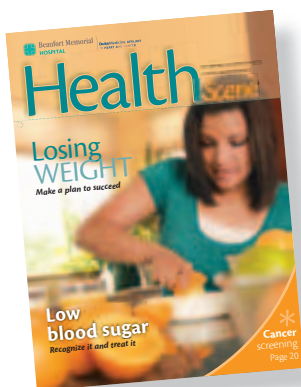


HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTHCARE • WINTER 2010

Health Link



TAKE A PAGE OUT OF HEALTH SCENE MAGAZINE

Life, Lived Better begins with *Health Scene* magazine, Beaufort Memorial Hospital's newly reformatted quarterly publication.

A lot has changed at BMH in the 20 years since we first launched our *Health Scene* newsletter, and we want to reflect and report on those changes in a new way.

The new *Health Scene* magazine, a 16-page, newsstand-quality publication, will include regular features about the latest health news, new and improved services, and important screenings and wellness events.

Look for *Health Scene* magazine in your mailbox this spring!

WHY SETTLE FOR LESS?

BMH EARNS TOP MARKS FROM HEALTHGRADES

Five stars. Long held as the gold standard for hotels, they have come to reflect the same level of excellence for hospitals. ♦ Each year, a select group of healthcare providers is honored with the prestigious designation following an extensive evaluation of more than 40 million hospital records.

Based on actual patient outcomes in 28 different medical procedures, the Healthcare Quality in America Study offers consumers an unbiased assessment of the quality of care they can expect to receive at their local hospitals. Think of it as the *Forbes Travel Guide* of the hospital industry.

For the third consecutive year, Beaufort Memorial Hospital (BMH) earned the Spine Surgery Excellence Award.

"I am 100 percent dedicated to the practice of spine, invest completely in my patients and set the *highest* standards," says BMH spine surgeon Jeffery Reuben, MD. "The *truest* test of quality is my patients' surgical outcomes. At the end of the day, restoring the joy of living life is what matters most to my patients. I am committed to giving my best and restoring the best in my patients."



Jeffery Reuben, MD



Scott Strohmeyer, MD

Lauren Galloway, a consultant with HealthGrades, the independent healthcare ratings organization that conducts the hospital assessment, says of the study: "Most people will research hotels before booking one. It makes

sense to do the same for surgery. You want to be able to make an informed decision. After all, it's your health that's at stake."

WE'VE COME OUT ON TOP BMH also was ranked among the best in South Carolina for orthopedic surgery, winning five stars for a variety of procedures including total knee replacement and joint replacement. In addition, the hospital garnered the top rating for gastrointestinal surgeries and procedures.

"Our goal is to provide high-quality care to our patients, and the measurement of that success is the patient's outcome," says BMH spine surgeon Scott Strohmeyer, MD. "We're proud of the quality we offer our patients."

Every hospital receives a rating of one, three or five stars for each of 28 procedures or treatments. About 70 percent of hospitals fall into the three-star, or "as expected," classification. About 15 percent receive a one-star rating for performing worse than expected, and the remaining 15 percent earn the coveted five stars for performing better than expected. Those in the top 10 percent in each category are recognized with a Specialty Excellence Award.

HealthGrades' analysis uses hospitalization records provided by the Centers for Medicare & Medicaid Services, the only national database that requires hospitals to submit standardized reports.

"We use three years' worth of records to have enough volume of data to provide a fair representation of a hospital's overall performance," Galloway says. "Hospitals don't pay to be rated, and they can't choose whether or not they want to be included. That's what makes HealthGrades such a trusted source of healthcare information."

Learn more about BMH's five-star orthopedics and spine services by calling 843-522-7435.

For the third year, BMH earned the Spine Surgery Excellence Award.

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FROM THE PRESIDENT'S DESK

Our culture, our mission, our values

An organization's culture trumps everything.



Rick Toomey,
President and CEO

It clearly demonstrates what is important and valued. No matter what an organization's slogans are or how slick its ads might be, if they are not

in sync with the culture of the organization, they have no meaning.

That's why I feel it is so important for our hospital to clearly define our culture. People may think they know what our culture is, but unless it is clearly defined, it's just a guess.

Last year, we formed a team to work with us to define Beaufort Memorial Hospital's (BMH) culture. We worked on it all year, talking about what we value most at our hospital.

