances to appointments with specialty providers."

"It is such a convenience for our patients. They appreciate not having to travel long distances to appointments with specialty providers."

– Candice Tyler, LPN

In the area of psychiatry, the South Carolina Department of Mental Health received a grant from The Duke Endowment in 2007 to begin a statewide telepsychiatry network in all South Carolina Emergency Departments. This form of telemedicine makes psychiatric consultations available 24 hours a day, 7 days a week, including holidays and weekends. Prior to this grant, patients seeking mental health treatment would potentially stay in an Emergency Department for days without being seen, especially in rural areas with no access to psychiatric providers.

The McLeod Health Dillon Emergency Department, which averages around 180 psychiatric consults a year, has benefited greatly from this program.

"If a barrier prevents the placement of a patient for inpatient behavioral care, we can begin the recommended treatment plan from the telepsych provider without the patient having to wait," said **Dr. Kievers Cunningham**, Medical Director of Emergency Medicine at McLeod Health Dillon.

"McLeod TeleHealth brings specialty care typically not available in rural areas like Dillon right to the patient's bedside," said Joan Ervin, Administrator of McLeod Health Dillon. "Through telehealth, we increase our patients' access to care and improve our overall quality of care."

McLeod TeleHealth has become a vital aspect of the specialized care provided to patients at McLeod Health Dillon and McLeod Health Cheraw. Telehealth programs offered in these hospitals includes Cardiology, Vascular, Pulmonary, Psychiatry, Lactation and Diabetes Education. Efforts are currently underway to expand these programs to McLeod Health Clarendon.

ENHANCING Men's Health

by Kelly Hughes

By nature, most men are “fixers.” If the house needs repair, they head to Home Depot. If the car makes a noise, they call their mechanic. However, for many men, talking to their doctor about problems like incontinence and prostate issues isn’t always on top of their to-do list.

At McLeod Health Loris, urologists bring an extensive range of advanced treatment skills to a variety of men’s health issues. Treatment specialties include those for kidney stones, incontinence, as well as bladder, prostate and testicular cancers.

Additionally, McLeod Health Loris provides a dedicated operating room for urological procedures. This state-of-the-art room is equipped with a specialized cysto-table, designed specifically for urological surgeries. The cysto-table includes a C-arm which provides the physician high-resolution X-ray images in real time during the surgery allowing the physician to monitor progress and immediately make any adjustments.

Urologist Dr. Glenn Gangi offers men state-of-the-art surgical options at McLeod Health Loris.

Prevention

Many urological conditions can be prevented or caught early with regular check-ups and appropriate screenings. It is important for men to talk to their doctor about age appropriate tests, or any symptoms or changes they may be experiencing.

“I can’t stress enough the importance of primary care,” said **Dr. Glenn Gangi**, Urologist. “Many of these conditions and cancers can have no symptoms. Early detection of disease exponentially increases the chance of overcoming it.”

Two of the most common issues of concern for men involve kidney stones and an enlarged prostate.

Often primary care physicians may order a urinalysis during a patient’s annual exam to check for blood in the urine which could indicate a urological condition.

The CDC also recommends men ages 55 to 69 make individual decisions with their doctor about prostate cancer screening. The Prostate Specific Antigen (PSA) test measures the levels of PSA in the blood.

Kidney Stones

Kidney stones are not typically life-threatening; however, they can be extremely painful.

Kidney stones form inside the kidneys from deposits made of minerals and salts. Kidney stones travel from the kidneys to the bladder through the urinary tract and can be quite painful. In some instances, patients pass kidney stones naturally. If the stones become lodged or are too large, surgical intervention may be necessary.

At McLeod Health Loris, urologists can use sound waves to break up stones. This procedure, called extracorporeal shock wave lithotripsy (ESWL), crushes the stones into small enough pieces that can be passed in the urine.

For larger stones, Holmium Laser Lithotripsy is available at McLeod Health Loris. This state-of-the-art technology allows the surgeon to remove large stones without any incisions. A flexible fiber laser is inserted in the urethra to break up stones.

If the ESWL or Holmium Laser procedure is unsuccessful, the doctor may perform a percutaneous nephrolithotomy (PCNL). This involves surgically removing the kidney stone using minimally-invasive telescopes and instruments inserted through a small incision in the patient’s back.

Often, once stones have been broken into smaller fragments, the surgeon can perform a ureteroscopy to extract the stones from the urinary tract.

Additionally, a stent may also be inserted after extraction of the kidney stones to prevent infection and to keep the urinary tract open.

Prostate Issues

The prostate gland is found only in men and is part of the male reproductive system. The prostate produces semen and surrounds the urethra -- the tube that empties urine from the bladder. As men age, the prostate can enlarge.



The specialized fiber tip of the Holmium Laser provides a new level of innovation in urological procedures.

Urinary symptoms in men do not necessarily mean cancer, but rather may indicate an enlarged prostate.

One of the most common prostate procedures performed routinely at McLeod Health Loris is a transurethral resection of the prostate (TURP). During the procedure, the urologist utilizes a resectoscope (visual and surgical instrument) inserted into the penis and urethra. Using the resectoscope, the doctor trims away excess prostate tissue that is restricting urine flow.

Understanding men’s health issues are unique, McLeod Health Loris continues to grow this dedicated service to treat the full spectrum of urological issues men face.

“Our commitment to enhancing our Men’s Health services is a top priority for us at McLeod Health Loris,” said Scott Montgomery, Administrator. “Our recent investments in technology and the dedicated operating room for urological procedures ensures we provide the best, evidence-based medicine for men in our region.”

Understanding men’s health issues are unique, McLeod Health Loris continues to grow this dedicated service to treat the full spectrum of urological issues men face.

A New Frontier

Husband and Wife Physicians Embrace Rural South Carolina as Home

by Arielle Williams



McLeod Primary Care Physicians Dr. Kinzie Barton and Dr. Garrett Barton, pictured with their dog Theo, enjoy caring for patients in Cheraw.

