



McLeod

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Magazine

Kristin Skipper, RN

REDEFINING HEALTH CARE WITH COMPASSION AND HOPE

Views



Rob Colones

In these most recent unprecedented times, with the challenges of healthcare both professionally and personally, we have been inspired by the extraordinary service of all our people. At McLeod Health, we are grateful to each and every one who has risen to the enormous challenge of their calling in caring for patients, families and supporting each other as colleagues. We watch daily the amazing acts of kindness and compassion being delivered as part of the continuing mission and dedication of McLeod Health teams.

We value all of these ambassadors at McLeod and their leadership in achieving the best outcomes for a community who entrusts us with their care. Healthcare is not for the faint of heart, and we are so very thankful for those who honor this vocation with courage, faithfulness and commitment.

We appreciate our community, their faith and support in our care. As we move forward, may we continue to share the responsibility of redefining health care with compassion and hope.

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President, McLeod Health



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ON THE COVER:

Kristin Skipper, a Registered Nurse who cares for patients in the Medical Intensive Care Unit at McLeod Regional Medical Center, is one of many frontline healthcare heroes throughout the hospitals in our McLeod Health system bravely facing the COVID-19 pandemic. In the face of a healthcare crisis none of us has ever seen, our team members are working every day to provide the best care to the people we serve. From doctors and nurses to technicians, respiratory therapists, pharmacy specialists, nutrition and environmental services and elsewhere, we take this opportunity to reflect with gratitude on the dedication of our staff and their tireless efforts in these unprecedented times. For more about our response to COVID-19, see *Moving Forward* on page 30. We also recognize and celebrate the inspiring stories of recovery that give us hope for the days ahead. You can find these features throughout the issue, entitled "Celebrating Stories of Recovery."

PHOTO BY KRISTIN SKIPPER, RN

THE PATH TO REMISSION

by Jennifer Beverly

Born and raised in Germany, Gisela Keaton moved to the United States after marrying her husband, Ronald, 56 years ago. The couple currently resides in Little River, South Carolina, where they enjoy an active and healthy lifestyle.

“I love playing golf with Ronald, crocheting with my women’s group and video chatting with my grandkids,” said Gisela. “In Germany, I worked as a professional tailor sewing dresses featured in Paris Fashion Week.”

In June 2018, Gisela began experiencing dizziness which often led to fainting spells. Gisela’s internal medicine physician in Myrtle Beach diagnosed her with iron deficiency anemia, a condition where the body cannot produce enough red blood cells due to the lack of iron.

As she continued battling anemia, Gisela also suffered from gastrointestinal issues. Her physician recommended she undergo a colonoscopy, so Gisela made an appointment at the nearest hospital, McLeod Health Seacoast.

“I had not felt well for months,” said Gisela. “I desperately needed some answers.”

Gastroenterologist **Dr. Khaled Elraie** of McLeod Digestive Health Center Seacoast performed Gisela’s colonoscopy. During the procedure, Dr. Elraie detected multiple polyps and a large mass inside her cecum.

“The cecum connects the small intestine to the colon,” said Dr. Elraie. “I performed a biopsy of the cecal mass, and the results confirmed low-grade adenocarcinoma, a type of cancer that starts in mucous glands. I immediately referred Gisela to Oncologist **Dr. Donny Huynh** of McLeod Oncology and Hematology Associates at Seacoast, a Department of McLeod Regional Medical Center.”

“I was very shocked to learn that I had colon cancer,” recalled Gisela. “Everything seemed to be happening so fast, and my world was spinning upside down.”

Anxiously anticipating her next steps and treatment options, Gisela met with Dr. Huynh. He ordered a CT scan of the abdomen and pelvis area which showed no evidence of metastasis, or the spread of cancer cells to another location in the body.

“Luckily, the colon cancer had not metastasized,” said Dr. Huynh. “I told Gisela that she had a very good chance of a full recovery, but she needed to undergo surgery to remove the cecal mass and begin chemotherapy.”

A few days later, General Surgeon **Dr. Eric Young** of McLeod Loris Seacoast Surgery performed a hemicolectomy to remove a section of Gisela’s colon. The pathology results indicated a total of 19 polyps with four of them being Stage III cancer.

Two months after her surgery, Gisela began chemotherapy at McLeod Health Seacoast Infusion Services.

Gisela finished chemotherapy in January 2019 and is now in remission. She continues follow-up appointments with McLeod Oncologist and Hematologist Dr. Donny Huynh every few months.

“Having cancer is perhaps one of the most difficult experiences a person can go through. I feel privileged to have helped Gisela close that chapter of her life.”

– Dr. Donny Huynh

“The side effects from chemotherapy took a toll on my body,” said Gisela. “On a couple of occasions, I visited the Emergency Department to be examined, and even then the physicians and staff provided excellent care.”

As Gisela continued treatment, Dr. Huynh ordered another CT scan to check for any abnormalities or disease recurrence. All of the results came back clear.

“Having cancer is perhaps one of the most difficult experiences a person can go through,” said Dr. Huynh. “I feel privileged to have helped Gisela close that chapter of her life.”

Gisela finished chemotherapy on January 31, 2019 with a clean bill of health. She continues follow-up appointments every few months.

“I strongly encourage patients ages 45 and older to undergo routine colonoscopies, as this is the best procedure to screen for colon cancer,” said Dr. Elraie. “Colon cancer is the third most common cancer in men and women, but preventable when detected early.”

“I have been so pleased with all of my physicians, nurses and staff at McLeod Health,” said Gisela. “I could not believe how well my entire care team communicated with each other. It gave me great peace of mind that everyone already knew my condition. I’ve even switched my internal medicine care to **Dr. David Johnson** at McLeod Internal Medicine Seacoast.”

Gisela is now feeling well enough to enjoy life again and recommends McLeod Health to everyone she knows. She meets friends weekly to crochet hats and blankets for newborn babies and can often be found on the golf course swinging clubs with Ronald.

In 2018, Gisela Keaton was shocked to learn that she had Stage III colon cancer. Thanks to her dedicated care team, Gisela now enjoys a clean bill of health.



Repairing Bodies One Patient at a Time

by Kelly Hughes

McLeod Health surgeons performed nearly 32,000 procedures ranging from routine surgeries to complex operations in 2019. McLeod Health has more than 50 operating rooms at six different campuses, each equipped with advanced imaging capabilities, high-tech instrumentation equipment and exceptional surgical nurses and technicians.

General surgeons throughout the McLeod Health system perform many of these surgeries. However, their title can be misleading, as general surgeons treat far more than the term *general* may imply.

The general surgery specialty focuses on abdominal surgeries including the esophagus, stomach, small bowel, colon, liver, pancreas, gallbladder, bile ducts and often the thyroid gland. Additionally, they deal with diseases involving the skin, breast and soft tissue as well as hernias.

General surgeons also perform life-saving procedures such as appendectomy, splenectomy, or curative cancer surgery.

“Every day is different and unique,” said **Dr. Mamdouh Mijalli** with McLeod Loris Seacoast Surgery.

“I may start my day following up with an appendectomy patient and end my day in the operating room repairing an emergent bowel obstruction. Our extensive training in diverse areas enables us to provide quality care to patients who need advanced medical intervention.”

Advances in General Surgery

Advancements in surgery continue to focus on enhancing the patient experience by minimizing the invasiveness of surgical procedures. As a result, major abdominal operations have been replaced with minimally-invasive laparoscopic techniques that often reduce pain, speed up recovery, and reduce costs while achieving extraordinary outcomes.

Take for example the cholecystectomy, a surgical procedure to remove the gallbladder. “Ten years ago, the pain and recovery from having your gallbladder removed was due to gaining access to the gallbladder rather than from the procedure itself,” said **Dr. Craig Selander** with McLeod Loris Seacoast Surgery. “Today, we can remove the gallbladder with minimal incisions and discomfort, thereby drastically reducing the patient’s pain and recovery time.”

Dr. Mamdouh Mijalli performs an intricate procedure at McLeod Health Seacoast.

The introduction of robotics in surgery has also strengthened patient outcomes. Robotic-assisted surgery gives the surgeon enhanced dexterity and precision in smaller areas that may be difficult to navigate using traditional methods.

Improved imaging and scopes on the robotic arms allow the surgeon to venture farther and visualize areas within the patient that may have been hard to see before.

Trauma Surgery

The National Institute of General Medical Sciences defines physical trauma as “a serious injury to the body.” In the event of a car accident or major fall that requires emergency surgery, either a general surgeon or trauma surgeon would lead the operating team working to repair these injuries.

Trauma surgeons undergo additional specialized training to provide this level of care. Through the McLeod Health system, patients have access to trauma surgeons trained in an array of specialties.

From Surgery to Healing

Partnering with their patients, from the first visit to the last follow-up, the general surgeon becomes a stakeholder in the patient’s health.

“Our main goal is to offer patients new options in surgical care that significantly improves both their experience and recovery,” said **Dr. Selander**. “Any patient undergoing

surgery at McLeod Health has a dedicated care team of physicians, nurses, pharmacists and other clinical staff working collaboratively to ensure the highest safety standards.”

These physicians empower patients in their treatment decisions and encourage them to take an active role in their care and healing. The result is a relationship built on trust and quality.

The work of the general surgeon continues after leaving the operating room. They manage patients with a broad spectrum of diseases, including those who may require continued follow-up or additional procedures.