At the end of the year, we arrived at five core values that we feel move us to-

ward our goal of quality and excellence in the way we care for our patients. They are:

- Integrity.
- Compassion.
- Communication.
- Responsibility.
- Safety.

These values are defined for the organization and are visually represented by the starfish.

Our next step is to have our employees define how those values look in their own departments. If we live our values

every day, the result will be quality and excellence in everything we do.

Our goal is for BMH's culture to be pervasive throughout the organization.

So the minute you walk into any of our facilities, you know what is important to us, and you feel good about it.

Rick Toomey, DHA, FACHE
President and CEO



INTEGRITY



COMPASSION



COMMUNICATION



RESPONSIBILITY



SAFETY

Remembering a leader

Last fall, Hugh Pearson, MD, a good friend and former member of BMH's medical staff, passed away. He was an active staff member for 41 years until he retired in March of 2000.

A native of Wilson, N.C., Dr. Pearson earned his bachelor's degree from Wake Forest College (now Wake Forest University) in 1952. He earned his medical degree from Duke University in 1956, and interned at Grady Memorial Hospital in Atlanta. He completed a six-month obstetrics/gynecology residency at Duke Medical Center, followed by a year-long residency at Grady. Then he completed a gastroenterology fellowship at Emory University Hospital.

In 1959, he and his wife, Nancy, moved to Beaufort, where he opened his practice and specialized in family and general medicine. He also joined the active staff of BMH at that time. In 1967, Louis Roempke, MD, joined the practice, and they worked together for 27 years.

Decades of service During his tenure on BMH's staff, Dr. Pearson served in a number of capacities, including chief of the medical staff, member of the Board of Trustees, member of the Bylaws Committee, and member of the Credentials Committee.

He was particularly proud of how, as he noted in a personal profile, he "actively and willingly helped to develop the hospital's

Quality Assurance program, and chaired the Quality Coordinating Council, which provided oversight."

During his time here, Dr. Pearson had a huge patient following, including many of our nurses, who overwhelmingly sang his praises. Becky Tedder, RN, said, "I've never known such a caring physician; he is the best!"

The end of an era When he retired in 2000, Dr. Pearson said it was time. The practice of medicine had changed so much since he started, and he really disliked all the paperwork. The following story, which appeared in the *Beaufort Gazette* in March 2000, gives an idea of the kind of doctor he was:

"Once, when a hurricane was blowing through, he and his wife were holed up for the night when he got a phone call. It was his neighbor's cook. She begged him to come out to her home on the islands. Her daughter had had a baby in their home, but there had been complications. The baby was dead, and she feared for her daughter.

"Dr. Pearson met one of the family members at the Frogmore Post Office, and followed, turn after turn, until he finally arrived at the house. He found the infant wasn't dead, and rushed them both to the hospital. Knowing the family didn't have much money, he arranged to let the baby stay in the mother's room for free.



Photo compliments of Bob Sofaly, Beaufort Gazette.

A HEALING TOUCH: Hugh Pearson, MD, treated all of his patients with compassion and concern.

"Twenty years later, Dr. Pearson got a call from a young woman, who said he had delivered her in her mother's home, but there was no birth certificate. He did some checking and found that she was the

infant born during the hurricane. Because she had stayed free at the hospital, there had been no record of her birth. Twenty years after saving her life, Dr. Pearson signed her birth certificate."



A GREAT TEAM:
From left are Roxanne Cheney, Martha O'Regan, Carolyn Roos and Becky Trask.

Lasting leadership



Becky Trask

Officials at Beaufort Memorial Hospital note that Becky Trask's commitment to good medical care goes even further than The Lending Room. She was also among the handful

of community leaders who started the BMH Foundation, serving on the Board of Trustees from 1988 until 1994. Foundation Executive Director Alice Moss credits Trask as the founder of the annual Valentine Ball, which has become the organization's signature fundraising event and has provided more than \$3 million to BMH over the past two decades.

With no acclamation or fanfare, Becky Trask quietly gave up management of The Lending Room in 2009, passing on the reins of the community service organization that has long provided free medical equipment to Beaufort residents in need. ♦ For Trask, it was like letting go of a child—a child she has lovingly fostered for more than 40 years.

