

McLeod

Volume 34, Issue 3, 2019

magazine



SERVANT HEARTS
EXCELLENCE IN CARE

Debra McKeldin
Murrells Inlet, SC

Views



Rob Colones

At McLeod, we believe that our physicians and staff can change the world. Changing the world can be as simple as changing *someone's* world... if only for a day or a moment or a medical outcome. Each of us has been placed in a role, a job, or, circumstance that presents an opportunity to make a difference. Whether at the bedside, down the hall or in a medical office, outside our buildings or inside our kitchens, whether in waiting rooms or operating rooms, our people truly serve those who entrust us with their care. We embrace

this work as a calling, rich and filled with meaningful encounters.

In healthcare, we continuously redefine what “change the world” means. Every day, we are presented with possibilities to change the lives of those around us. That’s because, we can choose to change lives:

- By stepping in and lending a hand and heart.
- By acknowledging our patients and guests in person and asking how we can help.
- By working to eliminate barriers, or sitting down and learning the patient’s story.
- We strive to respond with empathy and kindness, and choose to hold a hurting person up, in thoughts and prayers, service and comfort.

Thank you for allowing us the privilege of this work and choosing us to care for you when you or your family are most vulnerable. I am proud of how we strive together to achieve our mission -- to provide a system of healing and care for our region’s friends and loved ones. Join us through the following pages as we share the message of hope and victory in partnership on the journey to change the world together.

Robert L. Colones

Rob Colones
President, McLeod Health



ON THE COVER:

Suffering from severe sinus issues, Debra McKeldin explained that as a resident of Murrells Inlet she had several options for care, including traveling to Charleston to see an ENT specialist or seeking treatment closer to home. However, she conducted her own research and chose Otolaryngologist Dr. Sarah Novis with McLeod ENT Seacoast in Little River. After undergoing successful sinus surgery at McLeod Health Seacoast, Debra is finally enjoying retirement living with her husband Bob along the beautiful saltwater marsh in Murrells Inlet. The story of Debra’s journey to find the right physician for her is shared on page 4.



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A DOSE OF Vitamin SEA

by Jennifer Beverly

After many years of vacationing in South Carolina, Debra McKeldin and her husband Bob decided to retire and permanently move to the quaint fishing village of Murrells Inlet.



Debra and Bob McKeldin enjoy spending time along the waterfront Marsh Walk in Murrells Inlet.

Debra worked for 38 years at the Centers of Medicare and Medicaid Services (CMS) in Maryland surrounded by top-notch healthcare facilities and physicians.

“I lived in the middle of Baltimore and Washington and had no problem finding exceptional healthcare,” said Debra. “Being asthmatic, my concern when I moved to the South revolved around locating quality healthcare.”

In addition to being asthmatic, Debra also suffers from severe allergies and sinus issues. She underwent two sinus surgeries in Baltimore for removal of polyps and a deviated septum.

After her move south, Debra searched for three years, bouncing around to multiple Ear, Nose and Throat specialists within the area, before choosing Otolaryngologist **Dr. Sarah Novis** with McLeod ENT Seacoast in Little River -- approximately 40 miles from her home.

“As a resident of Murrells Inlet, I could have driven to Charleston to see an ENT specialist or sought treatment closer to home, but I did my research and chose Dr. Novis,” said Debra. “We connected immediately, and I knew I had selected the right physician.”

During her visit with Dr. Novis, Debra explained that she could not smell anything and suffered from chronic headaches. Dr. Novis ordered a CT scan and MRI. The results indicated Debra’s polyps had returned and there was also a meningioma tumor on her brain.

“A meningioma is a tumor that arises from the membranes surrounding your brain and spinal cord,” stated Dr. Novis. “Meningiomas are very slow-growing. Quite often they do not require treatment and can be monitored over time.”

Dr. Novis referred Debra to a Neurosurgeon who determined the meningioma did not need immediate attention. She would require another MRI in a year as a follow-up.



McLeod Otolaryngologist Dr. Sarah Novis uses the Stealth Navigation System as she performs sinus surgery.

Debra proceeded with the polyp removal surgery at McLeod Health Seacoast. Dr. Novis employed a new surgical procedure called Stealth Navigation System to remove the nasal polyps. Using a CT scan of Debra’s sinuses, this image-guided technique provides Dr. Novis with a magnified image so she can operate without damaging healthy surrounding tissue.

Utilizing a hand-held endoscope connected to a camera and linked to the computer system, Dr. Novis compares the position of the scope with the scan on the computer screen. This technology enables her to see the location of the endoscope’s tip and safely navigate through difficult areas.

“The Stealth Navigation System performs like a GPS (global positioning system). It provides the surgeon with precise accuracy to manipulate the surgical instruments in the sinuses while viewing the enlarged image on the monitor. This system is particularly useful when a patient like Debra has

undergone previous surgeries which can result in scarring of the tissue or a change in the anatomy of the sinuses,” explains Dr. Novis.

Debra’s surgery was a success and she was able to go home after the procedure.

“I had very little pain after the surgery and only took Tylenol for a day,” said Debra. “There was also no awful sinus packing and discomfort like I experienced with my previous surgeries.”

Within a week, Debra’s ability to smell returned and the headaches were gone.

“It was simply a miracle. I suffered for so long and being able to smell again was amazing,” said Debra. “I could not have been more pleased with my surgical experience at McLeod Health Seacoast and with Dr. Novis. McLeod is an incredible healthcare system.”

After three years of suffering, Debra is finally enjoying retirement living with Bob along the beautiful saltwater marsh and southern live oak trees in Murrells Inlet.

BACK ON THE BEAT

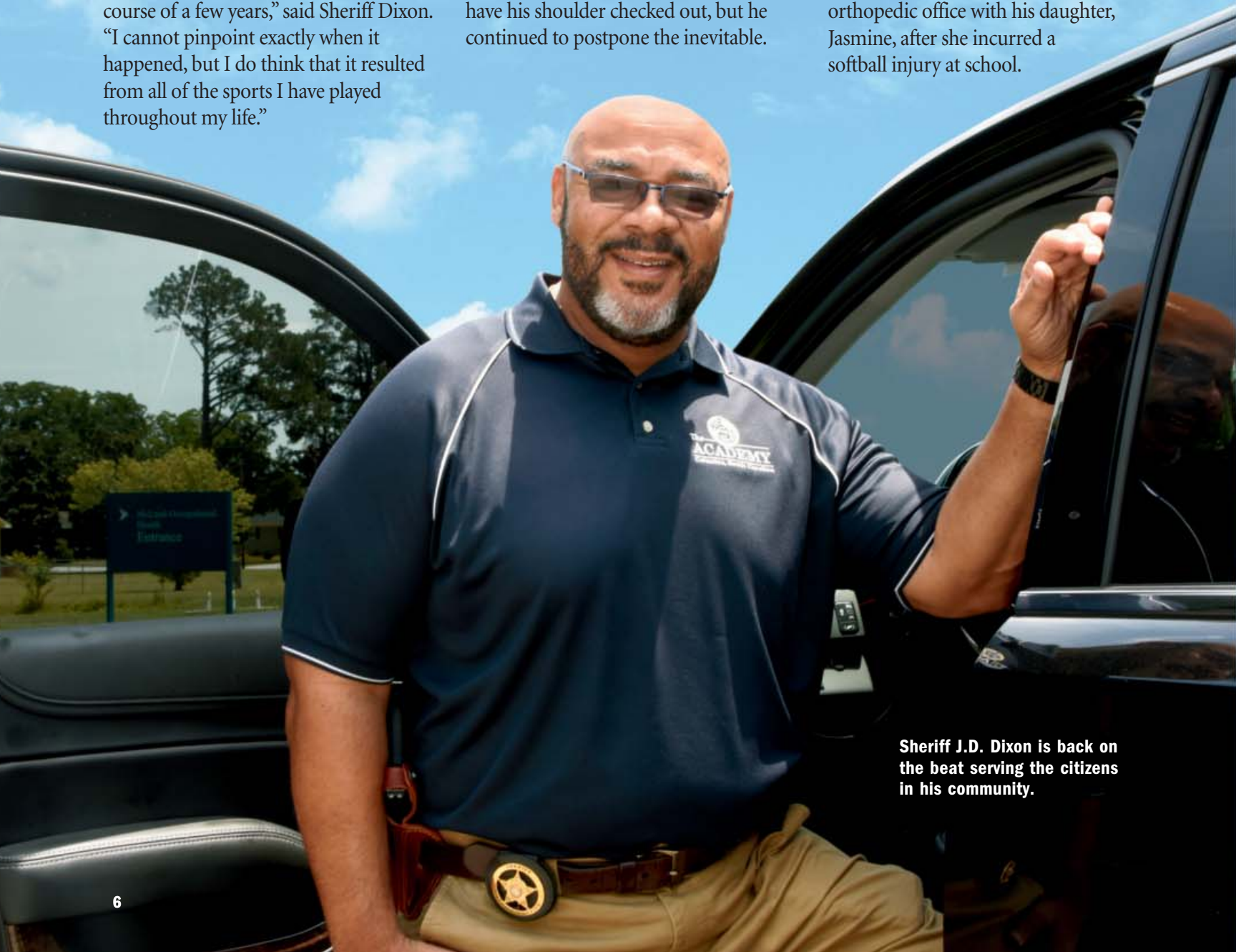
by Arielle Williams

For years, Chesterfield County Sheriff J.D. Dixon began each day with debilitating shoulder pain that disrupted his sleep and limited his mobility. His condition worsened to the point that simple tasks proved impossible, such as reaching his arm back to pull on his coat.

“My injury took place over the course of a few years,” said Sheriff Dixon. “I cannot pinpoint exactly when it happened, but I do think that it resulted from all of the sports I have played throughout my life.”

Sheriff Dixon knew that he needed to have his shoulder checked out, but he continued to postpone the inevitable.

However, fate brought him to an orthopedic office with his daughter, Jasmine, after she incurred a softball injury at school.



Sheriff J.D. Dixon is back on the beat serving the citizens in his community.

Amanda Ozolins, the McLeod Athletic Trainer for Cheraw High School, arranged an appointment for Jasmine with McLeod Orthopedic Surgeon **Dr. Thomas DiStefano**, a local physician she strongly recommends for athletic injuries. Sheriff Dixon accompanied his daughter on her visit.

“I have to give Amanda credit for connecting us with an excellent orthopedic surgeon,” said Sheriff Dixon. “Dr. DiStefano’s caring and patient demeanor toward my daughter during her visit won me over, so I decided to speak up about my shoulder before we left.”

Sheriff Dixon left the orthopedic office that day with a new patient appointment, as well as a solution to his pain.

In the middle of an election campaign, Sheriff Dixon held off his appointment with Dr. DiStefano for another six months.