At McLeod Health, general surgeons are integral to providing excellent care in both emergent and non-emergent cases. As the specialty evolves, the patient continues to be the beneficiary of the efficiencies and improvements that science and technology provide. These advancements pave the way for better outcomes and overall health.

Dr. Craig Selander utilizes the bovie electrocautery instrument to cauterize and prevent excessive blood loss during a surgery at McLeod Health Seacoast.



MCLEOD HEALTH GENERAL SURGERY

The highly skilled surgeons at McLeod Health provide the highest quality surgical services to patients by utilizing leading-edge technology and performing the latest in invasive and non-invasive techniques and procedures.

McLeod Surgeons remain committed to providing exceptional care and believe that the art of healing requires attention to patients’ minds and spirits as well as their bodies.

General surgery services are available in Florence, Cheraw, Clarendon, Dillon, Loris and Seacoast.

“Together with our physicians, our quality teams are constantly measuring and working to improve the outcomes for our patients,” said Lisa Byrd, Vice President for Quality and Safety for McLeod Health. “Our commitment is to provide evidence-based, quality care to every patient in every procedure.”

Can't Stop the Music

by Tammy White

A dear friend once advised Gilbert Baker, “If you don’t have something to do that makes you happy, you won’t be around for very long.” At 91, Gilbert has taken his advice to heart. After retiring from his career as a Ford mechanic in 2000, Gilbert returned to his first love -- jukeboxes.

His love of jukeboxes started in his youth. Gilbert’s strict parents would not allow music in the house. Gilbert recalled how much he enjoyed going to the country store to listen as music played on the jukebox.

Now, he spends his free time repairing jukeboxes, many of which are on display in his family home.

Born and raised in Bishopville, South Carolina, Gilbert says he “believes in God one hundred percent.” He also believes that God had a hand in what happened to him that day back in November.



When he retired in 2000, Gilbert Baker began his hobby of repairing jukeboxes which he has now returned to after his life-saving heart care at McLeod.

“My story really began two weeks before Thanksgiving,” recalled Gilbert. “I noticed a tightness in my chest when pushing the garbage can out to the side of the road.”

On Thanksgiving Day 2019, he experienced a feeling similar to indigestion, but not related to any turkey dinner he ate. The next day, Gilbert still felt ill. An elevated blood pressure reading served as a confirmation for Gilbert that he should go to the hospital.

After consulting with their children and grandchildren, Gilbert and Ruby, his wife of 67 years and mother of their three children, decided that McLeod Regional Medical Center was the best option for Gilbert’s care.

“When we arrived at the Emergency Department, I thought we would have to wait but a staff member brought me a wheelchair and wheeled me to an exam room right away,” said Gilbert. His symptoms had progressed to chest pain and shortness of breath.

Testing in the Emergency Department indicated that Gilbert’s troponin levels, the levels to help determine heart injury, were slightly elevated. Gilbert had not yet suffered a heart attack.

From the Emergency Department, Gilbert was admitted to the Coronary Care Unit (CCU) under the care of McLeod Cardiologist **Dr. Nicolette Naso**.

Given Gilbert’s previous history of a heart attack at the age of 56 and his current symptoms, Dr. Naso explained to the family that he would need a cardiac catheterization. It was scheduled for the following Monday.



Gilbert Baker meets his great-granddaughter Ruby for the first time after his life-saving heart catheterization at McLeod Regional Medical Center.

Ruby suggested Gilbert get some rest. “I fell into a deep sleep,” said Gilbert. “When I woke, my family and our pastor had arrived, and they all had tears in their eyes. They explained to me that my heart had stopped and one of the nurses performed CPR.”

Gilbert had experienced a heart

attack. His heart catheterization could not wait until Monday. The doctors explained the risk involved and the chance that Gilbert might not make it through the procedure. They also clarified that if they did not attempt to clear his blockages and implant stents, he would have possibly one week to live.

(Continued on next page)

“I would like to thank the doctors, nurses and everyone at McLeod who cared for me and the role they played in saving my life. I pray for them each night just as they prayed for me. McLeod treated me so well that I would never go to any other hospital.”

- Gilbert Baker



Married for 67 years, Ruby and Gilbert Baker are blessed with children and grandchildren who supported them through Gilbert's illness.

The family made the decision to have the procedure. McLeod Interventional Cardiologists **Dr. Brian Blaker** and **Dr. Evans Holland** obtained permission to perform Gilbert's heart catheterization.

Extended family members rallied around Gilbert, coming to the hospital to support each other while they waited.

Gathered in the waiting area, a very grateful family finally received good news. The doctors cleared all of Gilbert's blockages and placed five stents into his coronary arteries.

During Gilbert's complex stenting procedure, the physicians used an Impella device, which temporarily assists the pumping function of the heart to ensure blood flow is maintained to critical organs.

"Mr. Baker had blockages in five different locations," explained Dr. Holland. "One was in his left main artery, and one was in a very difficult location to clear. Dr. Blaker and I are thankful we were able to work together to help him."

"I had a great-granddaughter from Bluffton, only four weeks old at the time, that I had never met," said Gilbert. "Her parents named her Ruby after her great-grandmother. As soon as they heard about my situation, they put Ruby in the car and drove to McLeod."

"After my procedure, they wheeled me out of the Cath Lab into the hallway where my family greeted me and placed Ruby next to me. It was such a blessed moment."

Gilbert's recovery care took place in the Cardiology Nursing Unit. His family says he does not like to slow down, which he proved true. The next day, he returned to walking his normal fast pace.

Today, Gilbert no longer experiences pain while bringing the garbage can to the road, and he is back to repairing his beloved jukeboxes.

"I would like to thank the doctors, nurses and everyone at McLeod who cared for me and the role they played in saving my life," said Gilbert. "I pray for them each night just as they prayed for me."

"McLeod treated me so well that I would never go to any other hospital," added Gilbert.

With the help of Gilbert's dedicated care team at McLeod, a heart attack couldn't stop the music in his heart.

CELEBRATING

Stories of Recovery

First-time mother Shaquilla James of Summerton, South Carolina, joyfully anticipated the arrival of her daughter. In early April, 38 weeks into her pregnancy, Shaquilla developed a cough, which she initially associated with a sinus infection.

Shaquilla eventually sought care at the McLeod Health Clarendon Emergency Department, where she was tested for COVID-19. Her visit resulted in a positive diagnosis three days later.

Hours after receiving her results, Shaquilla went into labor. Weakened from days of severe coughing, Shaquilla asked her mother to call 911.

Shortly after arriving at McLeod Health Clarendon, Shaquilla gave birth to a healthy baby girl, Aubree, under the care of Tom Chappell, Certified Nurse Midwife with McLeod Women's Care Clarendon.

"I held her for a few moments but could not do skin-to-skin since we did not know if I could make Aubree sick," recalled Shaquilla. "Tom then asked if I would prefer to isolate myself from Aubree as a precaution. I first said 'no' because I could not imagine being separated from my baby, but then I changed my mind. I loved her too much to do anything that could make her sick."

Shaquilla felt well the next 24 hours, but then had difficulty breathing. Concerned about her condition, her medical team admitted her to the Intensive Care Unit for additional care.

Meanwhile, Shaquilla's mother and sister cared for Aubree. Shaquilla's Nurse-Family Partnership Nurse Home Visitor, Alison Baggette, came alongside the family for support and encouragement. She visited them regularly to ensure they had everything Aubree needed.

Shaquilla's condition continued to decline. The team at McLeod Health Clarendon decided to transfer Shaquilla to the Medical Intensive Care Unit (MICU) at McLeod Regional Medical Center in Florence, where she was immediately sedated and put on a ventilator.

Two days later, as the medical team began reducing Shaquilla's sedation to prepare for extubation, Shaquilla opened her eyes to unfamiliar faces and sounds.

Kelly Orton, a staff nurse in the MICU who had been assigned to care for Shaquilla, was by her side the moment she woke.

Kelly explained everything that was happening and gave Shaquilla a piece of paper to write down anything she needed.

Shaquilla wrote the words, "Please don't leave me." Moved by the request, Kelly stayed with Shaquilla throughout the entire process.

"Kelly was like an aunt to me," recalled Shaquilla. "I was alone and scared, but Kelly showed so much compassion and never left my side. She even posted pictures of my baby throughout my room and helped me FaceTime Aubree so I could see her."

Shaquilla continued to improve and made a full recovery. Her most anticipated moment came when she held her daughter for the first time almost two weeks after giving birth.

"I was determined to get better for my daughter," said Shaquilla. "I thank God I am alive."



Shaquilla recently returned to McLeod Regional Medical Center to thank Nurse Kelly and the entire medical team for the compassionate care she received during her battle with COVID-19.

MCLEOD HEALTH CLARENDON & MCLEOD REGIONAL MEDICAL CENTER
Shaquilla James

EXPANDING ACCESS TO SPECIALITY CARE

by Carrie Anna Strange

McLeod Urologist **Dr. Kelly Maloney** always had an interest in the medical complexities of the human body. This inspired her to become a physician. During her rotation as a medical student at Dalhousie Medical School, Dr. Maloney's Chief Urologist performed a procedure using a dilator to make the urethra wider for a patient with a urethral stricture.

"This moment led me to a career in Urology," explained Dr. Maloney. "Seeing this patient feel immediate relief showed me that through medical practice, we can make acutely ill patients acutely better."

"I find Urology to be a great combination of medicine and surgery. I follow many of my patients long-term, with medical interventions as needed, and slightly more than half of my patients are treated with surgery. Urology gives a physician unique perspective on both aspects of clinical treatment," said Dr. Maloney.