Husband and wife physicians **Dr. Garrett and Dr. Kinzie Barton** share the same vision of improving the lives of those who need it most. They also understand that rural, underserved communities face a growing need for access to healthcare providers and services.

As primary care physicians, the Bartons connect the community to their ideal health. When providing greater access to a family physician on a routine basis, individuals often take better control of their health,

leading to a significantly improved population health for the region.

“Everyone should have the right to live a healthy life, and our role as primary care physicians affords us the opportunity to impact the lives of

others in a meaningful and personal way,” said Dr. Garrett Barton with McLeod Primary Care Cheraw. “I consider myself, and my wife, very fortunate to be an extension of a quality health system that values the patient above all else.”

“Serving in a rural community has always appealed to us because of its similarity to the environment we grew up in,” explains Dr. Kinzie Barton, who cares for patients with **Dr. Travis Novinger** at Palmetto Family Medicine in Cheraw. “After graduating from medical school, we left our Midwestern roots in Kansas to complete our training in the McLeod Family Medicine Residency program in Florence, South Carolina.

“Admittedly, we felt nervous living in a completely new place, but we understood the growing need for physicians in rural South Carolina.”

“When researching residency programs, Kinzie and I looked specifically for a place where a primary care physician provides more than basic outpatient medicine,” recalls Dr. Garrett Barton.

“We searched rural tracks almost exclusively and certainly found a home at McLeod Health. The camaraderie here makes it difficult to imagine practicing anywhere else in the United States.”

After completing her clinical rotation at McLeod Health Cheraw as part of their residency training, Dr. Kinzie Barton felt that they belonged in the Cheraw community, and Dr. Garrett Barton could not agree more.



Dr. Garrett Barton, McLeod Primary Care Cheraw, along with Mib Scoggins, Hospital Administrator of McLeod Health Cheraw, were the guest speakers during the Rotary Club of Cheraw meeting in September. Dr. Barton talked to the club about getting the most out of your primary care physician visit.

“By telling our story, we hope to encourage future medical residents to stay and practice in South Carolina, especially in our rural outlying areas,” said Dr. Garrett Barton.

Serving in rural areas like Cheraw offers physicians many advantages, including settling their families in small, tight-knit communities. Interested physicians also practice a full scope of family medicine by providing “cradle-to-grave” services reminiscent of country doctors who inspired many physicians to go into medicine in the first place.

As primary care physicians, the Bartons see many patients representing all walks and stages of life which allows them to lean heavily on their residency training while also learning new aspects of primary care.

Physicians who choose to live and practice in a small town see firsthand how their work impacts the lives they touch. Families turn to them not only for healing, but also for deeper connections as they develop lasting relationships. Enjoying life alongside their patients makes a rural primary care physician’s job that much more fulfilling.

“Practicing medicine in Cheraw remains one of the most rewarding decisions we have made,” adds Dr. Kinzie Barton. “It allows us to know and care for entire families as we watch them grow, and we find satisfaction in knowing that we did our part as a physician to help improve the health and well-being of our neighbors and friends.”

“Practicing medicine in Cheraw remains one of the most rewarding decisions we have made. It allows us to know and care for entire families as we watch them grow, and we find satisfaction in knowing that we did our part as a physician to help improve the health and well-being of our neighbors and friends.”

– Dr. Kinzie Barton

Journey from Heart Disease to Cancer: A LIFE SAVED

by Tracy H. Stanton

Two days after Christmas in 2017, Mike Smalley of Hartsville, South Carolina suddenly felt ill at work. Brushing off his symptoms as a stomach virus or dehydration, Mike continued working but then began sweating and felt pain creeping up his arm. Keenly aware of heart disease because of his family history, Mike quickly realized he may be experiencing a heart attack and asked a co-worker to call 911.

In addition to his family history, 54-year-old Mike smoked for 40 years. In fact, that morning, he purchased a new lighter and a pack of cigarettes. When Mike arrived at McLeod Regional Medical Center, he told the paramedics, "Throw these away for me," as they transported him inside the Emergency Department (ED).

In the ED, McLeod Cardiologist **Dr. Thomas Stoughton** confirmed Mike was suffering a heart attack based on the EKG results. They quickly moved him to the Cardiac Catheterization Lab where McLeod Interventional Cardiologist **Dr. Fred Krainin** performed a heart catheterization. Dr. Krainin located a 100 percent blockage on the left side of Mike's heart that required two stents in order to keep the narrowed area open and allow blood to flow again.

Following a diagnosis of heart disease, patients like Mike receive blood thinning treatment for at least 12 months to prevent blood clots. Plavix, a blood thinning medication, helps blood flow more easily and reduces the risk of a heart attack or stroke. The medication works by preventing platelets from sticking together and forming clots.

"During my recovery in the hospital after the heart catheterization procedure, Dr. Stoughton ordered a chest scan," Mike said. "He explained to me that the scan indicated a mass on my lung which could be cancer. I was devastated, knowing I brought it on myself by smoking."

Dr. Stoughton referred Mike to McLeod Pulmonologist **Dr. Vinod Jona**. After completing a bronchoscopy to biopsy the mass in Mike's lung, Dr. Jona shared the pathology results with Mike: lung cancer.

Mike required surgery to remove the mass; however, he hesitated stopping the Plavix to undergo surgery because the medicine increases the risk of bleeding during and after surgery. He also understood that continuing the medication decreased his risk of having another heart attack or even death. Studies have shown that patients benefit most from Plavix during the first three to six months.

Mike waited a few months and then returned to Dr. Jona to discuss a treatment plan for the lung cancer. Dr. Jona suggested that Mike meet with **Dr. Wayne Holley**, McLeod Thoracic Surgeon, and review his surgical options. Dr. Holley joined McLeod Regional Medical Center in December 2017, sharing his expertise in the specialty of robotic thoracic surgery.