In September of 2018, he returned to McLeod Orthopaedics Cheraw for his appointment. After a physical examination, Dr. DiStefano sent Sheriff Dixon across the street to McLeod Health Cheraw for an MRI. The results confirmed the doctor’s suspicion -- Sheriff Dixon had a complete rotator cuff tear.

“As we get older, the rotator cuff thins out, which can lead to a partial or complete tear. After 45 years of age and older, rotator cuff injuries become more common,” explained Dr. DiStefano. “Most patients with this injury report the same symptoms as Sheriff Dixon, namely pain on the outside of the shoulder that radiates down to the elbow, difficulty lifting their arms above shoulder height or inability sleeping on their side.

Chesterfield County Sheriff J.D. Dixon no longer experiences limited mobility and constant rotator cuff pain thanks to the excellent care he received from Dr. Thomas DiStefano.

“Patients usually decide to see an orthopedic specialist once the pain interrupts their sleep.”

Dr. DiStefano explained that with most cases, orthopedic specialists first try conservative treatments involving medication and physical therapy before recommending surgery. “However, my shoulder showed extensive damage that had taken place over time. Surgery was really the only option for relief at this point,” explained Sheriff Dixon.

“I am a big, tough guy, but I admit in the days leading up to surgery my nerves were shot. Knowing I needed the surgery did little to reduce my anxiety,” said Sheriff Dixon. “Fortunately, Dr. DiStefano gave me his personal cell phone number if I had any questions, and I know I put it to good use. No matter how many questions I had for him, he always called or texted me back promptly and assured me that everything would be fine.”

Sheriff Dixon underwent arthroscopy surgery to repair his torn rotator cuff in November 2018 at McLeod Health Cheraw. Arthroscopy is a minimally invasive surgery that involves a tiny camera called an arthroscope.

The arthroscope is inserted through a small incision in the skin and is connected to a video monitor in the operating room allowing the orthopedic surgeon to examine the tissues inside and around the shoulder joint. The amount of stiffness a patient experiences and the amount of muscle pulled away is significantly less with arthroscopic surgery.

“Through every step of this journey, Dr. DiStefano gave me the tools that I needed for success and stayed in contact with me, which I greatly appreciated,” said Sheriff Dixon. Information and communication are critical to healing and recovery.

According to Sheriff Dixon, Dr. DiStefano also lined him up with a physical therapist for two months following his surgery. “However, I progressed so well, I went back to work early before I even finished all of my therapy sessions. It’s been ten months since my surgery, and I feel better now than I have in years.

“I have recommended Dr. DiStefano to at least six of my friends already, and I will continue to share my story with whoever will listen.”



QUALITY CARE DELIVERED IN THE *Comfort of Your Home*

by Tracy H. Stanton

Imagine living to be 102 years old and graduating from hospice. Evelyn Gibbons of Florence knows exactly what this accomplishment means -- she has lived it.

Evelyn has been blessed to experience a full and active life surrounded by her four children, ten grandchildren and 14 great grandchildren. A visit with Evelyn provides an amazing glimpse at historic events that shaped this world. She vividly recalls growing up in the South during the Great Depression,

the bombing of Pearl Harbor as well as the wave of new inventions after World War II. She continues to stay on top of current events, too.

The eldest and only surviving sibling of seven children, Evelyn enjoyed 59 years of marriage with her husband Alton.

After Alton's passing, the family recognized the need for someone to stay with Evelyn at certain times of the day in her home. Evelyn's need for this level of non-medical, in-home assistance actually inspired her grandson David Coker to become a franchise owner with Comfort Keepers in South Carolina.

Evelyn Gibbons and her daughter Carolyn Pearce share a special bond.

Five years later, Evelyn fell and broke her pelvis. Following her recovery, she moved from her home in Turbeville to an apartment at the Methodist Manor in Florence in January 2005.

Evelyn continued to live independently with help from Comfort Keepers until July 2014 when she suffered a transient ischemic stroke (TIA) at the age of 97. The stroke affected Evelyn's legs, requiring her to use a wheelchair. At this point, the family decided to move Evelyn into her daughter Carolyn Pearce's guest cottage in Florence.

To keep Evelyn safe and secure in her new home, David arranged for one of his employees, Martha Scott, to serve as Evelyn's full-time caregiver. The two women have become like family over the past five years. With a sly sense of humor, Evelyn added, "I have gotten used to having Martha around. When she leaves to go to the store I always tell her, 'don't get in a wreck because I need you.'"

In March of 2017, Evelyn suffered a heart attack which required hospitalization. She begged Carolyn not to take her to the hospital. "The constant blood tests and scans proved to be very taxing on Mother," explained Carolyn. "Although she received excellent inpatient care, she simply wanted to return home."

Due to her age and current heart conditions, the medical team recommended Evelyn go home under the care of McLeod Hospice. Considered appropriate when a patient has a life expectancy of six months or less, McLeod Hospice strives to provide compassionate medical care, support patients and families, maintain dignity and enhance the patient's quality of life.

Evelyn and her family agreed with the recommendation.

"I feel God is using me to tell people about the McLeod Palliative Care Program. I want others to know this type of care exists, and it is available before they need Hospice. This program can help people stay at home and enjoy more time with their family."

- Evelyn Gibbons

However, during the next six months, Evelyn's health improved and she no longer met the requirements for hospice care.

"When Mother graduated from Hospice, I worried about how we could manage her care because the hospice team had been helping us so much," said Carolyn.

Fortunately, Amanda Lee, the McLeod Hospice Nurse Practitioner who cared for Evelyn recommended the Home-Based Palliative Care program, designed to provide medical

support to adult patients affected by progressive, chronic conditions such as heart disease, lung disease, cancer and dementia. The Home-Based Palliative Care program allows patients like Evelyn to remain home and out of the hospital.

"It brings great comfort to know that I do not have to go out in the weather or get a wheelchair accessible van to take me to a doctor's office," said Evelyn, one of the first patients on the program. "I have the assurance of knowing that I will not have to go back to the hospital or emergency room because they come to me."

(Continued on next page)

Tonya Marshall, NP, checks Evelyn's heart during a McLeod Home-Based Palliative Care visit.

Another great benefit for Evelyn and her family involves her medications, because the Palliative Care team writes all of her prescriptions and hospice volunteers deliver them to the home.

This new outpatient palliative care program revolves around regular visits from Nurse Practitioners (NPs) in the homes of chronically-ill patients. These Nurse Practitioners work on a consultative basis with primary care physicians to enhance the patient's quality of life by alleviating symptoms related to their chronic illnesses. This improves the patient's ability to perform daily activities and to tolerate continued medical treatment. The Nurse Practitioners also help patients and their families understand their disease processes and options for treatment as well as establish goals of care.

McLeod Nurse Practitioner Tonya Marshall provides care to Evelyn through the home-based program. "She always has a smile on her face," said Tonya. "Evelyn does not like for anyone to make a fuss over her. She always says, 'I'm okay. You didn't have to come, but thank you for checking on me.'"

Although Evelyn's medical history includes coronary artery disease and hypertension, Tonya says on a daily basis Evelyn only takes about two medications. "I like to schedule visits to see her once a month but she does so well that sometimes she does not need me to come every month. I actually do not see Evelyn as often as my other patients."

Carolyn believes the program keeps Evelyn healthy. "If she gets a cold or does not feel well, we can give Tonya a call, and she often immediately comes by to check everything out."

When asked how she has lived such a long life, Evelyn simply said, "God. He is my doctor, and He will decide when my life is finished."

She added, "I feel God is using me to tell people about the McLeod Palliative Care Program. I want others to know this type of care exists, and it is available before they need Hospice. This program can help people stay at home and enjoy more time with their family."



The McLeod Home-Based Palliative Care Program includes from left to right: Lapocsha Hughes, Maureen Byrd, Tonya Marshall, Marilyn Reaves, Amanda Lee and Julie Ward.

McLeod Health Foundation Receives Grant Funding from The Duke Endowment to Expand Home-Based Palliative Care Program

The McLeod Health Foundation recently received a grant from The Duke Endowment for \$300,000 to expand the McLeod Home-Based Palliative Care Program.

The Pee Dee region's high rate of chronic illnesses and few options to manage them results in overutilization of area hospitals. Thirty percent of patients who present to a McLeod Health Emergency Department (ED) with a chronic illness as their primary diagnosis return to the ED within one year. These patients account for 56 percent of total ED visits related to chronic illness.

The McLeod Home-Based Palliative Care Program partners with regional physicians and hospitals in identifying patient referrals. The program also works with McLeod Inpatient Palliative Care, McLeod Home Health and McLeod Hospice to transition care more seamlessly.

The McLeod Home-Based Palliative Care Program includes Nurse Practitioners Amanda Lee, Tonya Marshall and Maureen Byrd; Registered Nurse Julie Ward; Palliative Care Coordinator Marilyn Reaves and Lapocsha Hughes, Administrative Assistant.

"We have a great need in our community for patients living with chronic conditions who require this level of care," explained Joan Harrison-Pavy, Administrator of McLeod Hospice and Palliative Care. "Expanding this program helps us identify these patients sooner and improve the management of their illness in the comfort of their home."

For more information on the McLeod Home-Based Palliative Care program, please call 843-777-4775.

Breathing New Life

by Jessica Wall



Fifteen-year-old Caleb Roemhildt has made a full recovery after drowning from shallow water blackout in his family's pool one year ago.

On a warm August afternoon in 2018, 14-year-old Caleb Roemhildt and eight of his siblings went for a swim in their backyard pool to enjoy a refreshing break from the heat. The summer air was full of laughter. Caleb, an extremely proficient and competitive swimmer, tested himself on how long he could hold his breath underwater. The game goes like this: Hold your breath. Go underwater. Stay as long as possible. Come up and quickly get some air. Repeat.

On the third time down, however, the unexpected happened. Caleb never came up from the water.

The children screamed for help to pull Caleb out.

Parents Louis, a physician, and Julie, a nurse, rushed to Caleb in the pool. Louis quickly pulled Caleb out, and he and Julie began CPR on their child's lifeless body.

(Continued on next page)

Bloody foam emerged as Caleb's lungs began to swell, making it difficult to establish a clear airway.

Julie screamed for one of the children to call 911 while she did chest compressions. She and Louis continued CPR on Caleb for three to five minutes until they finally got a pulse, but he remained unresponsive.

Caleb's siblings stood close by, witnessing every moment of the traumatic scene unfold.

In the background, the family heard the approaching police, fire, and EMS vehicles. Julie yelled for one of the children to meet them out front and guide them to the pool.

They quickly took over upon arrival. The police and fire crews stayed with the children as emergency personnel worked on Caleb. They loaded him onto an ambulance and transported him to a nearby hospital, where physicians assessed and intubated Caleb. He was then airlifted to McLeod Children's Hospital, one of only four Children's Hospitals in the state.