Caring for patients at McLeod Urology Associates, Dr. Maloney brings an extensive knowledge of advanced treatment skills for a wide range of urological conditions in both men and women. Three commonly treated conditions include elevated PSA, kidney stones and urinary tract infections.

With 30 years of experience, McLeod Urologist Dr. Kelly Maloney provides patients with minimally-invasive solutions to urinary conditions.

Elevated PSA

The prostate gland is found only in men and is part of the male reproductive system. "Normally, a healthy prostate produces only small amounts of prostate specific antigen (PSA), a protein produced by both cancerous and noncancerous tissue in the prostate," explained Dr. Maloney. "An elevated PSA can point to developing prostate cancer, but also can be triggered by other causes such as an enlarged prostate."

The CDC recommends men ages 55 to 69 make individual decisions with their doctor about prostate cancer screening.

One of the most common prostate procedures performed routinely at McLeod Regional Medical Center is the Transurethral Resection of the Prostate (TURP), a surgery used to treat urinary problems caused by an enlarged prostate. During the procedure, the urologist utilizes a resectoscope (visual and surgical instrument) to trim away excess prostate tissue that is restricting urine flow.

Kidney Stones

While kidney stones are not typically life-threatening, they can be extremely painful.

Kidney stones form inside the kidneys from deposits made of minerals and salts and then travel to the bladder through the urinary tract. In some instances, patients pass kidney stones naturally. However, if the stones become lodged or are too large to pass on their own, medical intervention may be necessary.

One of these interventions employs the use of sound waves to break up stones. During the procedure, called extracorporeal shock wave lithotripsy (ESWL), kidney stones are crushed into small pieces that can be passed in the urine.

For larger stones, Holmium Laser Lithotripsy allows Dr. Maloney to remove the stones without any incisions using a flexible fiber laser.

Often, once stones have been broken into smaller fragments, Dr. Maloney performs a ureteroscopy to extract the stones from the urinary tract. Additionally, a stent may be inserted after extraction of the kidney stones to prevent infection and keep the urinary tract open.

Urinary Tract Infection

"Studies show that 40 percent of women will have symptoms associated with urinary tract infection (UTI) at least once in their lifetime," said Dr. Maloney.

"UTIs occur in both men and women but are four times more common in women due to their anatomy," said Dr. Maloney. "When a patient presents with the symptoms of a UTI, I immediately obtain a urine culture to determine if bacteria is present and, if so, what type. This important step helps determine the appropriate treatment or therapy."

Most patients will respond to a course

of antibiotics; however, the treatment type and duration depend upon results of the culture and associated medical conditions the patient may have.

Some patients require further evaluation with an imaging scan of the kidneys (X-ray, ultrasound or CT scan) in addition to an in-office test, called a cystoscopy, to look inside the bladder.

In some cases, a UTI will be caused by conditions other than bacteria and will not require antibiotics.

Prompt evaluation by a doctor should be performed if an individual has signs or symptoms of a UTI. Failure to treat a UTI can result in more serious conditions.

Many urological conditions can be prevented or caught early with regular check-ups and appropriate screenings. It is important to talk to your doctor about these options as well as any symptoms or changes you may be experiencing.

In addition to seeing patients in Florence, Dr. Maloney provides care in Sumter, South Carolina at 540 Physicians Lane. To schedule an appointment, call 803-340-5100.

"We are excited to meet the needs of patients locally by offering specialty care for Urology in Sumter," said Rachel Gainey, Administrator of McLeod Health Clarendon. "With increased access to specialty care such as Urology, McLeod Health continues to fulfill our commitment to provide the highest quality health care in our region."



McLeod Urology Associates

Board Certified with 30 years of experience, Dr. Kelly Maloney of McLeod Urology Associates provides expert treatment for a wide range of urological conditions in both men and women.

You may need to see a Urologist for:

- Elevated PSAs
- Kidney Stones
- Recurrent Urinary Tract Infections (UTIs)
- Incontinence Issues
- Prostate Screening
- Blood in Urine

A New Approach AT LIFE



Timothy credits Dr. Chad Thurman and the entire orthopedic care team at McLeod for his new lease on life after undergoing a hip replacement surgery. Now, he enjoys doing life with his wife and family pain-free.

by Erin Brown

Fifty-four-year-old Timothy Smith experienced pain in his right leg that caused him to miss out on important moments for many years. Riding bikes with his grandson Scott and golfing with friends challenged him more than the sport. Even everyday activities such as walking into work became a struggle.

Seeking a better quality of life, Timothy chose to obtain superlative medical care from the orthopedic experts at McLeod Health.

In September 2019, Timothy visited McLeod Orthopedic Surgeon **Dr. Pat Denton**. At this appointment, Dr. Denton identified the root cause of Timothy's pain -- a damaged hip joint. He immediately referred Timothy to his colleague **Dr. Chad Thurman**, who specializes in total joint replacement.

An MRI revealed that Timothy's hip joint was bone-on-bone. Many years of wear and tear, along with high school and college sports, contributed to his condition.

Focused on developing a personalized treatment plan for Timothy, Dr. Thurman considered the extent of the injury as well as Timothy's age and overall health. While there are several minimally-invasive approaches to total hip replacement, Dr. Thurman determined that the Direct Anterior Approach would be the best option for Timothy.

"This increasingly common approach to hip replacement surgery offers many benefits to both the surgeon and the patient," said Dr. Thurman.

During the procedure, the surgeon reaches the hip joint from the front of the hip as opposed to the side or the back. This approach allows the surgeon to go between the muscle planes rather than cutting through the muscle.

The overall benefits of Direct Anterior Approach for the patient include shorter incision lengths, less damage to muscles, decreased pain, shorter hospital stay, and faster recovery and rehabilitation.

On October 7, 2019, Timothy underwent hip replacement surgery at McLeod Regional Medical Center. Following surgery, Timothy spent the night in the hospital and immediately began rehabilitation.



Dr. Chad Thurman and his team perform a total joint replacement at McLeod Regional Medical Center.

"Many patients take their first steps within hours after surgery with the aid of a walker," explained Dr. Thurman. "Rehabilitation allows the patient to restore strength and mobility to the hip, which not only improves but also expedites recovery."

"Everything about my experience -- from Dr. Thurman's care during surgery to the excellent nurses I met -- demonstrated how much McLeod cares about their patients," recalled Timothy.

Timothy continued rehabilitation at McLeod Sports Medicine and Outpatient Rehabilitation located in Florence, South Carolina.

After five weeks of recovery, Timothy returned to work at Continental Tire in Sumter, South Carolina.

"I could not have made it through surgery and recovery without my loving wife Kelly," said Timothy.

With the help of the dedicated surgical and rehabilitation team at McLeod, Timothy now enjoys a pain-free life and, most importantly, those precious bike rides with his grandson.

McLeod Health Earns Top Honor

McLeod Health earned a top honor from Healthgrades with Five Stars in Total Hip Replacement in 2020. Healthgrades is the leading online resource for comprehensive information about physicians and hospitals. For more information on our top honors from Healthgrades, visit [McLeodHealth.org](https://www.McLeodHealth.org).



CELEBRATING

Stories of Recovery

Praising the Lord and the wonderful staff who cared for her, Cynthia Parks left McLeod Regional Medical Center after 54 days through a parade of cheering caregivers celebrating her victory over COVID-19. They shed happy tears along with Cynthia's son James Parks and her daughter Gloria Sims who was on a video call with her at the time.

Unable to see their mom since March 21 when she entered the hospital, James cried tears of joy as he left McLeod with his mother on May 14 because, "We never thought this day would come. Knowing how this virus has infected the world, it was hard not being able to see her. But, this is a wonderful day. We are so glad to see our mom recovered and thankful for the staff and everyone who was a part of this," said James.

Sixty-eight-year-old Cynthia is one of the fortunate patients who has fully recovered from COVID-19. After her discharge from McLeod, Cynthia was transported to a rehabilitation center for two weeks where she joined her sister Maxine McCoy, who was also recovering from COVID-19. Grateful for their survival, Cynthia and Maxine unfortunately had to cope with the loss of a brother, sister and three cousins to the virus.

James and Gloria did not know if their mother would survive due to other health conditions she has, but James said, "Our mom is a fighter,

and she's always been that way. She is also a believer in God, and that is what we think got her through all of this."

Brenda Raynor, Director of Nursing on the tenth floor of the McLeod Pavilion, was one of many nurses and staff members who cared for Cynthia. "She had a long, hard fight but we knew she was tough. It was touch and go for a while, but she persevered and made it. Cynthia has been an inspiration to all of us. She is one tough cookie.

"It has been an emotional roller coaster for us and these patients with COVID-19. Not just physically, but emotionally and spiritually," recalled Brenda. "We cried and laughed with them -- always encouraging them. There is more than just the physical aspect of caring for these patients with the virus. They require a lot of intense therapy to get better, and their hopes can get low, but we are there to cheer them on."

Brenda added, "Seeing patients like Cynthia recover gives us all hope -- healthcare professionals and patients currently undergoing treatment for COVID-19."

The most difficult part of Cynthia's hospitalization for her children was not being able to see their mom in person due to visitation restrictions. According to James, the staff kept in contact with the family regarding their mother's treatment and condition by phone. "They made sure we knew everything they were doing to treat the illness and take excellent care of mom. This hospital has been nothing but a godsend for my family."