After reviewing Mike's scans and conducting a physical exam, Dr. Holley conferred with Dr. Stoughton who agreed to allow Mike to come off the Plavix for five days for Dr. Holley to operate. In June 2018, Dr. Holley performed a robotic video-assisted thoracoscopic surgery removing the right lower lobe of Mike's lung and dissecting three lymph nodes.

Thoracic robotic-assisted surgery, a form of minimally invasive surgery, allows the surgeon to reach the lungs without spreading the ribs. "This form of surgery offers better visualization and more precision with smaller incisions," explained Dr. Holley.

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



McLeod Thoracic Surgeon Dr. Wayne Holley performs robotic-assisted thoracic surgery to remove lung cancer.

Following surgery, Mike resumed taking Plavix and waited anxiously for Dr. Holley to clear him to return to work. When Mike returned for his follow-up appointment, Dr. Holley explained to him the lung cancer had spread to two lymph nodes. The metastasis of the cancer to the lymph nodes would require Mike to undergo chemotherapy and radiation treatment. As the appointment ended, Mike recalls that Dr. Holley turned to leave, then suddenly came back and gave him a hug. "He said to me, 'Everything is going to be alright.'"

"Words cannot express my deep appreciation for Dr. Holley. He is not only the best doctor, but also a great man."

With no health insurance, Mike worried how he would afford cancer treatment. Fortunately, Dr. Holley recommended the McLeod Cancer Clinic for Mike's care.

"When needed I refer patients to the McLeod Cancer Clinic," explained Dr. Holley. "I feel that McLeod is simply fulfilling its mission in the region to serve patients, regardless of their ability to pay. This commitment distinguishes our hospital from other facilities."

The McLeod Cancer Clinic provides cancer services, including chemotherapy and radiation therapy, on an outpatient basis to cancer patients from Florence, Darlington, Dillon, Marion, Marlboro and Chesterfield Counties who have no insurance coverage.

In order to receive care in the McLeod Cancer Clinic, a physician must refer the patient with documentation of a cancer diagnosis confirmed by a biopsy. Patients should meet certain income criteria. The six medical oncologists affiliated with McLeod Regional Medical Center care for patients in the clinic on a monthly basis.

Nearly a year after his heart attack, Mike completed his final chemotherapy treatment on December 3, 2018. Continuing his journey from heart disease to cancer, Mike reports he has made some positive lifestyle changes.

"Fear serves as a good motivator when you want to get well," explained Mike. "I have not touched a cigarette in a year. Because of the time and effort the McLeod teams gave to heal me, I would never do anything to jeopardize what they have done."

During Mike's cancer treatment, he bonded with McLeod Oncologist **Dr. Sreenivas Rao**; Tara Pierce, McLeod Cancer Clinic Coordinator; McLeod Radiation Oncologist **Dr. Virginia Clyburn-Ipock**; Dr. Jona and Dr. Holley.

"They supported me through all of it," said Mike. "The Cancer Center staff are a testament as to why McLeod is a top notch hospital. The doctors and nurses have gone above and beyond to make sure I receive the best care; they truly saved my life."



Mike Smalley pictured with Tara Pierce, McLeod Cancer Clinic Coordinator, and McLeod Oncologist Dr. Sreenivas Rao, credits his entire medical team for saving his life.

Sleep Better, Live Better

by Jessica Wall

For the last eight years, 39-year-old Tracy Hamner knew he experienced terrible snoring. It caused such a terrible disturbance that A'Leigh, his wife of 11 years, could no longer tolerate the sound. Tracy moved to the guest bedroom to sleep, yet still believed that since he fell asleep quickly, he slept well.

Tracy's moment of truth occurred in 2017 when the Hamner family vacationed on a cruise.

"Because of the close quarters, A'Leigh could not escape my disruptive snoring and irregular breathing, so she essentially watched me sleep all week," says Tracy. "I knew I had to do something."

In January 2018, Tracy consulted with **Dr. Marwan Elya**, Medical Director of the McLeod Sleep Clinic. At his first visit, Tracy completed a quick survey regarding his sleeping habits.

Since using a CPAP machine to treat his obstructive sleep apnea, Tracy Hamner, Principal of St. Anthony Catholic School in Florence, now has more time in his day because he gets quality sleep.



"I found the survey very illuminating," says Tracy. "I thought I slept well, but my score proved otherwise. Dr. Elya discussed the survey results with me and recommended a sleep study to check for sleep apnea."

"Doctor visits and tests make me very anxious, and Dr. Elya's staff recognized this. They worked me in to have my sleep study that same evening because they sensed that I would not follow up if I had to wait. I appreciate the Sleep Clinic nurses making the process easy and convenient."

That night, Tracy returned to the Sleep Clinic for his study. A sleep lab technologist connected a variety of monitoring devices to Tracy, and during the night, she noticed that the data indicated sleep apnea. She brought a continuous positive airway pressure (CPAP) machine into the room to start treatment and compare the data.

The results of the sleep study confirmed Tracy had obstructive sleep apnea (OSA), a common chronic condition in which an individual repeatedly stops breathing throughout the night.

One in five adults suffers from some form of sleep apnea.

Most OSA patients come to the attention of their physician with complaints of daytime symptoms attributable to disrupted sleep -- such as sleepiness, fatigue or poor concentration -- or signs of disturbed sleep -- such as snoring, restlessness, or resuscitative snorts. Other associated symptoms include irritability, awakening with dry mouth or a sensation of gasping, morning headaches, frequent urination at night and depression.

While most people identify snoring as a hallmark symptom of OSA, not all people who snore have the disorder.

"Everyone should be aware of OSA because it significantly increases a patient's risk for poor neurocognitive performance and adverse medical outcomes due to repeated arousals and/or hypoxemia during sleep over months to years," explains Dr. Elya. "If left untreated, OSA can lead to high blood pressure, cardiovascular disease, memory problems, weight gain and headaches, among other serious conditions."