Caleb remained in a medically-induced coma for four days in the McLeod Pediatric Intensive Care Unit following his drowning. His family shares this image to show the heart-breaking reality of traumatic accidents.

“So today I stand in awe, completely. Caleb is back to us. Whole. Thinking, breathing, loving, walking, strong in his faith. And the kids are elated to have their brother back.”

– Julie Roemhildt

A team of McLeod Pediatric Intensivists -- **Dr. Thomas Bannister**, **Dr. Carl Chelen**, and **Dr. Efrain Sanchez** -- along with highly-skilled nurses cared for Caleb in the Pediatric Intensive Care Unit (PICU) during his stay.

The immediate medical concerns for Caleb included acute respiratory distress syndrome (fluid in the lungs), pneumonia, high fever, unstable blood pressure and poor kidney function.

Emotionally strained yet resolved to be strong for her son, Julie began to feel the impact of the day's events take its toll. A nurse gently asked what happened to her knees and if she needed to be seen by a physician. Julie looked down and realized that her knees were swollen and bruised -- a harsh reminder of doing CPR on her son just hours earlier.

“No, I don't need anything for it,” Julie replied. “I want to see it and remember. Remember how life is only for a second.”

Caleb remained in a medically-induced coma for four days.

“I've asked God for a lot the past four days. The longest days of my life,” Julie wrote in a Facebook post on the Team Caleb page. “I've been on my knees praying more than ever before.”

Caleb slowly showed signs of improvement and on August 13, five days after the accident, doctors successfully weaned Caleb off the ventilator.

“I will never forget the moment Caleb woke after being in a drug-induced coma

and answered everything appropriately,” recalls Julie. “It was a true miracle, and we could not be more grateful. Several staff members who had worked with him came to see Caleb because individuals rarely survive this type of drowning.”

Struggling to breathe off the ventilator, Caleb required the help of Respiratory Therapists who guided him through respiratory treatments, chest percussion therapy and breathing exercises.

Day six proved to be a turning point in Caleb's recovery. Every breath became less work, his fever broke, he sipped water and kept it down, ate Cheerios for breakfast, and with a PICU nurse on each side, stood beside the bed for the first time.

“We all celebrated and cried tears of joy as Caleb took his first steps,” recalls Julie.

After this incredible feat, Caleb enjoyed his first meal – a few bites of pizza and a smoothie, just as he requested.

The PICU nurses also surprised Julie with a small birthday celebration, complete with the “Happy Birthday” song and a cake.

Later in the evening, doctors moved Caleb from the PICU to the pediatric floor. He required some oxygen to support his breathing, but had enough strength to enjoy a game of chess with his dad. This small gesture gave the family a sense of normalcy since Caleb and his dad play chess every night.

While on the pediatric floor, Caleb started walking short distances, working to regain steadiness and coordination, and had special visits from therapy dogs and his siblings.

“So today I stand in awe, completely,” Julie posted to Facebook with a group photo of Caleb and his siblings. “Caleb is back to us. Whole. Thinking, breathing, loving, walking, strong in his faith. And the kids are elated to have their brother back.”

The next day, Caleb no longer required oxygen, and he remained stable, even after walking to the playroom and shooting some hoops.

After eight days in the hospital, Caleb could finally go home.

As the nurse wheeled him to hospital entrance, Caleb was surprised to see Navy Recruiters waiting for him.

“Caleb has always dreamed of being a Navy SEAL,” explains Julie. “During his hospital stay, my oldest daughter, who flew to South Carolina to help care for her siblings, reached out to the United States Naval Recruiting Office in Florence. She explained Caleb's ambitions and told them about his accident. The office worked with hospital staff to

coordinate a surprise visit to Caleb upon his release from the hospital. They brought goodies and spent a few moments talking with Caleb, encouraging him to keep pursuing his dream. This made for a very special day.”

Once home, Caleb wasted no time posting to the Team Caleb Facebook page, “I'm thankful for all my brothers and sisters in Christ. I couldn't have done it without your prayers, and I hope that the same happiness and healing that you've prayed for me happen to you also.”

He and his family are quick to share his story in hopes that other families realize how quickly things can go wrong.

“We had long-established pool rules, two of the children out there that day are trained lifeguards, and our youngest child wears a life jacket in the pool,” recalled Julie. “Even with protective measures in place, accidents can still happen.”

Today, Caleb has made a full recovery. He sustained no damage to his heart, and his lungs show no evidence of damage from the drowning, aspiration, pneumonia, pulmonary edema, or respiratory distress.

A miraculous ending to what almost became a tragedy.



Caleb's 12-year-old brother, Joseph, made these heartfelt “Pool Rules” signs for the family and posted them around the pool area the day Caleb came home from the hospital.

Shallow Water Blackout (SWB)

Shallow Water Blackout (SWB), essentially an underwater “faint,” results from a lack of oxygen to the brain brought on by holding one's breath for long periods of time. Without immediate rescue, the swimmer quickly drowns.

Experts believe SWB accounts for more than 50 percent of all unintentional drownings. Drowning remains the third leading cause of all unintentional deaths worldwide, according to the World Health Organization.

SWB is common among competitive swimmers, physically-fit swimmers, Navy SEALs, snorkelers, spearfishermen or anyone who free-dives. It can occur in any body of water (pool, lake, river, ocean or bath tub) when breath-holding underwater, regardless of water depth.

SWB happens without any warning, and it only takes about two-and-a-half minutes before brain damage or death results.

How to prevent SWB:

- Always monitor a child's pre-swimming activities and require them to rest before swimming if they have been over-exerting themselves physically.
- Never let children swim unattended or alone.
- Never permit them to intentionally hyperventilate when they are swimming.
- Never permit them to prolong their breath-holds or play breath-holding games when they are swimming.

Examples include:

- Challenging each other to see who can stay under water the longest or trying to do so themselves.
- Challenging each other or themselves to swim the most laps underwater.

Source: www.shallowwaterblackoutprevention.org

COMMITTED TO CARING FOR OTHERS

by Erin Brown

In the early 1990's, Marine Veteran Chris Dubose suffered a horrific car accident that required reconstruction of his right knee. Dedicated to caring for others, Chris' career spanned from serving his country in the military to rescuing people from fires as a First Responder. The impact of his initial knee injury, coupled with years of physically demanding work, left Chris' knee "bone on bone."

In July 2018, after experiencing severe pain, Chris consulted with **Dr. Pat Denton**, a McLeod Orthopedic Surgeon, and learned that he needed a total knee replacement. Chris expressed his need to prolong his surgery date. "I told Dr. Denton that I had to finish deer season before we could do surgery and, thankfully, he allowed it," said Chris.

In the months leading up to surgery, Chris' mobility continued to decline. He also recalls that he could no longer walk straight or bear weight on his right leg.

Chris Dubose enjoys serving the community as a First Responder with the Howe Springs Fire Department.

From shoulder surgery to a torn meniscus in his left knee, Chris had been under Dr. Denton's care previously and knew the quality of his work.

"The bone in Chris' knee had deteriorated, impacting his mobility, and causing pain up into the hip joint," explained Dr. Denton. At this point, Chris knew he needed surgery.

Dr. Denton performed a total replacement on Chris' knee in January 2019 at McLeod Regional Medical Center. A total knee replacement is a procedure to replace the weight-bearing portions of the knee joint to relieve pain and disability.

Immediately following surgery, Chris could feel that his once ailing knee had been completely repaired. "When the nurses assisted me in walking, I refused to use the walker because I already knew that my knee was healed," said Chris.

Upon discharge from the hospital, Chris participated in physical therapy at McLeod Outpatient Rehabilitation and Sports Medicine to improve the flexibility of his knee.

Eager to return to work and his volunteer role as a First Responder, Chris completed his physical rehabilitation and regained strength in his knee much faster than he or Dr. Denton had expected.

"Chris responded well to physical therapy because he set a goal and committed himself to the exercises prescribed by the Physical Therapist," said Dr. Denton.



Dr. Pat Denton, a McLeod Orthopedic Surgeon, performs a total knee replacement at McLeod Regional Medical Center.

Eleven weeks after surgery, Chris returned to his job at Poly Quest in Darlington, South Carolina with continued commitment to saving lives in Florence County as a member of the Howe Springs Fire Department team.

Chris remains grateful to

Dr. Denton and his entire care team at McLeod Health for helping him regain a better quality of life.

"I no longer experience any pain," added Chris. "I enjoy living my life and participating in things that I once struggled to do."

Eleven weeks after surgery, Chris returned to his job at Poly Quest in Darlington, South Carolina with continued commitment to saving lives in Florence County as a member of the Howe Springs Fire Department team.

McLeod Health has received the Healthgrades 2019 Five Star Total Knee Replacement Award™. This recognition is evidence of the dedication and hard work performed daily by our physicians, nurses and other healthcare professionals who use their knowledge and skills to provide the highest quality care for our patients. To be considered for an award in this specialty area, a hospital must be evaluated and categorized into one of three performance categories for both total knee replacement and hip replacement.

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.



Members of the McLeod Tumor Board include, from left to right (sitting): Radiologist Dr. Steven Glassman; Pulmonologists Dr. Carmen Taype-Roberts and Dr. Vinod Jona; Pathologist Dr. Daniel Skipper; Oncologist Dr. Michael Pavy; (standing): Pathologist Dr. Tarek Bishara; Radiologist Dr. Timothy MacFall; Oncologist Dr. Rajesh Bajaj; Thoracic Surgeon Dr. Wayne Holley and Radiation Oncologist Dr. Virginia Clyburn-Ipock.

STRENGTH IN NUMBERS

CANCER SPECIALISTS OFFER COLLECTIVE OPINIONS ON TREATMENT

by Tracy H. Stanton

When faced with a diagnosis of cancer, it is not unusual for a patient to consider a second opinion. Patients want reassurance that they are going to receive the highest level of treatment available. At the McLeod Center for Cancer Treatment and Research, patients receive a second, third, fourth and fifth opinion on their treatment plan from the Tumor Board, whose mission is to provide patients not only with peace of mind but also the best cancer treatment plan possible for each specific diagnosis.

Each week at McLeod, physicians representing Medical Oncology, Pathology, Radiation Oncology, Radiology, and Surgery, discuss every cancer patient's case presented to one of four McLeod Tumor Boards. Together, they recommend the best treatment plans for patients with breast cancer, lung cancer, brain and spine cancer as well as any other cancer presented to the board. Other specialists who offer expertise in their specialty area may include Cardiothoracic Surgery, Pulmonology, Neurosurgery and Physics.

During each McLeod Tumor Board meeting, these groups of physicians review the pertinent imaging scans and diagnostic studies, as well as the pathology, and receive a presentation of the patient's case, including their history of physical findings.

The board's recommendations are then provided to the patient's physician to support his or her plans for treatment. The patient and the physician make the final decision regarding the plan of care based on the information and suggestions from at least five other physician consults on the case from the McLeod Tumor Board.