Today, Cynthia is back home doing well and being cared for by her children in Pamlico. She attributes her well-being to the exceptional doctors and nurses at McLeod Health, particularly **Dr. Rachel Fenters** who she became very close to during her extended stay.

"My doctors and nurses were awesome and helped me every step of the way," said Cynthia. "They made 54 days go by much faster and encouraged me every time I got lonely. The support they showed to me and my family means everything. It has been a tough battle, but God never makes mistakes, and He has kept me here for a reason.

"I encourage everyone to wear masks and follow instructions for social distancing. This virus is real and should not be taken lightly. I am looking forward to getting involved in my community again, working with the youth and senior citizens in the Pamlico area," added Cynthia.



Cynthia Parks, accompanied by her son, James, left McLeod to the cheers of staff after spending nearly two months in the hospital for COVID-19. Today, at right, Cynthia is back at her home in Pamlico regaining her strength and enjoying time with her family.

MCLEOD REGIONAL MEDICAL CENTER
Cynthia Parks

SHINING BRIGHT

LIKE A

Diamond

by Tracy H. Stanton

Renee Bannister understands the exquisite intricacies of a precious jewel. Like a diamond, her smile shines bright and inviting when you meet her. It is no wonder she has specialized in the sale of these gems for more than 25 years.

A sales associate with a specialty jewelry business in Sumter, Renee actually put off undergoing a low-dose lung CT screening in the fall of 2018 because that is their busiest season of the year.

A smoker for 27 years, Renee says she always assumed at some point a physician would say to her "you have emphysema," although she had quit smoking more than 15 years ago.

During a routine check-up in October 2018 with **Dr. Lisa Heichberger** at McLeod Primary Care Clarendon, Renee said Dr. Heichberger listened to her heart and lungs and said she did not hear anything of concern.

(Continued on next page)



Renee Bannister credits **Dr. Wayne Holley** and the **McLeod Lung Cancer Screening Program** for saving her life.

“I made a little ‘ahem’ noise, and she knew I thought something was wrong,” recalled Renee. “After discussing my smoking history and this funny little cough I had sometimes, Dr. Heichberger recommended I undergo a low-dose lung CT screening.”

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

Based on the results of this trial, in December 2013, the United States Preventive Services Task Force recommended screening for lung cancer using a low-dose CT scan in patients who meet the following criteria: ages 55 to 80; cumulative smoking history of 30-pack years or more; who still smokes or who has this history but stopped smoking in the last 15 years; and who currently does not exhibit any symptoms of lung cancer.

“I waited until the middle of January when I knew I would have more time to travel to Florence for the scan,” said Renee. “The only symptom I had was the strange little cough every once in a while.”

Renee added that part of the reason she procrastinated undergoing the screening was because she really did not want to know if there was something wrong.

In January 2019, Dr. Heichberger received the results of Renee’s lung CT screening. After reviewing the results, Dr. Heichberger scheduled Renee for a PET scan. A Positron Emission Tomography scan reveals how organs

“I could not ask for any better doctor or amazing care than I received. You feel at ease with Dr. Holley right off the bat, and you know he cares about you. I feel lucky and blessed and extremely grateful that my cancer was detected early and only required a small procedure.”

– Renee Bannister

and tissue are functioning. The scan confirmed the diagnosis of an early stage lung cancer. Renee said Dr. Heichberger immediately made arrangements for her to see **Dr. Wayne Holley**, a McLeod Thoracic Surgeon.

Renee recalls that during her first appointment with Dr. Holley he pulled up the images of her scans on the computer screen to review them with her. “He then sat down and drew a picture of the lung and said it is contained right now and you are lucky. Dr. Holley explained that most people come in and they are Stage IV, whereas my cancer was Stage I. He recommended removing the top third of my lung and did not feel I would need radiation or chemotherapy, only the surgery.”

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

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

However, in three out of four cases, patients receive their diagnosis at

advanced, inoperable stages, according to Dr. Holley. “As with most cancers, early detection remains the key to survival.”

At the end of February 2019, Dr. Holley performed a robotic lobectomy on Renee at McLeod Regional Medical Center.

Renee said that when Dr. Holley explained he would perform the procedure robotically she felt it sounded better than traditional lung cancer surgery which involves separating the ribs and large incisions. “Dr. Holley told me that I would have a few small incisions; however, I don’t even have a scar.”

Hospitalized for three days, Renee said that she had no issues with her recovery and did not need all of the pain medication prescribed.

Two weeks after her surgery, Renee had a follow-up appointment with Dr. Holley and five weeks later she returned to work. Six months after her procedure she underwent a repeat low-dose lung CT scan.

The American Society of Clinical Oncology (ASCO) recommends that most people who are successfully treated for an early-stage lung cancer receive imaging scans every six months for the first two years after treatment to watch for a recurrence.

Fortunately for Renee, a new CT scanner is being installed at McLeod Health Clarendon in Manning, so she will no longer have to travel to Florence for these scans.

“I know now that there really is nothing to be afraid of,” said Renee. “It is better to find something very early than it is to wait. I also feel very fortunate that I did not have to undergo chemotherapy or radiation.”

Dr. Holley says Renee is the ‘picture-perfect’ testimonial of what they want to accomplish through the McLeod Lung Cancer Screening Program. “Renee has no signs of recurrence or progression of cancer, and she appears cured.

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

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

Renee believes Dr. Holley is “just the best of the best. I could not ask for any better doctor or amazing care than I received. You feel at ease with him right off the bat, and you know he cares about you. I feel lucky and blessed and extremely grateful that my cancer was detected early and only required a small procedure.”

For more information on the McLeod Lung Cancer Screening Program, please call 843-777-5953.

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



Small Clip = Big Repair



by Tammy White

Living with heart disease can make daily activities more difficult and affects every aspect of one's life -- physically, mentally and emotionally. With this in mind, the physicians and care teams at McLeod Health constantly seek innovative solutions and alternatives that allow patients to embrace life fully.

The McLeod Heart and Vascular Institute leads the way in the region with advanced therapy and treatment for valvular heart disease with the introduction of MitraClip, a minimally-invasive therapy to treat mitral regurgitation, also known as a leaking heart valve.

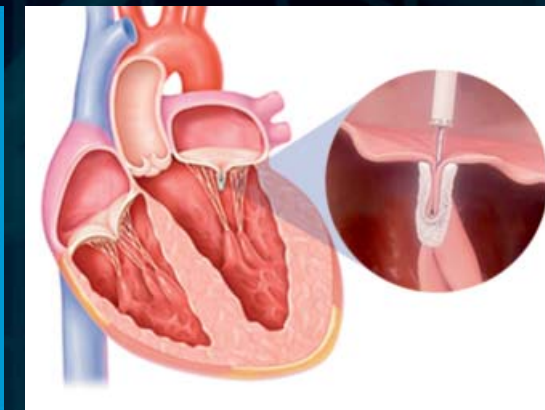
The heart has four valves, which are like one-way doors, key to directing blood flow properly through the heart. One of those valves, the mitral valve, has two leaflets, or flaps, that open and close to ensure blood travels in only one direction within the heart.

"Approximately one in ten adults age 75 and older in the United States have some degree of mitral regurgitation," said **Dr. Brian Blaker**, McLeod Interventional Cardiologist. "The prevalence and severity of mitral regurgitation increases with age, although it can affect adults of all ages.

Some of the common causes include congestive heart failure,

coronary artery disease, mitral valve prolapse, rheumatic heart disease, connective tissue disease, and radiation exposure."

Over time, the flaps can become worn and no longer seal completely, allowing blood to leak backward. As a result, the heart must work harder to push blood through the body.



Images courtesy of Abbott.

Physicians can now insert this small clip device (left) to clip a leaking mitral valve closed (right) to help restore normal blood flow through the heart.

Common symptoms patients with mitral regurgitation experience include fatigue, shortness of breath, coughing and an irregular heartbeat. You may also have an extra heart sound, known as a heart murmur, that is produced when blood flows turbulently or in the wrong direction.

"Our treatment goals focus on decreasing the severity of mitral regurgitation, lessening strain on the

heart and improving quality of life for patients experiencing these symptoms," said Dr. Blaker. "Medications may help the symptoms, but they cannot mend the damaged valve."

The current standard to repair a severely leaking mitral valve remains open-heart surgery by either replacing the valve with an artificial valve or repairing the existing mitral valve. However, in patients who continue to have symptoms despite medical therapy and are not good candidates for surgery, a less invasive mitral valve repair with MitraClip may be a safe and effective alternative to open-heart surgery.

A specialized team consisting of an interventional cardiologist, a cardiothoracic surgeon and a cardiac anesthesiologist, work together to

determine a patient's eligibility for this procedure. Tests to measure the size of the valve help the team establish if the MitraClip is a good option for treatment.

Performed in a cardiac catheterization laboratory, this procedure uses X-ray imaging and ultrasound technology to deliver the MitraClip to the correct position in the heart via a catheter through a blood vessel in the leg. Once in place, the clip attaches to the mitral valve leaflets, fastening them together. This improves the closure of the valve and reduces the backflow of blood.

"With the MitraClip, more patients will experience improvements in their symptoms, a decreased chance of being hospitalized and an improved quality of life," said Dr. Blaker.