The CPAP machine, which provides constant air pressure through a face mask to keep the individual's airway open, remains the most common and effective treatment for OSA. A memory card inside the CPAP machine downloads information to a secure network to document compliance and monitor progress. If necessary, the physician can also adjust the patient's settings remotely without requiring the patient to schedule an appointment.

"I noticed an almost immediate difference using the CPAP machine," says Tracy. "Before my diagnosis and treatment, I constantly felt sleepy and needed to nap often. I never realized how much this impacted my quality of life. Since using the CPAP machine, I feel more refreshed. I sleep better, and my snoring has been eliminated. My wife and I can finally sleep in the same bed again, and I have more time in my day because I get quality sleep. It has changed my life."



"If left untreated, OSA can lead to high blood pressure, cardiovascular disease, memory problems, weight gain and headaches, among other serious conditions."

- Dr. Marwan Elya

McLeod Sleep Clinic

As part of a continued commitment to patients from the Midlands to the Coast, McLeod Regional Medical Center has established the McLeod Sleep Clinic to help diagnose and manage sleep disorders in adults ages 18 and older.

When your physician schedules you for a sleep study, you can follow up directly with your physician or request to follow up with the McLeod Sleep Clinic. There, you will consult with a sleep specialist to arrange diagnostic tests, determine the appropriate diagnosis and discuss a treatment plan. Should you need Durable Medical Equipment, such as a continuous positive airway pressure (CPAP) machine, these items will be ordered as needed.

The McLeod Sleep Clinic treats the following sleep disorders: Sleep Apnea (Obstructive and Central), Narcolepsy, Restless Leg Syndrome, Shift Work/Circadian Rhythm Sleep Disorder, REM Behavior Disorder, and Insomnia.

In addition to the Sleep Clinic, McLeod Health offers sleep lab services in Florence, Clarendon, and Dillon.

For more information about the McLeod Sleep Clinic, call (843) 777-5827.

Living Free of Pain

by Carrie Anna Strange

Margaret Evans first noticed a dull pain in her knees along with a feeling of unsteadiness about three years ago. It then became difficult for her to work, and she required assistance while walking. Seeking relief, Margaret's primary care physician referred her to McLeod Orthopaedics Clarendon for a consultation.

A series of tests and X-rays revealed Margaret had osteoarthritis, a degenerative condition in which the smooth cartilage covering the ends of the bones gradually wear away.

One-third of Americans age 65 and up will suffer from osteoarthritis, commonly caused by normal "wear and tear." Most often, it significantly affects hips and knees, the body's weight-bearing joints.

"During the consultation I learned that eventually I would need to undergo a total knee replacement," Margaret recalls. Margaret, who was 50 years old at the time, wanted to hold off the surgery as long as possible.

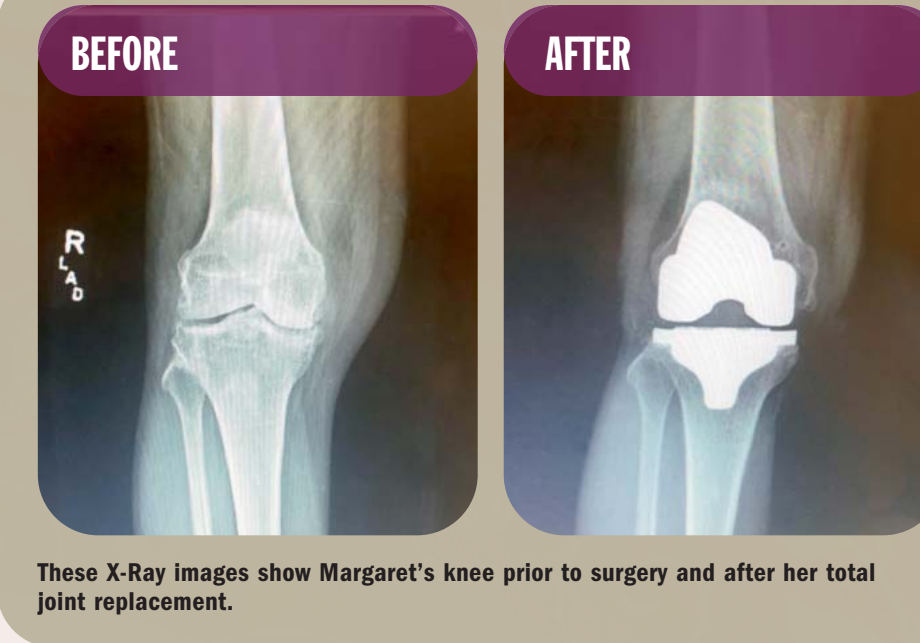
In the years that followed, Margaret's knee pain grew more intense and the unbearable pain negatively impacted her quality of life. She tried a number of non-surgical options to relieve the debilitating pain, including cortisone injections, anti-inflammatory medications, and physical therapy.

However, none of these options proved effective.

In 2018, a second set of X-rays revealed that Margaret's osteoarthritis had progressed. "The cartilage in my knee deteriorated to the point that only 'bone-on-bone' remained," says Margaret.



McLeod Physical Therapy Assistants Brian Maney and Stephanie Atkins helped Margaret regain her mobility following her total knee procedure.



These X-Ray images show Margaret's knee prior to surgery and after her total joint replacement.

"I could not have asked for a more pleasant transformation from a life of constant pain to enjoying the activities I love most free of pain."

– Margaret Evans

Dr. Bryan Christensen, an orthopedic surgeon at McLeod Health Clarendon, recommended Margaret undergo a total knee replacement to avoid the possible risk of damaging her body's alignment, hip, and ankle joint, all of which work in tandem with the knee.

In October 2018, Margaret underwent a total knee replacement at McLeod Health Clarendon.

During Margaret's total knee procedure, Dr. Christensen replaced her diseased joint with an artificial joint called an implant. Made of metal alloys and high grade plastics, the implant moves like a healthy human joint.