"It has been a vital part of my life," says Trask, 81. "It gave me a sense of worth. But it was far more important for someone young to take it over and keep it going."

Beaufort resident Martha O'Regan volunteered for the job after she'd turned to The Lending Room last fall when her mother became ill and needed rehabilitation furnishings.

"Becky was helping me with my mother and mentioned that she was looking for someone to take over the organization," O'Regan says. "I felt inspired to help."

O'Regan shares the duties of running The Lending Room with her colleagues Roxanne Cheney and Carolyn Roos. The three women picked up where Trask left off, taking in and cleaning up equipment donated by individual people and local medical facilities to lend out at no charge to those who need them. The stock, which includes things like bedside commodes, shower chairs, wheelchairs and walkers, is stored in a warehouse on Baggett Street in Beaufort and at Therapeutic Solutions, O'Regan's wellness center at

Lending Ladies

BECKY TRASK PASSES THE LENDING ROOM TO A NEW TEAM

Sams Point Road and Oakwood Drive on Lady's Island.

A TRADITION OF SHARING Founded in 1961 by Natalie Haskell, a member of the Beaufort Memorial Hospital Women's Auxiliary, The Lending Room was originally established to provide medical equipment to discharged hospital patients. In addition to sponsoring The Lending Room, the Auxiliary managed the Pink Ladies—BMH's volunteer corps—and organized hospital fundraisers.

"The Auxiliary was a vital part of Beaufort Memorial Hospital," Trask says. "There was no Foundation in those days."

In 1968, at age 87, Haskell resigned her charge of The Lending Room, and Mrs. Sam Smith was asked to take the project on. A year later, Trask, a longtime member of the Auxiliary, was named The Lending Room's chairwoman.

"Back then, we had only one drug store in town," says Trask, who moved to Beaufort in 1950 after marrying Burton native

Neil Trask. "You could order equipment like wheelchairs, but it could take a week to get them in. If you needed something right away, you'd have to drive to Charleston or Savannah."

Even after the establishment of Medicaid and Medicare, the Lending Room remained popular. The federal government programs carry a number of restrictions, often leaving patients to purchase their own medical equipment.

"The only rule we have is that you return what you've borrowed when you no longer need it," Trask says. "We want it to be available for the next person."

FINDING A HOME During the first six months that Trask operated The Lending Room, she stored the used medical equipment in the basement of a relative's house in Beaufort. When she ran out of space, operations were moved to a small city-owned house at Pigeon Point Park. In the late 1990s, the city tore down the deteriorating structure, forcing Trask

to find a new location. Former County Councilman Dick Stewart offered space in a building he owned on Baggett Street to The Lending Room rent-free.

A fire in the building left The Lending Room without power for almost a year, but it didn't keep Trask from fulfilling her charge. Undaunted by the sooty surroundings, she would venture into the storage space with a flashlight to retrieve needed items.

"I gave out a lot of smoky equipment," she says, laughing.

A FAMILY AFFAIR With the help of several "partners in crime," Trask has kept the service going decade after decade. Her husband and four sons were among many volunteers she recruited to pick up and move the donated equipment.

"It was good for my sons to help out," Trask says. "It gave them a sense of responsibility."

After leaving the Pigeon Point Park building, Trask decided to stop loaning out the heavy electric hospital beds that had once served recovering patients. The few beds remaining in storage were sent to Haiti. Over the years, other unused equipment has been donated to charities in Africa and Poland.

YOU CAN HELP O'Regan is currently soliciting donations for the most requested items, including wheelchairs, shower chairs, shower benches and front-wheel walkers. She can be reached at 843-524-2554.

"I know these ladies will do a fine job," Trask says. "What is more important than helping someone in need?"

To lend your support to The Lending Room, call 843-524-2554.



YOUR SURGICAL TEAM: H. Tim Pearce, MD; Gordon E. Krueger, MD; Edward P. “Perry” Burrus, MD; Stephen R. Sisco, MD; J. Chadwick “Chad” Tober, MD; and Neil S. McDevitt, MD

MEET OUR SURGICAL SPECIALISTS

Beaufort Memorial Physician Network profiles new members

BEAUFORT MEMORIAL HOSPITAL'S growing network of physicians recently expanded to include a team of board-certified surgical specialists with a wealth of experience and a proven commitment to caring for area patients.