The medical team that performed the first MitraClip procedure at McLeod Regional Medical Center include front row left to right: Ashley Gooding, RT(R); Paul Micale, RN; McLeod Cardiac Anesthesiologist Dr. Robert Savage; McLeod Interventional Cardiologist Dr. Brian Blaker; back row left to right: Ryan Hill, NP; McLeod Electrophysiologist Dr. Prabal Guha; and McLeod Cardiothoracic Surgeon Dr. Robert Messier.

SUPERLATIVE CARE IN A RURAL SETTING

by Jaime Hayes

General Surgeon **Dr. Jessica Adams'** education and training has taken her across the country -- Virginia, Kentucky, Texas, Georgia, New York. However, in 2019, she discovered the rural town of Dillon, South Carolina and found it so charming that she decided to put down roots and practice medicine at McLeod General Surgery Dillon.

"When I visited Dillon, I was greeted with exceptional warmth, friendship and hospitality. The location and the other physicians here left an impression. It seemed like a perfect place to practice," recalled Dr. Adams.

With a population of around 6,000, Dillon sits on the South Carolina and North Carolina border. McLeod Health

Dillon has been serving the community since 1943, when it opened as Saint Eugene Hospital.

Located in the heart of the small town, McLeod Health Dillon provides exceptional care to the surrounding areas.

Struck by the charming town of Dillon, McLeod General Surgeon Dr. Jessica Adams enjoys the many benefits of offering superlative surgical care in a rural setting.



The southern charm of the people and places of Dillon, like the Dillon County Courthouse, led Dr. Jessica Adams to call the small town home and set up her medical practice as a General Surgeon.

"I enjoy seeing and talking to my patients outside of the hospital as we do life together," she said. "I consider it a privilege to provide surgical care for patients right here in the community, close to their family and friends."

Dr. Adams has fit in well with the medical staff at McLeod Health Dillon, most of whom have been a part of the Dillon community for years.

"The camaraderie among the local physicians allows us to go beyond standard care and use a team approach to offer patients the quality care they expect," added Dr. Adams. "I really appreciate the interaction with my peers, especially when it comes to our shared patients."

"The surgical field has many unique aspects, and what I find most rewarding is restoring my patient's quality of life," explained Dr. Adams. "Many of my patients come in with bothersome, sometimes debilitating, symptoms that they have experienced for years. Alleviating these symptoms, often through minimally-invasive procedures, brings me great joy and purpose."

With modern technology and advanced techniques involving a laparoscope (video microscope), many surgical procedures at McLeod Health Dillon can be performed with smaller incisions and shorter hospital stays.

Dr. Adams also believes in educating her patients. "We have a lot of control over our health," she said. "I emphasize that by making healthy lifestyle choices, including diet and exercise and the elimination of bad habits such as smoking, patients will notice a real difference."

"Combining the improved lifestyle choices with our surgical ability to treat the conditions our patients face, we hope to see a healthy and thriving Dillon community," added Dr. Adams.

With the latest techniques utilizing leading-edge technology and minimally-invasive procedures,

Dr. Adams provides surgical care for conditions of the:

- Esophagus
- Stomach
- Small Bowel
- Colon
- Liver
- Pancreas
- Gallbladder
- Bile Ducts
- Skin
- Breasts
- Soft Tissue
- Hernias
- Thyroid

"Many of my patients come in with bothersome, sometimes debilitating, symptoms that they have experienced for years. Alleviating these symptoms, often through minimally-invasive procedures, brings me great joy and purpose."

- Dr. Jessica Adams

CELEBRATING

Stories of Recovery

Traveling to South Carolina from New York with his vocal group, Sunrise All In, in early March, Kirk Williams had no idea he would still be in the Palmetto State three months later as a result of COVID-19.

On March 9, Kirk's music group posted to Facebook, "Sunrise is taking our show on the road. We will be in Orangeburg and Myrtle Beach, South Carolina next weekend. See you guys when we get back. Best regards to all of our family and friends."

Dedicated to preserving rhythm and blues music for the next generation, the group headed to their first stop in Orangeburg. While they were performing their first gig, Kirk started feeling unwell. Before leaving for North Myrtle Beach, Kirk went to the emergency department at the local hospital. He was diagnosed with malaise and discharged. Kirk then traveled on to North Myrtle Beach.

On Saturday, March 14, the group performed for St. Patrick's Day festivities taking place in North Myrtle Beach. Kirk said he still did not feel well and actually drove himself to McLeod Health Seacoast for treatment. This time he was admitted and after being tested, the medical team determined that Kirk was suffering from COVID-19.

The first COVID-19 patient within the McLeod Health system, Kirk spent 60 days receiving care at McLeod Health Seacoast. He was on a ventilator for 16 days, and his kidneys shut down, requiring dialysis.

Penny and Clark Eckert, nurses in the Intensive Care Unit at McLeod Health Seacoast, grew close to Kirk while caring for him in the unit. "He was all alone in his fight with no family in the area. Kirk needed people to cheer and encourage him," explained Clark.

The ICU staff also shared regular updates with Kirk's daughter and sister in New York. "It took several days for Kirk to wake up after being on the ventilator," said Clark. "When he was fully awake, Kirk was confused and wanted to go home. He had no idea what was going in the world with COVID-19. On one of the video calls with his family, we explained how Kirk wanted to come home and they quickly said, 'He is in the best place. If this happened to him here in New York we don't believe he would have made it.' The family told Kirk that everything happens for a reason and they were so thankful he was at McLeod Health Seacoast when he got sick."

The Eckerts were actually out of town when they learned Kirk was finally being discharged from the hospital. They raced back to Little River so they could be there for the celebration. The couple also purchased clothes for Kirk to wear to the rehabilitation center he was being transferred to in Florence.

On May 12, Kirk was discharged from McLeod Health Seacoast with a cheering send off by the staff as he was transported to the rehabilitation center for further recovery. The nursing team who cared for him in both the ICU and medical unit joined in the celebration, many of whom came in on their day off, as well as the critical care specialists and hospitalist team who managed his care.

McLEOD HEALTH SEACOAST
Kirk Williams



The first COVID-19 patient within the McLeod Health system, Kirk Williams was discharged from McLeod Health Seacoast 60 days after his initial diagnosis.

Clark also made a video of Kirk's departure and sent it to his daughter.

"Kirk has come a long way from his first few days with us in our ICU. He was extremely sick, but his strong will and determination carried him to this special day," said **Dr. Kevin Dineen**, a McLeod Pulmonologist and Critical Care Specialist. "Outcomes for patients like Kirk inspire us and make us hopeful for those patients with COVID-19 who are still in our care."

After a month at the rehabilitation center, Kirk was able to return to New York in mid-June. He expressed his gratitude to the nurses and staff at McLeod Health Seacoast and told staff he looks forward to coming back to visit his new friends very soon.

BACK IN THE Swing of Things

by Arielle Williams

Chesterfield Middle School student athlete Rocket Watford had been looking forward to this day for years. As a seasoned baseball player who has played on travel ball teams from an early age, Rocket found himself at his first football practice last August.

He joined his team on the football field filled with excitement at trying his hand at another sport. The play is called. He makes one wrong move. In seconds, he goes down. Immediately, he attempts to stand, only to drop to the ground under his own weight.

Individuals who experience an ACL injury often report an audible "pop" the moment the tear occurs. Rocket heard nothing. However, his leg immediately started to swell, and the pain was almost unbearable. He could not walk or stand on his own.

It was not until his coaches ran over to help him up and off the field that he realized the true extent of his injuries.

(Continued on next page)



Rocket Watford, a Chesterfield student athlete, is grateful for Dr. Thomas DiStefano and the McLeod Orthopaedics Cheraw team that helped him get back to the playing field after a traumatic ACL injury he sustained last fall.

The coaches contacted Rocket's mother, Judy, and urged her to take him to the doctor as soon as possible because they suspected an ACL injury.

"I hated seeing my son in so much pain and felt devastated by the possibility of him never playing sports

again," said Judy. "He has loved sports all his life. 'Ball' was even one of his first words."

"As former Florence residents, our family has been fans of the McLeod Health system and their orthopedic surgeons for years," recalls Judy. "We had also heard too many good things about **Dr. Thomas DiStefano** within the Chesterfield community to let it go."

With her choice made, Judy called McLeod Orthopaedics Cheraw and made an appointment for Rocket.

Dr. DiStefano, a McLeod Orthopedic Surgeon, specializes in sports medicine injuries such as ACL tears and meniscus tears while using minimally-invasive surgical techniques for the quickest possible recovery so his patients can get back to the playing field.

ACL tear repair surgery is an outpatient procedure using arthroscopy, a minimally-invasive approach that involves a small camera, called an arthroscope, inserted through a few tiny incisions made in the knee. This high-tech tool allows images to be transmitted in real-time to a computer screen in the operating room.

Because of Rocket's young age, Dr. DiStefano researched and developed an innovative way to reattach the ligament without compromising the delicate growth plates of Rocket's changing knee.

Thanks to a minimally-invasive procedure, Rocket fully recovered from an ACL injury in record time and is back to enjoying his favorite sport.

A closer look inside the knee allows the orthopedic surgeon to assess the area without having to perform a much more invasive "open" knee surgery.

The surgeon makes small incisions around the knee, followed by a salt solution that expands the surrounding tissues for greater access during the operation. Next, the physician inserts the arthroscope to search for further damage.

Normal ACL injury repair surgeries often require a graft that is pulled through the tunnels created from the incisions until it reaches the injury site. From there, the orthopedic surgeon will secure it with screws or staples depending upon the need.

If the surgeon discovers further damage, he will usually address those concerns during surgery to hopefully prevent future complications such as arthritis down the road.