Diagnosed with an aggressive breast cancer at 43 years old, Tonya Howell believes in the importance of this team approach to cancer care. "Breast cancer is not a 'fit in the box' type of treatment. You can't treat every woman diagnosed with breast cancer the same way. Each person's cancer requires a specific plan for treatment based on many factors. Knowing my cancer case has been discussed by many different specialists before starting treatment gave me confidence that I was in the right hands."

In Tonya's case, her oncologist, **Dr. Rajesh Bajaj**, explained that the detection of an enlarged lymph node on an MRI resulted in some back and forth discussion about whether the node was positive. The team reviewed every facet of Tonya's cancer, taking into consideration her age, the size of the tumor and the aggressiveness of the cancer. Ultimately, the physicians agreed that regardless of whether the node was positive, Tonya's treatment plan should include chemotherapy, surgery and radiation.

Tonya Howell believes the McLeod Tumor Board provides patients with confidence that their cancer treatment plan has been thoroughly addressed by a number of specialists.

"Knowing my cancer case has been discussed by many different specialists before starting treatment gave me confidence that I was in the right hands."

– Tonya Howell

Dr. T. Rhett Spencer, Coordinator of the McLeod Tumor Boards, explains, "I find the communication in this area between the surgeons, medical oncologists and radiation oncologists to be the best of any location I have ever noted. Rarely does a day go by that we are not in contact with medical oncologists and visa versa. This close communication greatly benefits the patient in the management of their disease."

Lung cancer patients also benefit from the expertise of cardiothoracic surgeons and those physicians in medical and radiation oncology, pulmonary, radiology and pathology who discuss their cases. These physicians evaluate the patient's diagnosis and determine the safest, most efficient way to treat the lesion whether that encompasses conventional or robotic surgery, the use of chemotherapy, and traditional radiation versus stereotactic body radiotherapy.

"We also have a separate tumor board meeting every other Thursday morning dedicated to our neuro-oncology cases," said Dr. Spencer. "During this meeting, we work with the neurosurgeons and physicists to come up with the best plan for each patient. This allows us to evaluate a patient's tumor to see if they are a candidate for stereotactic radiosurgery, if chemotherapy is indicated or whether we need

additional pathology before making a decision on exactly how to treat the cancer.

"The McLeod Tumor Board is especially important in the more challenging and unusual cases. Using this approach, we bring together specialists who are experts in their field to collaborate and reach a unified decision on the best plan of care for the patient. Our patients remain at the center of what we do, and this team mindset gives us an opportunity to deliver the most advanced, effective treatment available to patients diagnosed with cancer," added Dr. Spencer.



LIFE-SAVING FRIENDS

by Tammy White

At six feet and four inches tall, Florence resident John Richardson, affectionately known as “Big John,” has lots of friends. In fact, he has 250 buddies at McLeod Cardiac Rehab where he exercises three times a week.

With his quick smile and easy going manner, Big John also makes friends every time he volunteers his time visiting heart patients at McLeod Regional Medical Center. Additionally, he works with friends when he volunteers for a Cooks for Christ benefit or helps his fellow church members with transportation. And based on personal experience, Big John knows friends are essential when it comes to saving one’s life from a fatal heart attack.

On May 16, 2019, while volunteering at McLeod, Big John began to experience dizziness and a feeling of fullness in his stomach.

Thinking his symptoms were related to hunger, he took a break from his volunteering duties and walked to the cafeteria.

After getting his tray of food, he realized he could not eat and his symptoms were not improving. Big John spotted his friend Kim Lanier, RN, Director of McLeod Cardiac Rehabilitation, sitting two tables away from him. He asked someone to get Kim. She and Julie Lambrou, RN, Director of the McLeod Stroke Unit, were having lunch together.

Kim and Julie immediately came to Big John’s aid.

“I have known Big John for five years through our Cardiac Rehabilitation Program. I could tell by looking at him that he did not feel well,” said Kim. “I noticed Big John sweating as he complained of chest pain. Julie and I brought a wheelchair, called the Emergency Department to alert them of the situation, and wheeled him there as quickly as possible.”

Big John remained in the Emergency Department for a short period before being transported to the McLeod Cardiac Catheterization Laboratory. Once there, **Dr. Evans Holland** with McLeod Cardiology Associates inserted stents to open two blocked heart arteries.

Dr. Holland performed this procedure using a transradial approach, inserting the catheter through the artery in the wrist. Advantages of this approach include a reduced risk of

bleeding complications, less bed rest after the procedure and increased patient comfort.

Big John, no stranger to heart disease, began participating in McLeod Cardiac Rehabilitation in 2007 after experiencing a heart attack, which required the placement of a heart stent. Since then, he received another heart stent and was diagnosed with congestive heart failure, atrial fibrillation, and peripheral artery disease in his legs. These experiences led him to volunteer with Mended Hearts at McLeod Regional Medical Center.

Mended Hearts -- a support group for heart patients, family members and caregivers -- allows heart disease survivors to share their experiences and talk to other heart patients about what they may be facing, including lifestyle changes, depression, recovery and treatment.

“As a heart disease survivor, I can relate to these patients,” said Big John. “Having walked in their shoes, I am proof that there is hope on the other side of their diagnosis. It brings me great joy when patients tell me, ‘You just made my day.’

“I also genuinely enjoy talking to people. Patients may want to talk about their heart. They may want to talk about their garden. Whatever they want to discuss, I am here to listen,” added Big John.

“As a heart disease survivor, I can relate to these patients. Having walked in their shoes, I am proof that there is hope on the other side of their diagnosis. It brings me great joy when patients tell me, ‘You just made my day.’”

– John Richardson



John Richardson, known as Big John by his friends, has been a faithful participant of McLeod Cardiac Rehabilitation since 2007 after experiencing his first heart attack.

Recently released by his McLeod Cardiologist **Dr. John Patton** to begin exercising, Big John has returned to McLeod Cardiac Rehabilitation. “Everyone had been asking me about Big John,” said Kim. “I find it amazing how much our patients all care for each other. And, John knows them all by name, too.”

Soon, Big John will be back walking the halls of McLeod Regional Medical Center bringing more smiles to McLeod Heart patients.

If you see Big John waving your car through the line at the Cooks for Christ Chicken Bog fundraiser, be sure to say ‘hi.’ In his world, one can never have too many friends.

At left, Julie Lambrou, RN, and Kim Lanier, RN, helped John Richardson get emergent medical care for the heart attack he faced in May 2019.

Opening New Doors in Vascular Care

The McLeod Vascular Hybrid OR combines advanced radiologic technology with cutting-edge surgical equipment for both diagnostic and surgical treatment.

McLeod Vascular Surgeon Dr. Christopher Cunningham performs a vascular procedure in the hybrid OR.

by Kelly Hughes

For many patients, surgery conjures up a mixture of emotions and questions like, “Will there be pain?” or “How long will my recovery take?” However, few people think about the life-saving, advanced technology behind the operating room doors.

At McLeod Health Seacoast, the recent opening of a hybrid operating room (OR), a specialized surgical suite that combines advanced radiologic technology to diagnose vascular disease with cutting-edge surgical equipment, adds a new level of vascular care on the coast.

“With the growth and expansion of the McLeod Heart and Vascular Institute, our program needed an OR better equipped for intricate life-saving vascular treatments,”

said Monica Vehige, Administrator of McLeod Health Seacoast.

The hybrid OR allows McLeod Vascular Surgeons to perform vascular procedures and, if necessary, surgery all in the same room. As a result, critical moments are not lost moving the patient or prepping another OR in the event of an emergency.

The McLeod Health system now features three vascular hybrid OR suites, with two located at McLeod Regional Medical Center in Florence.

While operating rooms have traditionally included standard imaging equipment, these new minimally-invasive procedures require advanced imaging capabilities to help surgeons navigate the patient’s vascular system.

A floor-mounted, integrated imaging suite allows the physician to watch the contrast and wires move through the patient’s veins and arteries without stopping for imaging.

The surgeon remains in control of the entire process while the X-ray imaging guides his work.

In addition, physicians can take high-resolution images in real-time during surgery to monitor the patient’s progress and immediately make any adjustments.

“The X-ray technology available in the hybrid OR suite is incredible,” said **Dr. Christopher Cunningham**, a McLeod Vascular Surgeon. “The software installed minimizes the radiation dose to the patient by imaging the body from multiple angles in a single rotation, making the procedure safer for the patient.

“For vascular surgery, precision and detail are critical. This operating system has extremely fast image processing and playback -- images can be viewed in just five seconds.

“For vascular surgery, precision and detail are critical. This operating system has extremely fast image processing and playback -- images can be viewed in just five seconds.”

– **Dr. Christopher Cunningham**

The large, flat-panel, high-definition monitors also provide excellent visibility of even the tiniest blood vessels. In addition, these enhanced features contribute to shorter procedure times for the patients,” added Dr. Cunningham.

The McLeod Health Seacoast hybrid OR is part of the final stage of transformation for the Surgical Services department. In the last three years, six new operating rooms have been added for a total of ten operating rooms.

The pre- and post-operative areas have also included 30 new beds for patients undergoing surgery. In addition, the new Cardiac Catheterization Lab and Electrophysiology Lab are now open.

“These capital improvements and advances in surgical technology ensure that we meet the needs of our local community,” said Sherrill Nielson, Chief Nursing Officer. “We offer the latest treatments close to home so patients do not have to travel for major medical care.”

ELECTRONIC MEDICAL RECORDS THE FUTURE IS NOW

by Bryon K. Frost, MD



Physician leaders like Dr. Bryon Frost advocate for the efficiency and benefits of electronic medical records.

Have you ever tried to get medical records from a doctor's office or hospital? It was probably a multi-step process: Call the doctor's office or hospital. After navigating a phone tree, talking with a staff member or nurse, they may ask you to complete a form. Then, there is the matter of traveling to the facility to pick up paper copies.

Yet, if you want to find out about that new restaurant, or locate the results of last night's game, or uncover some tips on helping with your child's school project, turning to your computer, mobile device or tablet is an almost automatic first step.

Why haven't we been able to access our personal health information like this? We use the Internet for general health information. In a 2018 study performed by the Pew Internet and American Life project, 80 percent of all internet users searched for health topics online.

But, what if personal health information could somehow be available online, safely stored where it could be accessed by the patient as well as the physicians, nurses and staff providing their care? The nature of health care itself has historically provided barriers.

The solution is in sight. Healthcare providers and hospitals are increasingly implementing electronic medical record (EMR) systems.

A physician office may have some patient data in their system. The hospital or MRI testing center may have more data in their system. And, unfortunately, those systems may not communicate. Even within a single hospital, different departments may use unique software designed to complete specific tests or procedures that do not operate collaboratively with other systems.