"Over the years, knee replacement techniques and instrumentation have undergone countless improvements," explains Dr. Christensen. "The key characteristics of these techniques include smaller incisions which result in less damage to soft tissue around the knee."

"The staff at McLeod Health Clarendon provided outstanding care," said Margaret. "I also appreciated the exemplary cleanliness I observed during my hospital stay."

"I noticed a remarkable difference in my knee. Only one day after surgery, I stood with the help of a walker and experienced no pain. Within a few days, Dr. Christensen released me from the hospital."

For the next two weeks, Margaret received physical therapy at home with McLeod Home Health, which provides quality health care for patients who require extended care after being released from the hospital or following an injury or illness.

Upon discharge from McLeod Home Health, Margaret continued outpatient physical therapy with McLeod Rehabilitation Clarendon.

Determined to regain her ability to walk without assistance, Margaret dedicated herself to the physical therapy program.

"Margaret responded well to physical therapy because of her positive attitude and commitment to her daily exercise routine. She exceeded her previous level of function and strength," said Shawn Brennan, Director of McLeod Rehabilitation Clarendon.

Margaret remains grateful for the wonderful and compassionate care provided by Dr. Christensen, McLeod Home Health and McLeod Rehabilitation Clarendon, which she credits as the primary factor for her successful recovery.

"I could not have asked for a more pleasant transformation from a life of constant pain to enjoying the activities I love most free of pain," added Margaret. "I'm also able to participate in my favorite pastime again: fishing!"



McLeod Orthopedic Surgeon Dr. Bryan Christensen performs total knee and hip replacements at McLeod Health Clarendon.

A RESIDENCY PROGRAM WITH A PASSION TO CARE

by Tammy White

The mission of McLeod Health is to improve the overall health and well-being of people living within South Carolina and eastern North Carolina by providing excellence in healthcare. The McLeod Family Medicine Residency Program supports this mission by graduating skilled physicians who have received intensive training in caring for patients in rural or under-served settings.

When the Class of 2019 holds commencement ceremonies at the end of June, the residency program will have graduated 252 Family Medicine Physicians since its inception in 1980. Of the seven physicians graduating this year many are returning home to practice. Two of these graduates will remain within the McLeod Health system.

Dr. Amid Hamidi's future plans include working in Emergency Services for McLeod Health Dillon and McLeod Health Clarendon. **Dr. Carmen Cribb** will join **Dr. Robert Eagerton** with Eagerton Family Practice in Manning, South Carolina.

"Dr. Eagerton was my mentor in medical school, so it is an honor for me to work with him in Manning," said Dr. Cribb. "He was part of the reason I chose the vocation of Family Medicine. I come from a small town, so naturally rural medicine is a good fit for me. I fell in love with the town of Manning while rotating there as a medical student with Edward Via College of Osteopathic Medicine. Now, it feels like I'm going 'home.' I am excited to become a part of the Clarendon team."

As one class rotates out, eight new physicians rotate in to begin the three-year residency process.

McLeod Family Medicine Residency Program Class of 2019 Graduate Dr. Carmen Cribb will be joining Dr. Robert Eagerton with Eagerton Family Practice in Manning, South Carolina. Dr. Cribb is pictured with Hayden Hill at the McLeod Family Medicine Center.

"The residents are a valued part of the Medical Team at McLeod," said **Dr. Gerard Jebaily**, McLeod Family Medicine Residency Program Director. "The program focus is on clinical and patient experiences. Through strong faculty support, residents develop both enhanced practice skills and academic mastery."

Match Week, held in early March, is an event recognized by medical schools and residency programs across the nation to determine their incoming class. Applicants and residency programs submit their ranked list of candidates/programs to the National Resident Matching Program. This program creates "matches" based on the preferences of applicants and residency programs. When Match Week occurs, applicants learn where they will complete their residency training.

During Match Week 2019, the McLeod Family Medicine Residency Program filled all eight spots for the newest class of resident physicians starting July 1, 2019. The McLeod Family Medicine Residency Program is pleased to introduce the Class of 2022:

Dr. Timothy Blackner, St. George's University; **Dr. Parker Edison**, University of South Carolina; **Dr. Virginia Ferguson**, University of Louisville; **Dr. Jacob Kozacki**, Edward Via College of Osteopathic Medicine; **Dr. Kassie Ledoux**, Lake Erie College of Osteopathic Medicine; **Dr. Amber Martin**, Edward Via College of Osteopathic Medicine; **Dr. Miranda McCoy**, University of South Carolina; and **Dr. Laine Way**, University of South Carolina.

Dr. Parker Edison, Dr. Miranda McCoy and Dr. Laine Way, all University of South Carolina graduates, completed their fourth year of medical school which involves clinical practice rotations in Florence. They have each decided to remain in Florence to attend the Family Medicine Residency Program at McLeod Regional Medical Center.

Dr. Way says she has wanted to be a family medicine doctor since kindergarten. Her early interest in medicine being sparked by her childhood physician in Manning, **Dr. Clarence Coker**, McLeod Primary Care Clarendon.

"I want to go back to a small town and form life-long relationships with patients and care for them in a way that really improves their health, like Dr. Coker did for me and my family," said Dr. Way.

Dr. Edison, originally from Traveler's Rest, South Carolina, says both he and Dr. Way were drawn to the McLeod Family Medicine Residency Program because of its direct access to patients and attending physicians.

"Since Laine and I had already been here for two years, we felt connected to the hospital and community," said Dr. Edison. "I feel like we will be able to jump in and really make a difference."

For Dr. Edison, the connection to Florence and McLeod means more to him than just the education. Last Fall, he was able to deliver his first child, a daughter named Miriam, at McLeod Regional Medical Center. Dr. Edison feels being raised and educated in South Carolina has given him a unique understanding of the culture and dynamics of the state, as well as the unique medical needs of its more rural areas.