The incision is then closed and pain relief administered. Lastly, the surgical team ices and elevates the knee, before transporting the patient to the recovery room.

Because of Rocket's young age, Dr. DiStefano researched and developed an innovative way to reattach the ligament without compromising the delicate growth plates of Rocket's changing knee. Dr. DiStefano found that drilling a much smaller two-millimeter hole to reattach the tissue, instead of the traditional 10-millimeter hole, would work without compromising the growth plates. Not only would this result in less pain, but it would also eliminate the need for a second surgery.

"We do not typically see ACL tears in student athletes as young as Rocket," said Dr. DiStefano. "Performing a standard reconstruction at his age would have violated Rocket's growth



Dr. Thomas DiStefano and the teams at McLeod Health Cheraw navigated Rocket Watford through his torn ACL injury repair journey and helped him quickly return to baseball at Chesterfield Middle School.

plates, as they are still open. During skeletal growth, the tibial tubercle ossification center undergoes architectural changes as the composition of the cartilage changes. With this in mind, we found a less invasive method that would work with his growth plates, as opposed to working against them.

"Advantages of this approach include significantly less pain and a shorter recovery time so athletes can safely return to sports much sooner than expected."

Physical therapy, both before and after surgery, remains essential to restoring the patient's full range-of-motion while simultaneously rebuilding muscle strength. Most patients also wear a knee brace during their recovery period as well as keep the leg elevated as much as possible following surgery.

Dr. DiStefano advises his surgical patients to carefully follow all

rehabilitation recommendations beginning immediately after surgery to reap the best possible outcomes.

Rocket recovered in just four months, almost half the time reported for this sort of injury. Dr. DiStefano attributes Rocket's stellar recovery to his determination to get back on the field where he belongs all while maintaining a positive attitude and strictly adhering to his physical therapy regimen.

Earlier this spring, Rocket stepped onto the baseball field at Chesterfield Middle School for the first time since his injury. He has played almost every position with no chance of slowing down thanks to the exceptional care he received from Dr. DiStefano and his orthopedic team.

The future is bright for the young star who dreams of playing for the Atlanta Braves and meeting Javier Báez, Major League Baseball shortstop and second baseman for the Chicago Cubs.

CLEARING THE FAIRWAY



Because of the life-saving vascular care he received at McLeod, Conrad can return to playing his favorite sport.

by Jennifer Hulon

Myrtle Beach resident Conrad Alt suddenly began experiencing what he believed were flu-like symptoms including vomiting, hot flashes and severe abdominal pain. This pain persisted through the next day, to the point he had to leave work early and head to a pharmacy to pick up medicine.

On the third day of persistent pain, Conrad's discomfort intensified. He continued self-treatment to find some relief. He also tried to rest, as sleep had eluded him.

At 8:00 that evening, Conrad knew he needed help, so he went to the McLeod Health Carolina Forest Emergency Department located around the corner from his home.

"I'm very fortunate McLeod Health has an Emergency Department nearby," said Conrad.

Dr. Timothy Carr, an Emergency Department physician, examined Conrad when he arrived. After Conrad shared his symptoms, Dr. Carr began pressing on his abdomen, checking to see if Conrad was suffering from an abdominal aortic aneurysm (AAA). To confirm his suspicion, a bedside ultrasound was performed followed by a chest CT scan. The scan showed a large rupturing aneurysm.

"Mr. Alt came to the McLeod Health Carolina Forest Emergency Department in agonizing pain," said Dr. Carr. "Based on his description of symptoms, I suspected he had an AAA, which can be life-threatening."

An abdominal aortic aneurysm is an enlarged area in the lower part of the aorta, a major vessel that supplies blood to the body. The aorta runs from your heart through the center of your chest and abdomen. The aorta is the largest blood vessel in the body, so a ruptured AAA can cause life-threatening bleeding. Depending on the size of the aneurysm and how fast it is growing, treatment varies from watchful waiting to emergency surgery.

Dr. Carr contacted the specialists at McLeod Vascular Associates -- Dr. David Bjerken, Dr. Joshua Sibille and Dr. Christopher Cunningham.

Dr. Carr spoke with the surgeon on call, Dr. Cunningham, to discuss Conrad's condition. Dr. Cunningham reviewed the CT scan from home and determined that emergency surgery was needed.

Dr. Carr and his staff worked quickly to arrange Conrad's transportation to McLeod Health Seacoast.

Dr. Cunningham contacted the Operating Room (OR) at McLeod Health Seacoast to make preparations for the incoming AAA patient. Dr. Cunningham and the OR team were ready to operate when Conrad arrived, as there was no time to waste.

To repair Conrad's aneurysm, Dr. Cunningham gained access through a minimally-invasive surgical procedure called Endovascular Aneurysm Repair (EVAR). During the EVAR procedure, the vascular surgeon inserts a stent graft (a fabric tube supported by metal wire stents that reinforces the weak spot in the aorta) into the aneurysm through small incisions in the groin. Endovascular repair of aneurysms does not require a large incision and has a substantially shorter recovery time than the conventional open surgical approach.

However, not all aneurysms are suitable for endovascular repair.

Conrad's procedure was successful with no complications. Due to the less invasive approach, Conrad went home within two days.

"I was told after surgery that if I had waited two hours, I would not be alive," said Conrad. "I'm grateful for all of the staff at the McLeod Health Carolina Forest Emergency Department and McLeod Health Seacoast. I would recommend this neighborhood emergency department to everyone, especially residents of Carolina Forest."

Conrad and his wife relocated to Myrtle Beach from Long Island, New York. As golfing is his favorite past-time, Conrad chose to work at Aberdeen Country Club so he could be on the course every day. Conrad was released back to work as well as to playing golf only three weeks after his surgery.

"McLeod Health Seacoast impressed me with their professional response and bedside manner. I feel fortunate to be able to share my story," added Conrad.

More about Abdominal Aortic Aneurysm

Abdominal aortic aneurysms often grow slowly without symptoms, making them difficult to detect. Some aneurysms never rupture. Many start small and stay small; others expand quickly or over time.

If you have an enlarging abdominal aortic aneurysm, you might notice a deep, constant pain in the abdomen, back pain and/or a pulse near the navel.

Aneurysms can develop anywhere along the aorta, but most aortic aneurysms occur in a portion of the abdomen. Several factors can play a role in developing an aortic aneurysm, including:

- **High blood pressure.** High blood pressure can damage and weaken the aortic walls.
- **Blood vessel diseases.** These are diseases that cause blood vessels to become inflamed.
- **Hardening of the arteries (atherosclerosis).** Atherosclerosis occurs when fat and other substances build up on the lining of a blood vessel.

- **Infection in the aorta.** Rarely, a bacterial or fungal infection might cause an abdominal aortic aneurysm.
- **Trauma.** For example, being in a car accident can result in an abdominal aortic aneurysm.

Abdominal aortic aneurysm risk factors include:

- **Tobacco use** – Smoking is the strongest risk factor. It can weaken the aortic walls, increasing the risk not only of developing an aortic aneurysm, but of rupture. The longer and more often one smokes or chews tobacco, the greater the chances of developing an aortic aneurysm.
- **Age** – age 65 and older.
- **Male gender** – more common in men than in women.
- **Caucasian**
- **Family history**
- **Other aneurysms.** Having an aneurysm in another large blood vessel, such as the artery behind the knee or the aorta in the chest, might increase one's risk of an abdominal aortic aneurysm.

Sources: <https://vascular.org/patient-resources/vascular-conditions/abdominal-aortic-aneurysm>
https://www.medicinenet.com/abdominal_aortic_aneurysm/article.htm

Moving FORWARD

by Jessica Wall

Healthcare has always been challenging, but never more so than in the past few months as the nation faced the unknowns of COVID-19. Students of all ages out of school, disruptions in business and industries, and families distanced from one another. These issues strained McLeod team members like the rest of the world. Yet, our team brought heroic dedication, inspiring innovation and steadfast devotion to their jobs every day as they faced unparalleled medical situations.

HEROES AT WORK

We reflect with gratitude on our staff's tireless efforts, compassion and relentless focus on patient safety and quality care. Day in and day out, McLeod teams have risen to the occasion as they bravely face one of healthcare's greatest challenges.

We tried new approaches to treating COVID-19 patients -- first in plasma collection, strategic in our testing and managing ever-evolving information that collaboratively improved care and saved lives.

We also leveraged technology, such as Tele-visits, enabling non-COVID patients to see their personal physicians from home as well as telecommunications at the patient's bedside during restricted visitation to compassionately support all patient families.

Today and always, McLeod Health remains committed to the highest safety standards and resolved to improve lives through exceptional care.



From doctors and nurses to technicians, respiratory therapists, pharmacy specialists, nutrition and environmental services and elsewhere, McLeod Health frontline workers have cared for COVID-19 patients throughout McLeod Health. Pictured (above) are teams from the McLeod Regional Medical Center Medical Intensive Care Unit (MICU) and McLeod Health Seacoast Emergency Department (below).



McLeod Health COVID-19 Testing Clinics

In June, McLeod Health, in partnership with South Carolina DHEC, hosted several free COVID-19 Testing Clinics throughout the area including Florence, Carolina Forest, Dillon, Loris, Manning, Pamplico, and Summerton.

McLeod Health Clarendon was the first hospital in the system to host free COVID-19 Testing Clinics, held in both Summerton and Manning.