Anyone who has given registration information multiple times in the same building to numerous departments has experienced this frustration firsthand.

The solution is in sight. Healthcare providers and hospitals are increasingly implementing electronic medical record (EMR) systems.

Having one electronic medical record allows for:

- a more thorough patient chart that includes data from all points of service
- a universal medical history and medication list
- less information provided at each checkpoint across the continuum of care
- reductions in duplicate testing

As a physician, having all of a patient's information in one place allows me to make better informed decisions about their care, eliminates the need for redundant procedures or diagnostics and reduces the risk of prescription errors or contraindications. All of those reasons translate to more efficient, effective care for the people I treat in the Emergency Department. In short, one record is best for the patient.

The transition to a new EMR at McLeod Health hospitals is underway. In March of this year McLeod launched Millennium, a comprehensive health information system from Cerner Health, at our hospitals in Manning, Little River, and Loris. In September, our hospitals in Cheraw, Darlington, Dillon and Florence will follow in adopting this patient-centered approach to medical information. Teams of physicians, nurses, administrators and information specialists worked for more than two years to prepare for this launch.

Will the transition be flawless? If you have ever tried to set up a new computer or cell phone, you know new technology always presents some challenges, but the eventual and ultimate user/patient



Malia Gilliard, at right, with McLeod Pre-Admit Testing, helps Barbara Campbell input information into her electronic medical record.

experience will exceed anything you've had in the past. Because you will now be able to see your records, test results and pay a bill all online with your unique username and password.

For more information about EMR systems nationwide, visit www.healthIT.gov, and for McLeod Health locations visit www.mcleodhealth.org.

McLeod Offers Online Access to My Records and Bill Pay



McLeod Health is pleased to provide free online tools and services that enable patients to instantly and safely manage their personal health information.

Patients can sign-up for access to their medical records and bill pay in a McLeod hospital or doctor's office at registration. Within hours of registration, the patient will receive an email to set up their username and password.

If a patient would like to sign up for this online access, please call 843-777-5377 or email MyRecords@mcleodhealth.org.

IN EXCELLENT HANDS

When Seconds Count

by Jaime Hayes

While working in her yard and cleaning the garage on the afternoon of June 28, Dillon resident Cheryl Daniels suddenly felt a burning sensation around her ankle. She looked down and saw blood. Thinking it was just a harmless mosquito bite, Cheryl continued working.

However, within a matter of minutes, she knew something was wrong. A diabetic, Cheryl first thought her blood sugar had dropped. “I checked my blood sugar level, and it was fine.”

Weakening more, Cheryl’s vision started to blur. “I could see, but everything became cloudy. I also experienced pain in my stomach, and I could not breathe very well.”

Frightened at this point, Cheryl called her husband, Johnnie, who rushed home from his office. When Johnnie arrived, he immediately noticed the severity of Cheryl’s condition. He recalls that she was very pale and her lips were swollen.

Johnnie knew he needed to get Cheryl to the hospital right away. He attempted to get her in the car but couldn’t lift her up.

Cheryl was too weak to continue without professional assistance. Johnnie then called 911. While waiting for the ambulance, he said Cheryl went in and out of consciousness.

Upon entering the Emergency Department at McLeod Health Dillon, Cheryl was met by Beth King, a Registered Nurse. “When Cheryl arrived, she appeared lethargic with labored breathing and low blood pressure,” said Beth.

Since Cheryl showed signs of an allergic reaction, the medical team, under the direction of Nurse Practitioner Darren Smith, quickly administered Epinephrine, an emergency treatment for anaphylaxis.

Anaphylaxis is a severe allergic reaction that occurs within minutes of exposure. It affects the entire body and requires immediate emergency treatment. Symptoms may include swelling of the lips, throat and tongue, difficulty breathing, low blood pressure, chest pain,

tightness in the lungs, dizziness and fainting, and abdominal pain and nausea.

Epinephrine helps to reverse severe low blood pressure, wheezing, severe skin itching, hives, and other symptoms of an allergic reaction. “We also gave Cheryl Benadryl and started an IV of the steroid Solumedrol,” added Beth.

Johnnie was waiting in the lobby until Cheryl’s care team could stabilize her. Candice Tyler, Patient Representative at McLeod Health Dillon, went out and assured him that Cheryl was in excellent hands.

Candice then took Johnnie back to see his wife. He immediately noticed the improvement in Cheryl’s condition. “The swelling around her face and lips had gone down, and her breathing was better,” recalls Johnnie.

During the next few hours, Cheryl remained under observation where she continued to significantly improve.

She returned home later that afternoon with a prescription for an Epinephrine injector in the event of another reaction. People who have experienced anaphylaxis often carry a pre-loaded syringe of epinephrine, also called an EpiPen, for use at the onset of symptoms.

“The empathy and compassion the entire team showed to Johnnie and me during such an unexpected, traumatic event goes beyond words,” said Cheryl. “I still do not know what caused the reaction, but I am so thankful for the access to quality care I have through McLeod Health Dillon.”

The McLeod Health Dillon Emergency Department

The McLeod Health Dillon Emergency Department includes 17 exam and treatment rooms, a decontamination area, a family waiting area, and a heliopad to allow transport of trauma patients. During the past decade, the Emergency Department has continued to experience a steady growth in volume. In 2010, more than 26,000 patients were treated in the Emergency Department. Today, the number of visits has climbed to more than 35,000.

“With the hospital’s proximity to Interstate 95 and the North Carolina border, the volume of patients using the Emergency Department continues to increase,” said Dr. Kievers Cunningham, Medical Director of the McLeod Health Dillon Emergency Department. “We strive to meet growing demands, provide more access and timely care for patients in the area.”



From left to right: Beth King, RN; Darren Smith, NP; and Patient Representative Candice Tyler cared for Cheryl in the McLeod Health Dillon Emergency Department after she suffered a severe allergic reaction.

Cheryl Daniels enjoys spending time outside tending to her plants and flowers.

A WAKE-UP CALL TO LIVE FOR TODAY

by Tammy White



Terry's wife Denise and his mother-in-law Carolyn are forever grateful for the life-saving stroke care McLeod provided to Terry.

A stroke occurs when a section of the brain loses blood supply and stops working. When this happens, the part of the body that the injured brain controls ceases to function as well. The prognosis and recovery for a person who suffers a debilitating stroke is contingent upon how quickly they receive proper stroke care.

Terry Whitley recalls suddenly not feeling well. Knowing he needed help, Terry managed to call his mother-in-law Carolyn and his wife Denise at work. Carolyn arrived at Terry's house in Fairmont, North Carolina to check on him.

She immediately noticed his slurred speech. Realizing he may be experiencing a stroke, Carolyn drove him to McLeod Health Dillon Emergency Services. By the time they arrived, Terry could not speak and lost feeling on the left side of his body.

At McLeod Health Dillon, a CT scan indicated a blood clot in Terry's brain caused a stroke. Fortunately, Terry was a candidate for the clot buster drug tPA (tissue plasminogen activator), the only FDA-approved treatment for strokes caused by a blood clot interrupting blood flow to a region of the brain.

TCAR, a minimally invasive carotid artery treatment, temporarily reverses the patient's blood flow to keep blood clots away from the brain and prevent a stroke. Placement of a stent inside the artery helps keep it clear of plaque and minimizes the risk of additional strokes.



McLeod Vascular Surgeon Dr. Carmen Piccolo and McLeod Neurologist Dr. Timothy Hagen review the MRI brain scans of Terry's stroke.

The medical team administered the tPA medication to dissolve the clot and contacted McLeod Air Reach for transportation to the McLeod Regional Medical Center Stroke Unit.

Terry met McLeod Vascular Surgeon **Dr. Carmen Piccolo** in the Stroke Unit. Further testing revealed a blockage in his right carotid artery. The carotid arteries, the main arteries to the brain, carry blood flow on each side of the neck up into the brain.

"Dr. Piccolo explained to me that my blockage was a soft, spongy, plaque, and the safest procedure to clear out my artery would be TCAR," said Terry.

TCAR, a minimally invasive carotid artery treatment, temporarily reverses the patient's blood flow to keep blood clots away from the brain and prevent a stroke. Placement of a stent inside the artery helps keep it clear of plaque and minimizes the risk of additional strokes.

Performed through a small incision at the neckline, a soft, flexible tube, placed directly into the carotid artery,

connects to a filter system that directs the blood flow away from the brain and captures small pieces of plaque that may come loose during the procedure. The blood is filtered and returned through a second tube placed in the patient's thigh.

"The small procedural incision leads to less pain and minimal scarring," said Dr. Piccolo. "Most patients find they recover quickly."

"I had a headache prior to the surgery," said Terry. "Two hours after the surgery the headache disappeared. My speech also improved, and I could move my arm and leg again."

Terry spent a week in the McLeod Stroke Unit under the care of stroke-trained nurses and **Dr. Timothy Hagen**, Medical Director of Stroke and Neurology Services for McLeod Regional Medical Center.

"Dr. Hagen showed me an image of Terry's brain scan and explained that he had experienced a massive stroke," said Denise. "Seeing the size of the stroke really shook me up."

"Terry's stroke became a wake-up call for both of us. You never know what

tomorrow holds. We had always planned on retiring to the White Lake area one day, but this experience made us say, 'Why wait?' We put our house on the market, and it sold in 24 hours. This was our confirmation that we made the right decision," explained Denise.

After his discharge from McLeod Regional Medical Center, Terry continued his recovery at Encompass Health Rehabilitation Hospital in Florence.

"After the first week of rehabilitation, I was mobile with the aid of a walker. Two months following my stroke, I no longer needed walking aids. I have now been cleared to drive, and I'm even singing in our church choir again."

"I am only 57 years old and never thought a stroke would happen to me. The Good Lord has me in His hands, but thanks to everyone's quick actions -- from my mother-in-law in recognizing the stroke signs to the Emergency Team at McLeod Health Dillon and the surgical care of Dr. Piccolo, I'm alive and well," added Terry.

Bringing Healthcare to THE HEART OF HORRY COUNTY



A newly constructed walkway connects Building 1 and Building 2 on the McLeod Health Carolina Forest Campus.

by Kelly Hughes and Jennifer Beverly

The fastest growing area in South Carolina, Horry County continues to experience a population explosion as older adults seek a warmer, more relaxed location to enjoy their retirement. Often, these seniors are followed by family members who decide to join them on the coast or come for extended visits.

According to the U.S. Census Bureau, Horry County's population increased from nearly 270,000 in 2010 to more than 344,000 in 2018, a jump of nearly 28 percent. In addition, between 2017 and 2018 an estimated 11,496 residents moved to Horry County. In response to the growing needs of this community, McLeod Health has expanded its services and developed the McLeod Health Carolina Forest Campus, centrally located in Myrtle Beach.