"Obtaining a medical degree was never about me," said Dr. Edison. "It was for the betterment of my community and the people I would one day serve."



Dr. Parker Edison and Dr. Laine Way, University of South Carolina graduates, completed their clinical practice rotations in Florence and will begin the McLeod Family Medicine Residency Program.



At McLeod Health, physician leaders serve the region as change agents, mentors and role models for excellence in health care. From L to R: McLeod Pathologist Dr. Tarek Bishara is presented a McLeod Merit Award by Dr. Dale Lusk; the graduating class of the 2018 Physician Leadership Academy; Dr. Jeremy Robertson presents at the groundbreaking for the new McLeod Regional Emergency Department.

Physician Leadership

A PRESCRIPTION FOR SUCCESS

by Shaw Thompson

The efforts of quality care at McLeod Health are driven by three guiding principles: being physician-led, data driven, and evidence based. Placing “physician-led” first in this order is not an accident. Since the founding of the first infirmary by Dr. F.H. McLeod more than a century ago, physicians play vital roles in decisions and strategies to meet the evolving healthcare needs of the region.

Physician Leadership is embedded throughout McLeod Health. Physicians serve as members of the McLeod Health Board of Trustees and Community Boards, voluntarily offering expertise and insight to these governing bodies.

Comprised of 12 members, the McLeod Regional Medical Center Community Board serves as advisors on matters that pertain to the medical center and the region. More than half of the members are physicians, including

Michael Rose, MD, Chairman;
Carl Chelen, MD; **Vinod Jona, MD**;
Parker Lilly, MD; **Mamdouh Mijalli, MD**;
Mark Reynolds, MD; and
Jeremy Robertson, MD.

The eight physician members of the McLeod Health Board of Trustees are **Tarek Bishara, MD**; **William Boulware, MD**; **Patrick Denton, MD**; **Tracy Ray, OD**; **Mark Reynolds, MD**; **Michael Rose, MD**; **Steven Ross, MD**; and **James Smith, MD**.

McLeod Oncologist Dr. James C. Smith is the newest addition to the Board, appointed earlier in 2019.

“I am pleased to serve on the McLeod Health Board of Trustees,” Dr. Smith said. “As a physician, this is a wonderful opportunity to learn, grow and promote health care while contributing to the goals of delivering quality patient care.”

Each McLeod Health hospital elects a Chief of Staff and Medical Staff Officers to lead and work in concert with all medical staff at their locations. Medical staff leaders also serve as Medical Directors for clinical departments at each medical center in the McLeod Health system.

A key development nationally in healthcare leadership in recent years has been growth in the role of Chief Medical Officers (CMO). As hospitals and physicians work together to create safe and high quality care at lower costs, the partnership is forged and nurtured by the CMO.

In these roles, the physicians spearhead creation of standard practices for delivery of healthcare and identify areas of improvement for clinical departments. Perhaps most importantly, they work closely with physicians to integrate their skills and knowledge with operational teams and administration of the healthcare system to best meet the needs of patients.

In November of 2018, Dr. Dale Lusk transitioned from Chief Medical Officer of McLeod Regional Medical Center to the position of Chief Medical Officer for both McLeod Health and the McLeod Healthcare Network (CIN). In this new role, Dr. Lusk is responsible for leading development and execution of clinical integration activities, including driving physician alignment and engagement. He also champions clinical quality improvement and population health management activities throughout McLeod Health.

“I serve as a liaison between physicians, CIN staff, and hospital leadership,” said Dr. Lusk. “Working together, physicians across our system are playing a lead role in fostering improvement of clinical care and patient safety.”

Dr. Robertson succeeded Dr. Lusk as Chief Medical Officer for McLeod Regional Medical Center in February of 2019. In addition to leadership duties,

Dr. Robertson will continue to serve patients in the emergency department.

“It is an honor and privilege to assume this leadership role at McLeod,” said Dr. Robertson. “I look forward to working with our physicians and caregivers to build on the decades of quality care provided at our medical center.”

Serving as Chief Medical Officer for McLeod Physician Associates presents different challenges for Dr. Richard Alexander than those of other CMO roles.

“As healthcare is shifting more and more to the outpatient setting, our network of offices is increasingly important in providing services,” said Dr. Alexander. “I work with physicians throughout the region and several different practice settings, and one of my vital roles is to promote standardization and optimization to our offices. I help facilitate discussions and deal with issues for our network physicians.”

Dr. Alexander’s leadership position evolved from decades of service at McLeod to those network physicians.

“I have been blessed to be a part of the McLeod family for many years,” said Dr. Alexander. “I started as a resident in the McLeod Family Medicine Residency Program who grew to love McLeod.

(Continued on next page)

Chief Medical Officers of McLeod Health



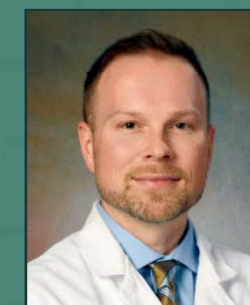
Dr. Dale Lusk
Corporate CMO
McLeod Health



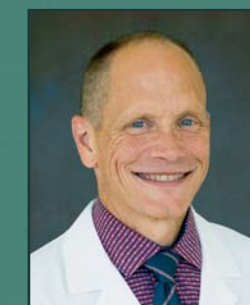
Dr. Richard Alexander
McLeod Physician
Associates



Dr. Caetie Rabon
McLeod Health
Clarendon



Dr. Jeremy Robertson
McLeod Regional
Medical Center



Dr. Ross Taylor
McLeod Health
Loris Seacoast

“Along with fellow graduates Dr. Donald Behling and Dr. Ed Behling, we established the first McLeod physician practice, Medical Plaza Family Medicine, 25 years ago this August. At that time, I began working with our physician network, involved in negotiations with contracts and insurance providers. Gradually that work expanded, and I eventually helped to launch our first Electronic Medical Record (EMR).