COVID-19 Grand Rounds

In May, McLeod Health held a COVID-19 Grand Rounds for medical staff through a live webcast. Moderated by McLeod Health Chief Medical Officer Dr. Dale Lusk, a panel of McLeod physicians and clinical leaders discussed COVID-19 background and trends, testing, clinical therapeutic options, and critical care management. This event was produced by the McLeod Innovation team under the supervision of Dr. Michael Rose, Senior Vice President and Chief Innovation Officer for McLeod Health.

Panel presenters included Jenna Swindler, PharmD, Pharmacist Co-Chair of the McLeod Health Pharmacy & Therapeutics Committee and a Process Manager in Operational Effectiveness; Dr. Ramesh Bharadwaj, Medical Director of Infection Prevention and Epidemiology for McLeod Health; Dr. Dale Lusk, McLeod Health Chief Medical Officer (Moderator); Dr. Tarek Bishara, Chair of Pathology and Medical Director of the Clinical Laboratories at McLeod Health; Dr. Marwan Elya, Pulmonary and Critical Care Specialist and Medical Director of McLeod Critical Care Intensivists at McLeod Regional Medical Center.

BRIGHT SPOTS

Difficult moments during the COVID-19 pandemic were often matched by equally powerful moments of inspiration and encouragement from the communities McLeod serves. These are a few examples.

Healthcare Heroes Truck

In May, the South Carolina Hospital Association (SCHA) announced their plans for the "Healthcare Heroes Truck," a digital billboard that traveled the state recognizing essential hospital employees while adhering to social distancing guidelines. During the week of May 6-16, the Healthcare Heroes Truck took a road trip across South Carolina and to individual hospitals with visible messages of solidarity and appreciation for all our teams. The mobile billboard included messages for Nurses Week, Hospital Week, and healthcare heroes in general.



Photo courtesy of SCHA.

The SCHA Healthcare Heroes Truck made stops at each of the seven McLeod Health hospitals. Pictured are a few members of the McLeod Health Darlington medical team as they enjoyed the inspiring messages featured on the digital billboard.

(Continued on next page)

**McLeod Health
"Twinkle Parades"**

Community members in Florence, Dillon, Manning, Loris, Little River and Cheraw honored patients and staff at McLeod Regional Medical Center, McLeod Health Dillon, McLeod Health Clarendon, McLeod Health Loris, McLeod Health Seacoast and McLeod Health Cheraw with "Twinkle Parades." The parades enabled the community and first responders to show their appreciation to medical workers while keeping their distance during the Coronavirus Pandemic.



The Dillon community shows support for its healthcare workers at McLeod Health Dillon with a "Twinkle Parade."

During the "Twinkle Parades," community members parked their cars near the hospital, honking their horns, flashing hazard lights and waving homemade signs to demonstrate their support for the staff members and patients. In addition, fire trucks and police vehicles were in attendance flashing their red and blue lights and turning on their sirens. Often, many of the employees came outside to wave back to the community to say thank you.



Two F-16 fighter jets flew over McLeod Regional Medical Center as part of Operation: AIR RESOLVE.

McLeod Health Flyover

On April 27, 2020, the South Carolina Air National Guard's 169th Fighter Wing participated in the United States Air Force's OPERATION: AMERICAN RESOLVE to salute healthcare workers and first responders on the front lines of the COVID-19 pandemic. This flyover consisted of two F-16 fighter jets that flew over each of the seven McLeod Health hospitals. Operation AMERICAN RESOLVE was an inspiration to all as the medical teams continue the fight against COVID-19.

McLeod Health Loris Seacoast Car Parades

On National Nurses Day, the Hot Rod Cruisers showed appreciation for frontline healthcare workers at McLeod Health Loris and McLeod Health Seacoast with a car parade.



Fifty Hot Rod Cruisers honored McLeod Health Loris frontline workers with a car parade.



Schaeffler Group USA donated face shields to McLeod Health Cheraw during the pandemic.

McLeod Health Community Donations

Upon asking for the community's help in procuring essential medical supplies, hundreds of organizations, businesses and individuals generously stepped in to meet these real needs. Every item donated was used by frontline medical teams caring for Coronavirus patients throughout McLeod Health.

MOVING FORWARD

We move forward with the same diligence and resiliency that has kept each of us over the last few months.

In the future, our communities can be assured that more than a century of experience will guide McLeod to continue redefining healthcare with compassion, excellence and hope.

CELEBRATING *Stories of Recovery*

On April 21, 2020, Wayne Wells, affectionately known as "Mr. Wayne," traveled the hallways of McLeod Health Clarendon as he had done many times before as a Volunteer for the hospital. Only this time, he was the patient.

This day was a milestone for 61-year-old Mr. Wayne. It marked the end of an 11-day battle with COVID-19 and the beginning of a testimony of hope and recovery.

As the nurse wheeled him to the front entrance, he was met with a parade of cheerful hospital colleagues as they lined the hallways to see him off.

Excited and relieved family members greeted him at the entrance, eager to take him home.

"It all started on a Thursday afternoon when I felt ill," explained Mr. Wayne. "At first, I was coughing and sneezing and thought it was a cold, but the symptoms got worse. By Saturday, I was very short of breath and had a high fever. I could not take it anymore and asked my sister to drive me to the Emergency Department."

Admitted to McLeod Health Clarendon while awaiting his COVID-19 test results, Mr. Wayne received the news that he tested positive.

"I was very concerned when the doctor told me I had COVID-19 because I knew people were dying from the virus," recalled Mr. Wayne. "I dropped my head for a few seconds before reminding myself that God would bring me through this."

"There were many difficult days and nights, but I knew God had me. One of the hardest parts of this experience was not being able to see my family or have them close."

Determined to keep his spirits up, Mr. Wayne kept in touch with his family through Facebook Messenger and group texts.

"Even though they could not be at the hospital, they asked people to pray for me every day at 3 p.m.," he continued. "I know without a doubt it made it a difference."

Dr. Catherine Rabon, Chief Medical Officer at McLeod Health Clarendon, cared for Mr. Wayne during his hospital stay.

"Nothing breaks a physician's heart more than when a patient looks at you and asks, 'Am I going to die?'" said Dr. Rabon. "Thankfully, in Mr. Wayne's case, I was able to give him hope of survival. His body's response to the treatment, along with his positive attitude and strong faith, all played an important role in his recovery."

"I'm grateful to Dr. Rabon, the nurses and technicians who cared for me. They were always there when I needed them," recalled Mr. Wayne.

"I am proud to say that I am a COVID-19 survivor. I thank God I am alive and able to share my story of hope."

Beloved by many within the hospital and surrounding community, Mr. Wayne returned to volunteering at McLeod Health Clarendon on June 19, a day he has been looking forward to for months.

He shared the moment on his Facebook page with a selfie showing his bright smile and the simple message, "It's good to be back."



"Mr. Wayne," COVID-19 Survivor, credits Dr. Catherine Rabon and his entire care team for his positive outcome. He asked to share his message of victory to encourage others in their fight against COVID-19.

**McLEOD HEALTH CLARENDON
Wayne Wells**

A MODEL FOR CLINICAL EDUCATION



by Tammy White

This group has just completed their eight hours of class time and are now prepared for their skills assessment with the Ares High Fidelity Simulation Manikin. Pictured from left to right: Brittany McNair, MSN, RN, CMSRN, NPD-BC, Nurse Educator, McLeod Organizational Learning; Anita Diaz, RN, Medical MPMC; Sandra Watson, RN, CDCES, Medical Surgical Clarendon; Danielle Cooper, MSN, RN, CEN, Nurse Educator, McLeod Organizational Learning; Tracie Branch, RN, Medical Surgical Cheraw; and Michele Harris, BSN, RN, CDCES, Diabetes Educator, MPMC.

A cry for help sounds out. Nurses and medical technicians question the call and look to each other. This is the moment for which they have trained. They leap into action, moving to the next room to assist.

McLeod Nurse Educators Danielle Cooper and Brittany McNair remain with the Ares High Fidelity Simulation Manikin to await this team. The manikin appears in distress. This group of new McLeod employees have just been challenged to

save the manikin patient's life. As the team joins Brittany and Danielle, they enter a simulation room that represents a patient room in any McLeod hospital. The team works together to assess their patient and

determine his ailment. Simulation training gives learners an opportunity to practice emergency care such as: defibrillations, emergency medication administration, CPR and ECG display to identify cardiac arrhythmias.

"A real patient rarely provides a warning before going into any type of distress," said Danielle. "We want to make this skills assessment as realistic as possible. With the new simulation manikin, we can create just about any type of medical scenario clinical professionals would experience on a hospital floor."

McLeod Organizational Learning opened this new Simulation Laboratory in the McLeod Training Center on the McLeod Regional Medical Center campus to provide hands-on simulation training for new and current clinical staff.

"The manikin allows us to take the group through various medical simulations, provide realistic responses and grow their skills through educational errors," said Brittany. "The room also contains a fully equipped crash cart as would be found on any McLeod Nursing Unit. The manikin can also expire to help the team work through the appropriate steps in the unfortunate death of a patient."

Provided by a McLeod Foundation grant, the manikin performs a variety of simulations, including breathing complications, bleeding, seizures, heart sounds, and palpitation of multiple pulse points.

During the assessment, the simulation manikin communicates with the learner,

answering questions much like a real patient would. While the manikin features multiple programmed communication scenarios, the Nurse Educators have the ability to create their own conversational script through an iPad.