"Situated on 42-acres, the McLeod Health Carolina Forest Campus includes a master plan of seven medical office buildings, with two buildings currently open," said Monica Vehige, Administrator of McLeod Health Seacoast. "As healthcare evolves, the focus remains on access to quality, preventive care. McLeod Health is dedicated to caring for patients from emergency to specialty care in a convenient location."

The first physician practice to open on the campus in 2017 was McLeod Family Medicine Carolina Forest. This Summer, two new practitioners, **Dr. Brendan Griesmer** and **Dr. Viki Papathanasiou** joined **Dr. Jason Harrah** and **Dr. Ashley Locklear-Batton** in providing patients with primary and preventive care.

"My goal is to keep my patients well and out of the hospital," said Dr. Papathanasiou, (Dr. Viki).

"I enjoy building relationships with my patients and getting to know them in a personal way. At each stage of life, I want to ensure they are receiving the appropriate care and together, we can manage any concerns that may arise."

Other specialty physician offices located on the McLeod Health Carolina Forest Campus include Urology, Cardiology, Vascular Medicine, Neurology, and General Surgery.

"Having specialists next door allows me to connect patients with the care they need more quickly and safely," said Dr. Griesmer. "In addition, patients appreciate the convenience of having access to specialty care on the same campus."

One of the newest additions to the McLeod Health Carolina Forest Campus is Pediatric Rehabilitation. This team of Physical and Occupational Therapists as well as Speech Pathologists specialize in the diagnosis, treatment and management of infants, children, and adolescents with a variety of congenital, developmental, neuromuscular, skeletal or acquired disorders/diseases.

"Our staff use a wide variety of methods focused on improving motor skills, balance and coordination to deliver the best treatment possible," said Coreen Konopka, Director of Rehabilitation at McLeod Health Seacoast. "The overall goal of Pediatric Rehabilitation involves helping every child reach their maximum potential toward functional independence."

"Having specialists next door allows me to connect patients with the care they need more quickly and safely."

– Dr. Brendan Griesmer



Kayla Droese, a Certified Occupational Therapy Assistant, works with two-year-old Aaliyah Davis in the new Pediatric Rehabilitation Gym located on the McLeod Health Carolina Forest Campus.

The Pediatric Rehabilitation clinic also features an open and bright layout with large windows that reflect natural lighting. Specialized play equipment and toys help enhance physical, sensory, emotional, behavioral and social skills.

The McLeod Health Carolina Forest Campus will continue to serve the growing community with even more on the horizon. In Fall 2019, McLeod Health will open the first freestanding Emergency Department in Carolina Forest on this campus.

Located at the heart of this campus, the 15-bed Emergency Department will provide the residents of Carolina Forest and surrounding communities excellent emergency care. Additionally, the Emergency Department will offer advanced diagnostic equipment and imaging.

"This new Emergency Department demonstrates a very visible example of McLeod Health's commitment to meeting the healthcare needs of the residents in Horry County and surrounding communities," said **Dr. Tim Carr**, Medical Director of the Emergency Department at McLeod Health Seacoast.

McLeod Health Loris and McLeod Health Seacoast joined the McLeod Health system in 2012, expanding the region's largest healthcare network from the Pee Dee into the Grand Strand. Since that integration, McLeod Health has continued to grow its network of care along the coast with additional specialists and outpatient services. Conveniently located in the heart of Myrtle Beach, the new McLeod Emergency Department at Carolina Forest is an extension of the McLeod Health Loris campus. With more than 120 physicians caring for patients in Horry County, McLeod Health is committed to providing convenient access to the services and treatments that patients need close to home.

RISING FROM THE STORM

by Kelly Hughes and Jennifer Hulon

In the early morning hours of September 14, 2018, Hurricane Florence made landfall near Wrightsville Beach, North Carolina -- just 65 miles east of McLeod Health Loris. On record as the wettest tropical cyclone to hit the Carolinas, this storm left a path of destruction and more than 12 inches of rain in Loris, South Carolina.

As one of only three hospitals remaining open in Horry County, staff and patients rode out the storm safely at McLeod Health Loris, but water intrusion and wind damage required major clean up and restoration.

"Our team at McLeod Health Loris worked tirelessly to ensure our patients' safety throughout the duration of the storm," said Scott Montgomery, McLeod Health Loris Administrator. "We had been planning for facility renovations,

but Hurricane Florence expedited many of these projects. In the past ten months, we have embarked on a journey to transform the hospital."

McLeod Health Loris Operating Rooms suffered the largest impact of Hurricane Florence. Comprised of three operating rooms, the facility could not withstand the relentless rain and wind that continued to fall. During the night, rain breached the facility walls of two operating rooms.

As a result, the hospital had only one functional operating room for the next three weeks.

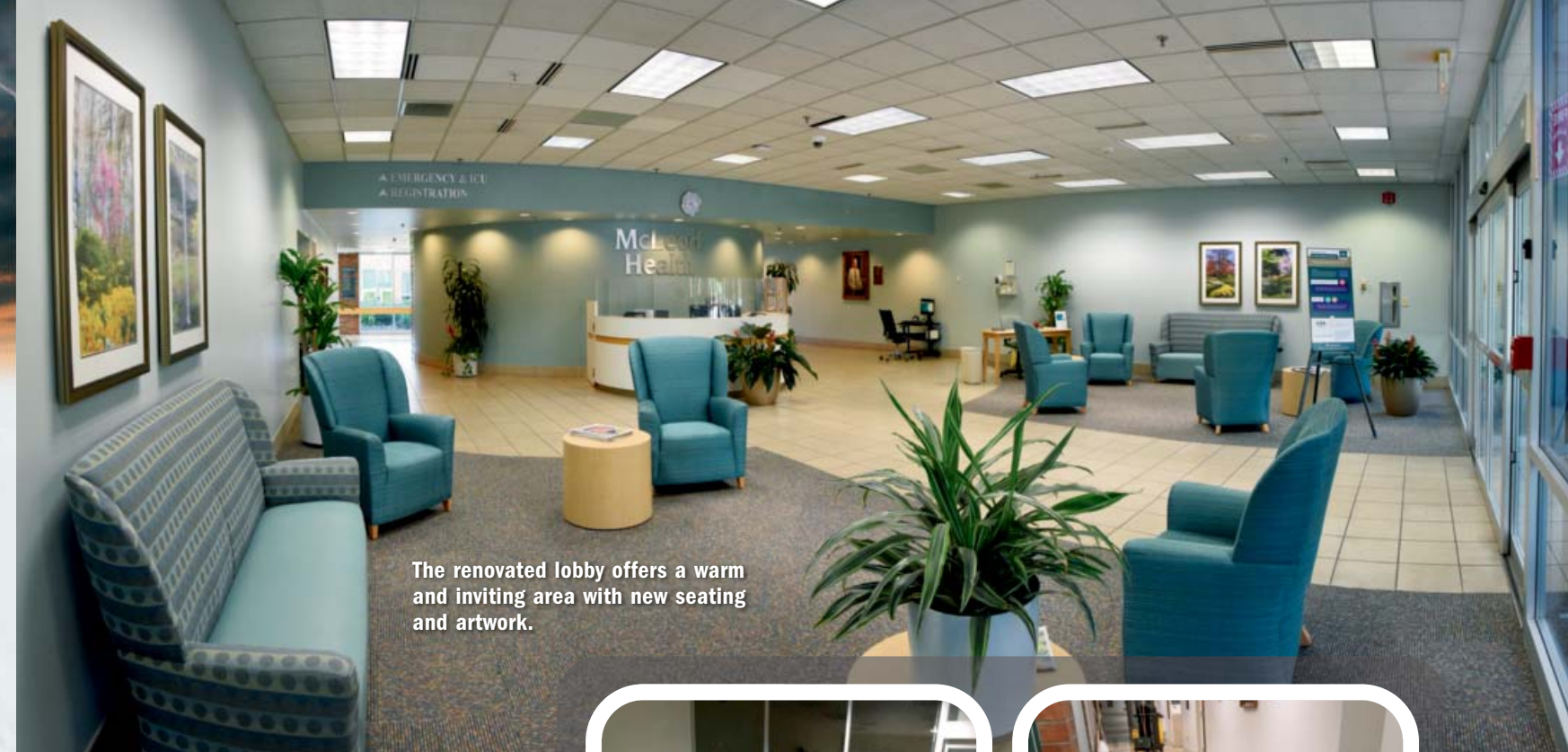
After the storm passed, crews cleaned and tested the operating rooms for moisture damage. They then repaired the walls, installed new flooring, and applied a fresh coat of paint.

The Radiology Department did not escape harm either. With almost every room affected by water damage, renovations were essential. Fortunately, staff secured protective covering for the imaging equipment which prevented more damage during the storm.

"Our engineering team and third-party contractors have worked around the clock to complete each of these projects without interrupting patient care," said Kyle Stewart, Director of Engineering. "Our first obligation is to maintain the health and safety of our patients and our staff. Our second priority is to provide a facility they can both enjoy."

In addition to repairs and updates to the façade of McLeod Health Loris, a new roof has been installed to protect against water intrusion.

Today, visitors walking through the doors of McLeod Health Loris will notice a warm and inviting lobby area with new seating, beautiful artwork and the same friendly faces at the front desk.



The renovated lobby offers a warm and inviting area with new seating and artwork.



The patient rooms in the McLeod Health Loris Medical Surgical Unit feature fresh paint, new cabinetry and furnishings.

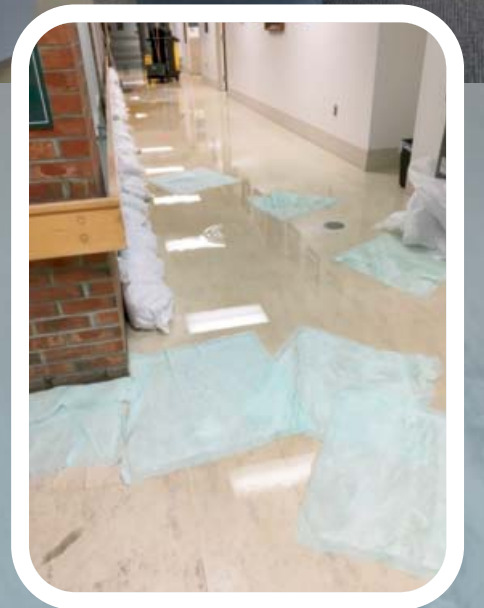
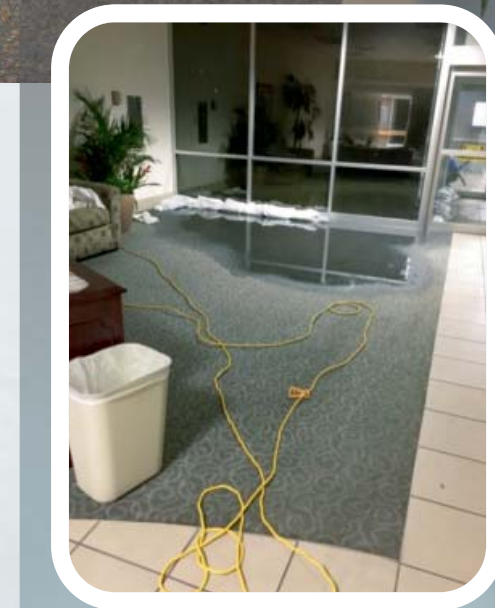
"Our hospital looks beautiful," said Amanda Mills, Vice President of Patient Services. "The updates have breathed new life into a nearly 70-year-old building."