As we continued to grow, more physician leadership was needed and I became a medical director, and ultimately, Chief Medical Officer in 2018. McLeod has always provided opportunities for physicians to lead within our organization, and those opportunities will continue to grow in number and importance,” added Dr. Alexander.

While newer to the McLeod teams, the CMOs for McLeod Health Clarendon and McLeod Health Loris Seacoast ensure the same guidance, collaboration and physician engagement is standard across our system.

“Each of us chose to be a physician because we care for and about others,” said Dr. Caetie Rabon, Chief Medical Officer for McLeod Health Clarendon. “Sometimes that includes taking care of our physician partners as well as our patients. As physician leaders, we must nurture and enable the skills of our physicians who choose to serve and provide excellent care at McLeod Health.”

“Our campuses exist in communities with unique cultures and healthcare needs, and it is important we coordinate our care and services to meet those needs,” said Dr. Ross Taylor, Chief Medical Officer for McLeod Loris Seacoast. “Healthcare is dynamic, and it is important we all work as one. As CMOs, we work in concert with one another, sharing best practices to promote patient safety, quality of service, and care

value on behalf of our patients and our physicians.”

In addition to their leadership, each of these physicians also commit themselves to continuing to provide clinical services and patient care. Keeping that personal connection is key to the success of leading others who choose to be physicians, and to the success of McLeod Health.

“One of the most important and rewarding parts of my position is hearing from the community that we have exceeded their expectations regarding care,” said Dr. Taylor. “Patients will comment ‘we love McLeod, and we are never going anywhere else for care.’ It is our job to work together and make sure they never will.”

Physician Leadership Academy



McLeod Gastroenterologist Dr. Timothy Spurling visited Shaw Air Force Base as part of the McLeod Physician Leadership Academy. PLA participants have visited 20th Fighter Wing units to learn about how the military creates effective teams and leaders.

With the rapid changes in healthcare, physician leadership and collaboration within a healthcare system will be critical to providing high-quality, efficient care to the community. Physician-led and integrated health systems like the Mayo Clinic and the Cleveland Clinic are often cited as models for future healthcare delivery systems. It is impossible to imagine an integrated system without meaningful physician leadership.

To promote these qualities within the organization, the McLeod Health Physician Leadership Academy (PLA) was created. This ten-month educational program is designed to prepare physicians for leadership roles within their practice and the health system. Twenty-five physicians from a variety of disciplines are selected each year from the applications of medical staff.

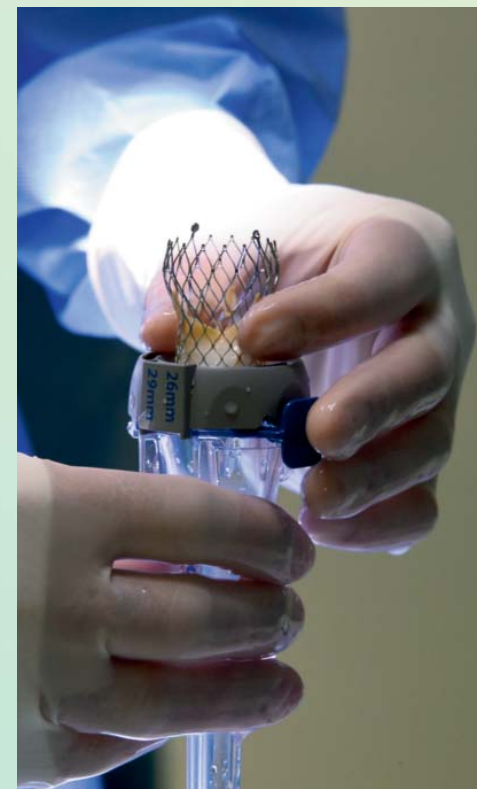
The Academy curriculum offers seminars by regionally and nationally recognized experts on a variety of topics, including: Emotional Intelligence, Healthcare Finance, Quality & Safety, Physician Alignment, and Team Building. Since the inaugural class of 2015, more than 100 physicians have completed the course of study, associated projects, and off-site team activities. Many of the graduates currently hold leadership positions within McLeod Health.

McLeod News

TAVR TEAM COMPLETES 100TH PROCEDURE

The McLeod Valve Clinic Team has returned patients diagnosed with valve disease back to a quality of life they can enjoy with the minimally invasive opportunity of TAVR. This procedure, offered at McLeod since 2017, provides patients with advanced heart care. Recently, the Valve Clinic Team, along with the operating room staff, completed their 100th procedure.

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



The McLeod Valve Team has performed 100 TAVR procedures using a man-made heart valve to replace a diseased aortic valve through minimally invasive techniques.

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

“There are approximately 1,100 hospitals in the United States that have an open heart surgery program,” said Dr. Schultz. “Of those, about 600 are offering the TAVR procedure.”

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

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

TAVR procedures are performed in the state-of-the-art Hybrid Operating Suite at McLeod Regional Medical Center. The second hybrid suite at McLeod, the operating room combines the medical expertise of interventional cardiologists and the surgical expertise of cardiothoracic surgeons with the most advanced heart technology available to perform TAVR.

“I would consider TAVR revolutionary,” said Dr. Schultz. “In my 20 or so years as a Cardiothoracic Surgeon, in my opinion, it is by far the biggest advancement in the cardiac surgery field of medicine.”

McLeod Health Seacoast Nature Trail at North Myrtle Beach Park & Sports Complex Now Open



Local community leaders gathered for the ribbon cutting ceremony of the McLeod Health Seacoast Nature Trail at the North Myrtle Beach Park & Sports Complex on April 16.

McLeod Health Seacoast partnered with the City of North Myrtle Beach to sponsor the new 2.5-mile McLeod Health Seacoast Nature Trail at the North Myrtle Beach Park & Sports Complex. A ribbon cutting ceremony officially opened the trail, which features native vegetation and interesting wildlife. Users will see a variety of birds and animals, as well as lush vegetation, including Longleaf pines. Mile markers posted along the trail help users track their distance and location.