The manikin is also used to practice basic patient observations such as drainage from the eyes, nose or mouth; respiratory difficulty; complaints of pain; and unresponsiveness. "Life-like situations allow the learner to practice the appropriate response in a controlled environment," said Brittany.

"The arm of the simulation manikin can be used for IV access and venipuncture training," said Danielle. "Applying a tourniquet causes the veins to become more prominent, much like a real person. Learners can see and feel the vein. Using red liquid to simulate blood, they will receive a visual message with successful vein access."

In addition to their skills assessment with the simulation manikin, each new and current clinical staff member attends eight hours of class time. During class, they learn about various topics including medication safety, infection control, patient safety and hourly rounding.

"While attendees have learned these subjects in school, they also spend this time with us to understand the policies and procedures specific to McLeod," said Danielle. "Clinical staff must complete the classes here before working in any patient care area at McLeod."

"Our orientation evaluation feedback has indicated a need for more life-like tools, simulation and less lecture time," said Brittany. "The new Simulation Laboratory truly elevates our employee orientation education, and we are pleased to be the only hospital in the area currently offering this state-of-the-art technology."

Nurse Educators Brittany McNair and Danielle Cooper with McLeod Organizational Learning are shown here with one of several nursing historical photos from the McLeod School of Nursing on display in the Simulation Laboratory.



"The new Simulation Laboratory truly elevates our employee orientation education, and we are pleased to be the only hospital in the area currently offering this state-of-the-art technology."

- Brittany McNair, MSN, RN



McLeod News

MCLEOD HEALTH LORIS CELEBRATES 70 YEARS OF PROVIDING EXCELLENT MEDICAL CARE

On May 15, 2020, McLeod Health Loris celebrated its 70th anniversary of providing excellent medical care to the residents of Loris, South Carolina and surrounding communities.

Starting as a small hospital and expanding to a campus with more than 400 employees and over 200 dedicated medical staff, McLeod Health Loris has significantly enhanced its facilities, expanded services, and provided access to world-class specialists and state-of-the-art technology.

“In the past two years, McLeod Health Loris has undergone major transformation within the walls of this hospital,” said Scott Montgomery, Administrator of McLeod Health Loris. “We have renovated existing departments, invested in major capital improvements and developed new



Celebrating 70 Years of Healthcare Excellence.



programs to meet the needs of our current healthcare environment.”

Some of these improvements include a full range of emergency services; Labor & Delivery renovations; award-winning program and expanded capabilities for

urology services; and a dedicated Dialysis Access Center, among many others.

As we celebrate the 70th Anniversary and reflect on this milestone, a story of hope, healing, commitment and growth shines through.

FROST NAMED CHIEF MEDICAL INFORMATICS OFFICER FOR MCLEOD HEALTH



Bryon K. Frost, MD

McLeod Health is pleased to announce the appointment of **Bryon K. Frost, MD** as Vice President and Chief Medical Informatics Officer for McLeod Health.

As Chief Medical Informatics Officer (CMIO), Dr. Frost will work with McLeod Information Technology and Clinical teams to further develop its clinical information systems for optimal

effectiveness and positive outcomes for patients and physicians.

Since 2016, Dr. Frost has served as Chair of the Millennium Physician Advisory Council (PAC) for McLeod Health, the physician leadership entity championing the organizational transition to an integrated electronic medical record. His work has concentrated on the advancement of computerized physician order entry, physician documentation and efficiencies in physician workflow.

In addition, Dr. Frost will serve as Medical Director and provide oversight for

McLeod TeleHealth – Convenient Care. This service continues to offer access for urgent care needs 24 hours a day, 7 days a week. During the COVID-19 crisis, Dr. Frost trained more than 100 telehealth providers to increase coverage and respond to patients’ needs for care.

Board Certified in Emergency Medicine, Dr. Frost joined the medical staff of McLeod Regional Medical Center in 2003 and has continued to serve patients as an emergency medicine physician in addition to leadership duties. Dr. Frost and his wife, Brandon, are parents of five children.

McLeod News

MCLEOD REGIONAL MEDICAL CENTER ESTABLISHES NURSE RESIDENCY PROGRAM

With a commitment to its nurses and patients, McLeod Regional Medical Center has established a Nurse Residency Program.

This 12-month program goes beyond the standard hospital orientation program. It provides a collaborative learning environment where nurses not only transition to a rewarding nursing career, but also grow and develop as nursing leaders.

The program allows nurses to refine their nursing skills and enhance their prioritization, time, and stress management skills. It maximizes learning by incorporating classroom training, hands-on skills validations and group activities. Also, this program enables nurses to establish new personal and professional relationships.

The Clinical Nurse Mentor guides each nurse on their journey throughout the program, working collaboratively with nurse managers, supervisors, nurse educators, clinical nurse managers and other nursing colleagues at McLeod to foster



Pictured are General Track McLeod Nurse Residency Program participants. This program was established to help transition to a rewarding nursing career while growing and developing as nursing leaders. Front row left to right: Savannah Wright, Niralee Desai, Hannah Myrick, Angel Felder, Chanel Jones, Margo Welch and Ana Ragan. Back row left to right: Terrance Jenerette, Roshonda Henry, Brandi Wiggins, Tahja Sellers, Miah Moody, Margeaux Squibb, Quinn Glasscho and Robert Finger.

and support their professional growth.

“The Nurse Residency Program reinforces our commitment to nursing excellence and enhancing the patient experience through evidenced-based

practices,” said Tony Derrick, Chief Nursing Officer for McLeod Regional Medical Center. “This experience will set nurses on a path to innovation and discovery as they fulfill their calling.”

MCLEOD FAMILY MEDICINE SOUTH ON TRACK FOR OPENING FALL 2020

The COVID-19 pandemic has not slowed the construction of McLeod Family Medicine South, the eagerly anticipated new McLeod Physician Associates primary care office in Florence. Conveniently located at 611 Second Loop Road, ground was broken on the more than 7,000-square-foot facility last summer.

With an easily accessible patient drop-off and abundant adjacent parking, the customized space will allow for multiple

health providers to provide care for patients of all ages.

Anchoring this new location will be two trusted and established McLeod Family Medicine Physicians, **Dr. Heather Shelton** and **Dr. Stephanie Strickland**. They will continue to serve patients at their

present location in the McLeod Medical Plaza, McLeod Primary Care Associates, until an official opening day for McLeod Family Medicine South is announced later this fall.

McLeod Health remains committed to ensuring patients have convenient access to the care they need, as evidenced by the construction of McLeod Family Medicine South which is expected to open later this year.



McLeod News

MCLEOD REGIONAL MEDICAL CENTER EMERGENCY DEPARTMENT CONSTRUCTION UPDATE



Construction is currently underway for the new McLeod Regional Medical Center Emergency Department, which will feature five ambulance bays (left) at a dedicated entrance, expanded women's services area (middle) and spacious nurses' stations offering improved functionality (right) among many other amenities.

The expansion of the new Emergency Department at McLeod Regional Medical Center remains on target for an opening in early 2021.

The current facility, designed to serve 50,000 patients, has experienced rapid growth in the number of patients cared for annually. Last year, the McLeod Regional Medical Center Emergency Department served more than 80,000 patients.

"The expansion of the Emergency Department will help us meet the needs of the population served in the northeastern region of South Carolina in an efficient and timely manner," said **Dr. Thomas Lewis**, Medical Director of Emergency Services at McLeod Regional Medical Center.

The new Emergency Department will provide 73 rooms designed to serve more than 109,500 patients a year. Built with patient convenience and access in mind,

the area will feature triage rooms for immediate patient evaluation, designated trauma rooms, covered drop-off area for patients at the front entrance, additional X-ray rooms, a new helipad adjacent to the ambulance entrance and five ambulance bays at a dedicated entrance.

"The McLeod Emergency Department serves a vital role in our communities. It is part of our continued commitment to be the choice for medical excellence and is crucial to the effective management of acute illnesses and injuries. We are pleased that construction remains on schedule and look forward to an early Spring 2021 opening," said Dale Locklair, Senior Vice President of Planning and Facilities Management.

The four-story expansion will integrate with the planned renovations of the adjacent building, the McLeod Pavilion.

The second floor of the McLeod Pavilion currently supports operating rooms and will also provide an ease of transition for surgical patients from the new Emergency Department. The suite includes 25 pre- and post-support rooms for endoscopy and 20 transitional rooms. Additionally, this floor will consist of 15 procedure rooms. The third floor will add much needed space for the expansion of the Neonatal Intensive Care Unit (NICU) with 26 private rooms and 24 open rooms.

The fourth-floor expansion enhances the Women's Services area with the addition of approximately 31,000 square feet to create 40 new postpartum rooms. This floor will also see the addition of a new C-section surgical suite along with a post-operation recovery area, an enhanced baby nursery and an expanded nurses' station with improved functionality for nursing staff.



TO OUR COMMUNITY OF HEROES, THANK YOU.

The Coronavirus has impacted all of our lives. At McLeod Health, we have been unwavering in our efforts to provide excellence in care to every patient. It is with deep gratitude that we thank our community for playing a key role in our success by reducing the impact of the Coronavirus on our hospitals. Your respect for visitation limits, adherence to safety guidelines, generous donations, and thoughtful gestures help keep us all safe and boost our spirits daily.

From our hearts to yours, thank you for being our Heroes.

McLeod Health

THE CHOICE FOR MEDICAL EXCELLENCE

McLeod Health

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