Renovations to patient rooms in the Medical-Surgical Unit are also well underway with fresh paint, new cabinetry and furnishings. In addition, the main nurse's desk and hallways complement the new look of the patient rooms.

The Labor and Delivery Unit is also experiencing a rebirth. The first phase of this renovation involves doubling the square footage of postpartum rooms, providing a spacious area for parents to share their bundle of joy with family and friends.

The second phase will include enhancing the birthing rooms with new lighting, flooring, equipment and décor. These renovations serve to create an inviting, family-friendly environment for obstetric patients delivering newborns.

The Dialysis Access Center's permanent home is being finalized as well. The center will relocate to a central



Most of the damage from Hurricane Florence was contained to non-patient areas on the first floor. The main lobby and hallway pictured above sustained most of the flood damage.

area where renal patients begin and end their surgical journey in one location. Pre- and post-operative rooms are also being designed to increase privacy, provide a soothing experience for patients and create more functional, efficient space for staff.

"The expertise of our staff is the key to our success," said Montgomery. "McLeod Health Loris is a place where lives are touched and healing begins,

and these renovations will greatly enhance our patients' experience."

To date, McLeod Health has invested more than \$2.1 million dollars in McLeod Health Loris. These investments in infrastructure, equipment and technology will continue to grow the services and treatments available to benefit residents of Loris and surrounding communities.

TRANSFORMING

by Carrie Anna Strange

The merger of Clarendon Health System and McLeod Health, official on July 12, 2016, began a season of transformation that continues even today. In a constantly changing healthcare industry with increasing operating costs and lower reimbursement, McLeod Health Clarendon leads the way in providing the highest quality of medical care that one would expect from McLeod Health.

“Small, community hospitals play a vital role in the economic growth and development of that community,” said McLeod Health Clarendon Administrator Rachel Gainey.

“At McLeod Health Clarendon, we strive to create meaningful, positive patient experiences with those who entrust us with their care. Although improvement efforts are continually in motion, the hospital has made significant progress in offering care that is newer, better, and faster.”

■ NEWER

As a result of \$4 million in investments, the hospital has upgraded its facilities as well as laboratory equipment, clinical systems, operating room equipment, and radiology equipment.

In addition, the McLeod Health Foundation has provided more than \$650,000 to the hospital in the form of grants to various departments. These grants have funded improvements in X-ray imaging quality, turnaround time for lab results, temperature management for critical patients, and surgical lighting in the Labor and Delivery operating room. The grants have also funded warm blankets for patients undergoing radiology procedures and cardiac monitors for McLeod Health Clarendon’s Emergency Medical Services (EMS) division.

HEALTHCARE



Since joining McLeod Health, McLeod Health Clarendon has undergone significant upgrades in its facilities, clinical systems and technology.

■ BETTER

In three years, the vacancy rate at McLeod Health Clarendon, signifying the percentage of positions needing to be filled, decreased from 20 percent to two percent.

“McLeod has invested in people and changed the culture of our workplace. It is now a place where people choose to work,” said Gainey. “We are excited that more people want to become part of the McLeod Health family.”

McLeod Health Clarendon has also recruited new physicians in the last year and expanded Hospice and Nurse-Family Partnership programs to Clarendon and Sumter Counties.

In 2017, McLeod Health Clarendon received a three-year grant from The Duke Endowment to establish a community paramedicine program for Clarendon County. The goal of the Community Paramedicine Program is to help people who frequently use the Emergency Department better manage their illnesses. Patients who have been to the Emergency Department more than four times in a single year for conditions related to a chronic illness -- such as Chronic Obstructive Pulmonary Disease

(COPD), congestive heart failure, diabetes, and hypertension -- are visited at home by a community paramedic.

“As a testament of our commitment, we are continually developing plans to meet the spectrum of needs in the communities we serve,” explained Gainey.

■ FASTER

Interfacing with nearly every department as the ‘front door’ of the hospital, the McLeod Health Clarendon Emergency Department (ED) serves a critical role for the patient’s overall healthcare journey.

During the past three years, McLeod Health Clarendon experienced more than a 25 percent volume increase in the number of patients visiting the ED, which cares for nearly 26,000 patients annually.

In response to this increased volume, the hospital implemented a new process to improve the patient’s ED experience. Now, patient flow times are monitored on a real time ED department dashboard to ensure patients receive the level of care needed in a timely manner. Patient intake and assessment processes have

also been modified and patients are triaged quickly upon arrival to the ED. Previously, the triage process took more than 30 minutes but thanks to these improvements a patient is now triaged in two minutes.

As a result of this collaborative, patient-focused team work, the McLeod Health Clarendon ED has significantly improved its performance metrics. “The average turnaround for an ED visit at McLeod Health Clarendon is around two hours, which is less than the national average,” said Gainey. “We remain committed to ensuring that our patients receive the highest quality care in a timely manner.”

On the horizon for McLeod Health Clarendon is a new Medical Office Building which will offer patients greater access to primary care and specialty physician practices as well as advancements in clinical and quality care, upgrades in technology, and expanded access to McLeod Health specialists through telehealth opportunities.

“We trust that patients will continue to look to McLeod Health as the choice for medical excellence,” added Gainey.



McLeod Health Clarendon Hospitalist Dr. Frankie White talks with Jane Carroll about her discharge plan.

Taking Stroke Care TO THE NEXT LEVEL

by Tammy White

In just four minutes you could: read a few pages of a book; return a phone call; listen to a favorite song... or die from a stroke. On average, every four minutes, a stroke claims a life. It is the third leading cause of death in South Carolina.

McLeod Health cares for patients with stroke symptoms and helps prevent this devastating outcome. The organization recently received certification affirming that its hospitals are equipped to provide care to patients with acute stroke symptoms who seek life-saving treatment from the Emergency Department. The certification, granted by DNV GL Healthcare, designates McLeod Health as Acute Stroke Ready. DNV is a certification body that helps hospitals achieve excellence by improving quality and safety through hospital accreditation.

The McLeod Health system includes the first hospitals in the state of South Carolina to receive certification as Acute Stroke Ready by DNV. The hospitals who have achieved Acute Stroke Ready designation are: McLeod Health Cheraw, McLeod Health Clarendon, McLeod Health Dillon, McLeod Health Loris and McLeod Health Seacoast.

As Acute Stroke Ready hospitals, McLeod teams also have the ability to administer intravenous thrombolytic therapy, or tPA, the only FDA-approved

treatment for strokes caused by a blood clot interrupting blood flow to a region of the brain.

Once the tPA is administered, the patient would be transferred to a Primary Stroke Center for ongoing stroke care.

Within the McLeod Health system, McLeod Regional Medical Center is certified as a Primary Stroke Center. The medical center received this designation in 2014, and recently achieved re-certification.

“This certification acknowledges to our community that we have the resources to provide the best possible stroke care,” said **Dr. Timothy Hagen**, Medical Director of Stroke and Neurology Services for McLeod Regional Medical Center. “A combination of the right equipment, personnel and training allows us to quickly assess and treat strokes.

“Stroke leads the cause of disability in the United States with about 800,000 Americans suffering a new or recurrent stroke each year. Additionally, one third of all patients have their first stroke prior to age 65. With these statistics, the exceptional stroke care we provide for our patients, and improving the overall care for our community, is crucial,” added Dr. Hagen.

Achieving accreditation required several months of dedicated team work. At each McLeod hospital, this work was led by a Stroke Coordinator, an expert nurse who provided leadership for the organization to assure a collaborative approach to stroke care.

Today, McLeod stroke-trained teams stand ready to provide fast assessment and treatment of stroke for more positive outcomes like the patients featured on the following pages.

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– Dr. Timothy Hagen

ANN LAVENDER

New Zion, South Carolina

Ann Lavender, 90, started experiencing stroke symptoms at her home in New Zion, South Carolina. “I was sitting in my recliner when my left side suddenly became numb,” said Ann.

Unconcerned, Ann attributed the numbness to a surgery she had a few weeks prior.

The following day, Ann did not attend church because she was unable to walk due to the progression of her symptoms. She called her physician to explain her symptoms, and he instructed Ann to get to the hospital immediately. Ann’s daughter Sally drove her to McLeod Health Clarendon Emergency Services.

Trained to suspect stroke when a patient presents with stroke-like symptoms, Emergency staff rushed Ann back into an exam room and immediately ordered a CT scan. The results of Ann’s tests indicated that she had suffered a mild stroke, which caused the weakness on her left side.

McLeod Health Clarendon Hospitalist **Dr. Frankie White** explained the treatment process to Ann and coordinated care with her cardiologist throughout her hospital stay. Ann spent the next few weeks in the hospital where she received physical therapy.

“Dr. White took such good care of me and helped get me on the road to recovery,” said Ann. “The staff at McLeod Health Clarendon are by far the most caring and accommodating staff I have ever encountered. I am grateful to be able to seek excellent healthcare so close to home.”

(Continued on next page)

At each McLeod hospital, a Stroke Coordinator led the work in achieving stroke accreditation. McLeod Health Stroke Coordinators, pictured from left to right, are: Kelvin Oakley, McLeod Health Loris Seacoast; Kerry Lee Ivey, McLeod Health Dillon; Glenda Thomas, McLeod Health Cheraw; JoAnn Hutchison, McLeod Regional Medical Center; Sherry Stewart, McLeod Health Clarendon; and Crystal Hodge, McLeod Health Dillon.



ANN McCORMICK

Cheraw, South Carolina

Ann McCormick of Cheraw, South Carolina, began to lose her balance while baking a cake. Fortunately, her husband Max walked into the kitchen at that precise moment and caught her before she fell to the floor.

"I am unsteady on my feet and accustomed to being a little wobbly every now and then," said Ann. "I thought nothing of Max having to catch me. But, by the time he turned around to leave the kitchen, I had fallen again and hit my neck and shoulder against the corner wall."

Max called out to their son, Sandy, for help. When Sandy reached down to help his mother up off of the floor, he instantly suspected a stroke. Sandy recognized the signs from his experience responding to Rescue Squad calls as a Police Officer with the Cheraw Police Department.

"I saw that her lips, eyes, jaw line, and the left side of her face were drooping and believed my mother was exhibiting the classic symptoms of stroke," said Sandy. "I told my dad we needed to get her to the hospital immediately."