“Walking and hiking paths are essential to all cities, and North Myrtle Beach will continue to preserve and maintain these opportunities and open areas for our residents and visitors to enjoy,” said Mayor Marilyn Hatley as part of her welcoming remarks.

Mayor Hatley also said McLeod Health Seacoast is “a great supporter of North Myrtle Beach amenities and programs, and they work hard to promote healthy lifestyles for our community and guests.”

“McLeod Health enjoys its relationship with the City and highlighting the importance of active, healthy lifestyles in the community,” said McLeod Health Seacoast Administrator, Monica Vehige.

McLeod Health Seacoast also sponsors the McLeod Health Seacoast Meadow, located in the middle of the Park & Sports Complex. Thousands of people have enjoyed festivals, sporting games, walking, cycling or just relaxing there.

McLeod News

MCLEOD NURSES RECEIVE 2019 PALMETTO GOLD AWARD

McLeod Health is honored to announce that 17 McLeod Registered Nurses (RN) were selected to receive the 2019 Palmetto Gold Award. These nurses represent McLeod Regional Medical Center, McLeod Health Cheraw, McLeod Health Clarendon, McLeod Health Darlington, McLeod Health Dillon, McLeod Health Loris and McLeod Health Seacoast. They join the ranks of the 182 previous McLeod Nurses who have received this outstanding award.

The 17 nurses from McLeod Health who received the 2019 Palmetto Gold recognition include: Sherrie Ball, BSN, RN; Marissa Elliott, RN; Pamela Flagler, RN; Starlette Godwin, MSN, CRNA; Catherine Huggins, RN; Cornelia Jones, MSN, APRN, AGNP-C; Beth King, RN; Mekka Levy, BSN, RN; Renae Matthews, BSN, RN; Kathryn McLain, RN-ANCC, CMS; Brittany McNair, MSN, RN, CMSRN; Kelvin Oakley, BSN, RN, MBA, CEN, CFRN, NRP; Lisa Page, BSN, RN; Suzie Roberts, RN; Elaine Stone, RN; Glenda Thomas, RN; and Selina White, MSN, APRN, AGNP-C.

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

Each year, employers from a wide variety of South Carolina health care settings nominate outstanding nurses from their organizations to be considered as one of the 100 nurses honored with this prestigious award. The nominators are asked to provide evidence of how the nominee demonstrated excellence to the profession by addressing the following criteria: promoting and advancing the profession of nursing; displaying caring and commitment to patients, families, and colleagues; and demonstrating leadership by assisting others to grow and develop.

This is a competitive process, and usually several hundred nominations are submitted with only 100 nurses being selected. Each year the competition for the Palmetto Gold Nurse Recognition Program is more stringent.

To select the recipients, a team of six nurses from across the state participate in a blind review process. The nominees are not referred to by name or place of employment on the nomination sections seen by the judges.

The recipients of the 2019 Palmetto Gold Award were recognized at the Palmetto Gold Gala on April 27 in Columbia. To support the future of nursing, the proceeds from the Palmetto Gold Gala are used to provide scholarships to each of the 23 approved registered nursing programs in South Carolina. In 2008, the Renatta Loquist Graduate Nursing Scholarship was created to honor Mrs. Loquist, a member of the original Palmetto Gold committee and a leader in nursing in our state. This \$2,000 scholarship has been awarded each year, and since its inception, Palmetto Gold has awarded more than \$232,000 in nursing scholarships.

The 2019 McLeod Health Palmetto Gold recipients are pictured from left to right, first row: Suzie Roberts, RN; Sherrie Ball, BSN, RN; Marissa Elliott, RN; Starlette Godwin, MSN, CRNA; Kelvin Oakley, BSN, RN, MBA, CEN, CFRN, NRP; Pamela Flagler, RN; Glenda Thomas, RN; Catherine Huggins, RN; Mekka Levy, BSN, RN; second row: Brittany McNair, MSN, RN, CMSRN; Selina White, MSN, APRN, AGNP-C; Kathryn McLain, RN-ANCC, CMS; Cornelia Jones, MSN, APRN, AGNP-C; Beth King, RN; Renae Matthews, BSN, RN; Elaine Stone, RN; Lisa Page, BSN, RN.



*Change
Someone's Life.*
THEIRS & YOURS.

BECOME A MCLEOD VOLUNTEER.

There is little in life that is more rewarding than helping others. At McLeod Health, we are always looking for those who want to volunteer their time and talents to benefit the lives of our patients, families and staff.

Our hospitals are comprised of multiple departments with a variety of functions that need volunteer help. McLeod volunteers are a valuable part of our team, providing thousands of hours of support throughout our hospitals each year. Through their compassion, dedication, and desire to serve, McLeod volunteers play an important role in making a meaningful difference.

If you are interested in becoming a McLeod Volunteer, call the location of interest below or visit mcleodvolunteers.org for information on the McLeod Volunteer Program:

Areas of Service: depends on available hospital services

- Reception Desks
- Waiting Areas
- Wayfinding
- Registration & Pre-Admission
- Clerical & Data Entry Support
- Gift Shops
- McLeod Foundation
- Pediatric Support
- Wheelchair Repair
- Pet Therapy
- And many other areas

McLeod Volunteer Services

McLeod Regional Medical Center P.O. Box 100551 Florence, SC 29502 (843) 777-2082	McLeod Health Cheraw 711 Chesterfield Highway Cheraw, SC 29520 (843) 320-3310	McLeod Health Clarendon P.O. Box 550 Manning, SC 29102 (803) 435-5287	McLeod Health Dillon 301 E Jackson St, Dillon, SC 29536 (843) 487-1192	McLeod Loris Seacoast 4000 Hwy 9 E Little River, SC 29566 (843) 366-2018
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McLeod Health

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