"When I heard Sandy say I was having a stroke, I told him not to worry -- I had only lost my balance," said Ann.

But, Sandy called on his police radio for an ambulance to be dispatched to his mother's house. **Dr. Gabe Simpson**, Medical Director of the McLeod Health Cheraw Emergency Department, was contacted to prepare the stroke team for their arrival.

"In my Law Enforcement training, I have learned that time is everything during a stroke situation," explained Sandy. "When you see someone showing signs of stroke, every second counts until you get them to an

Emergency Department because you only have a small window of time for a chance of survival."

Dr. Simpson and the Stroke Team were outside the Emergency Department waiting on the ambulance to arrive and rushed Ann inside to conduct a CT scan. The scan revealed a large blood clot in the carotid artery of Ann's neck, blocking the blood flow to her brain which caused the stroke.

The medical professionals at McLeod Health Cheraw quickly administered the clot dissolving tPA medication that saved Ann's life.

"I remember my friend Gabe (Dr. Simpson) praying for me out loud with both of my pastors on either side of me joining in," said Ann.

"If Sandy had not been at my house when I experienced my stroke, I would have just thought I lost my balance again," said a fully recovered Ann. "I would never have related my symptoms to a stroke and would have just waited it out."

"I am extremely thankful we were able to get my mom to the appropriate place and in the hands of the skilled ED physicians and nurses at McLeod Health Cheraw at the right time," said Sandy. "The unit worked together like a well-oiled machine and that is why my mom is still with me today."



Cheraw stroke survivor Ann McCormick, as well as her husband Max and son Sandy, greet each new day with gratitude for McLeod Health saving her life earlier this year.

JOSEPH LONGO

Longs, South Carolina

Joseph Longo arrived at McLeod Health Seacoast after experiencing left-side weakness and speech difficulty. Recognizing the common stroke symptoms, the Emergency Department physician ordered a CT scan and carotid ultrasound. The ultrasound determined Joseph had not experienced a stroke. However, another concern surfaced.

"I suspected trouble when I could not maneuver a spatula while cooking," said Joseph. "My wife suggested we head to McLeod Health Seacoast as I had just undergone two procedures earlier that week. We wanted to ensure I was recovering well and there were no other health issues."

Joseph's test indicated blockages within both of his carotid arteries, medically called bilateral carotid stenosis. McLeod Vascular Surgeon **Dr. Joshua Sibille** discussed the extent of the blockages with Joseph and the treatment plan he recommended. Dr. Sibille's primary concern was the likelihood Joseph's symptoms were showing signs of TIA (transient ischemic attack) or mini-stroke.

Defined as a temporary lack of blood and oxygen going to the brain, a TIA often results from the narrowing of the carotid arteries. TIAs are also signs of an impending stroke. Risk factors include: age (mostly affects individuals 60 years of age or older) as well as patients who have diabetes, experience weakness in extremities, have difficulty with speech or experience a TIA lasting more than ten minutes.

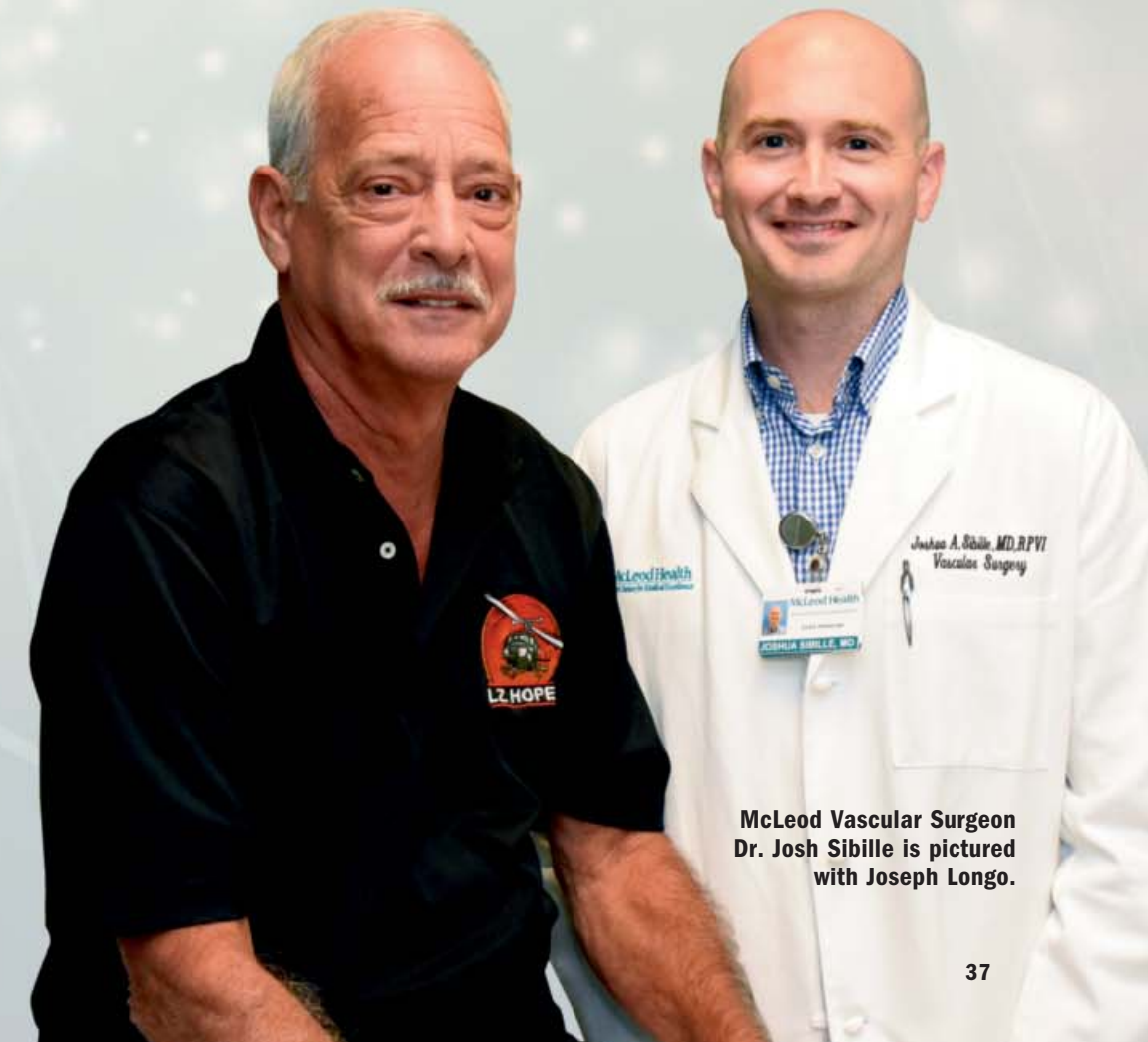
Dr. Sibille recommended a carotid endarterectomy procedure to remove the blockage, or plaque, from the artery starting with the most critical carotid. Eventually both of Joseph's carotids were repaired with minimal scars to show for it.

"Mr. Longo came to me experiencing stroke-like symptoms," said Dr. Sibille. "Fortunately, he quickly sought care in the McLeod Health Seacoast Emergency Department as his prognosis could have been life-threatening. TIAs are quite common and often overlooked, which can cause irreversible damage if not identified and treated."

"I have come to McLeod Health Seacoast for various other procedures and tests, and I trust them completely," added Joseph. "Once I talked with Dr. Sibille about my prognosis, I had full faith in him and his ability. This hospital offers excellent care for this area. There are many specialists in place to handle any type of emergency."

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- Joseph Longo



McLeod Vascular Surgeon Dr. Josh Sibille is pictured with Joseph Longo.

McLeod News

McLEOD VOLUNTEERS DONATE THE FINAL \$50,000 FOR THE HOPE FUND ENDOWMENT

The McLeod Volunteer Auxiliary recently presented a check for \$50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee. The donation, in memory of Marilyn Godbold, is designated to the HOPE Fund Endowment. Godbold served as the Director of Volunteer Services at McLeod for 28 years. She was also one of the first members of the HOPE Fund Advisory Committee.

In April of 2017, the volunteers donated \$50,000 to jump start the endowment. The goal of the HOPE Fund Advisory Committee was to establish a \$1-million-dollar endowment so that annual proceeds would ensure vital direct support is available to cancer patients at McLeod in perpetuity.

When the volunteers learned that the McLeod Foundation was getting close to

reaching the \$1-million-dollar goal, they challenged the team to reach \$950,000 and they would donate the final \$50,000 to ensure the endowment was fully funded.

Aiken announced to the McLeod Health Board of Trustees, the McLeod Tumor Board, and the McLeod Health Foundation Board of Trustees this Summer that the goal for the HOPE Fund Endowment had been achieved thanks to this donation.

In the Fall of 2014, the HOPE (Helping Oncology Patients Everyday) Fund was established at the McLeod Center for Cancer Treatment and Research for cancer patient support services such as medication, transportation and nutrition assistance as well as to provide the oncology staff with improved access for the immediate needs of their patients.

McLeod Awarded Grant to Develop Rural Family Medicine Residency Program

McLeod Regional Medical Center recently received a \$750,000 grant from the U.S. Department of Health and Human Services, through the Health Resources and Services Administration (HRSA). The funding, awarded over a three-year period, is designed to develop new rural residency programs. McLeod Regional Medical Center, the only grant recipient in the state of South Carolina, will also achieve accreditation of its program through the Accreditation Council for Graduate Medical Education.

The future plans for McLeod to utilize the grant funds include the development of a Family Medicine Residency program in the rural South Carolina communities of Cheraw and Manning. A majority of the Physician Resident's time is going to be spent at rural training sites, McLeod Health Cheraw and McLeod Health Clarendon, while the remainder of their time involves training at the existing residency program on the McLeod Regional Medical Center campus.

"The plan is for the new program to be integrated with our current McLeod Family Medicine Residency Program," said Program Director Dr. Gerard Jebaily. "While on the Florence campus, Residents will receive clinical training not available in the rural location, as well as education from the faculty in psychology, pharmacy, and oral health care."

"It is the expectation of this project that a large number of graduates from the McLeod Family Medicine Rural Track Residency Program remain in South Carolina to practice in the underserved communities that so desperately need improved access to primary care," said Dr. Louis Strauss, Project Director. "It is also the mission of the McLeod Family Medicine Residency Program to graduate skilled physicians who are committed in caring for patients particularly in rural or underserved areas. This new Residency Program will help further our mission."

Pending accreditation, the first class of the McLeod Family Medicine Rural Track Residency Program will begin in 2021.



Members of the McLeod Volunteer Auxiliary present a check for \$50,000 to Robin Aiken, Chair of the HOPE Fund Advisory Committee, and Asa Godbold and his daughter Emily Reinicker.



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