Comprised of five general surgeons and one vascular surgeon, Beaufort Memorial Surgical Specialists provides a full spectrum of advanced surgical care for patients. The following is a look into their training, interests and thoughts about what it takes to help patients live a better life.

EDWARD P. “PERRY” BURRUS, MD, general surgeon specializing in breast screening and reconstructive and reduction surgery.

Medical school: Medical College of Georgia, Augusta, 1987.
Residency/internship: General surgery, Medical College of Georgia, 1987 and 1992.

Fellowship: Plastic surgery, University of Tennessee, Knoxville, 1993.

Interests: Boating, fishing and participating in youth sports with his son.

On helping patients live a better life: “I’m a strong advocate of early screening and detection, especially of breast cancer,” he says. “More than a decade ago we began screening high-risk patients every six months, along with annual mammograms, and as a result the majority of the breast cancers we see today are early-stage and highly treatable. I want our patients to be totally confident that they are receiving timely, state-of-the-art surgical care

and ongoing support through Beaufort Memorial’s Breast Care Services—everything I can do to that end helps my patients and their families live a better life.”

GORDON E. KRUEGER, MD, general surgeon; medical director, Beaufort Memorial Wound Care Center.

Medical school: Indiana University School of Medicine, Indianapolis, 1973.

Residency: General surgery, Spartanburg General Hospital, S.C., 1978.

Interests: Cycling, cooking and singing.

On helping patients live a better life: “It is a privilege to work with my patients,” says Dr. Krueger, who emphasizes the importance of listening to his patients and their family members and helping them make informed, intelligent decisions about their treatment. “I strive to provide them with choices, chances and hope as we tackle their medical needs together.”

NEIL S. McDEVITT, MD, laparoscopic and bariatric surgeon; medical director, BMH Bariatric Surgery and LapBand Program.

Medical school: Robert Wood Johnson Medical School, Piscataway, N.J., 1997.

Residency: Surgery, Medical College of Georgia, 2002.

Mini-fellowship: Bariatric surgery, Emory University School of Medicine, Atlanta, 2003.

Interests: Running and kayaking.

On helping patients live a better life: “Changing a person’s health can change their life, and my focus is on providing patient safety and success,” says Dr. McDevitt, whose bariatric surgery patients lose between 60 and 80 percent of their excess weight after surgery. In addition, his patients often experience other health benefits, including lower blood sugar, reduced blood pressure, lower cholesterol, and relief from sleep apnea and acid reflux.

H. TIM PEARCE, MD, general surgeon; past BMH Board Chairman; BMH chief of staff.

Medical school: Medical University of South Carolina, Charleston, 1974.

Residency: General surgery, Naval Regional Medical

Center, Portsmouth, Va., 1980.

Interests: Golfing and boating.

On helping patients live a better life: “When I founded my practice in 1983, my goal was to provide convenient, leading-edge surgical care to meet the community’s needs, and I, along with my partners, have tried to do that. I am very proud of all the quality physicians, healthcare providers and administrators that I have helped bring to the community.”

STEPHEN R. SISCO, MD, general surgeon; breast care and laparoscopic (minimally invasive) surgery.

Medical school: Medical College of Georgia, 1988.

Residency/internship: General surgery, Medical College of Georgia, 1989 and 1993.

Interests: Boating and family.

On helping patients live a better life: “I believe through patient education and compassionate care that we can help patients understand their illnesses and see them through their surgery, if needed, to improve their lives.”

J. CHADWICK “CHAD” TOBER, MD, vascular surgeon; medical director, Beaufort Memorial Vascular Health Program.


Medical school: University of Illinois at Chicago, 1985.

Residency: University of Illinois/Cook County Hospital; chief residency; Ohio State University, 1992.

Fellowship: Vascular surgery, Ohio State University, 1994.

Interests: Family and boating.

On helping patients live a better life: “I believe very strongly in providing my patients with the most personalized care possible and view my relationship with my patients as a partnership—one in which I help them deal with an acute issue or the long-term management of their problem. My goal is to work with the patients’ primary care doctor so that, along with using the most up-to-date, minimally invasive techniques, we are together doing everything we can for our patients’ vascular care.”

You can learn more about the members of Beaufort Memorial Surgical Specialists at  www.bmhsc.org (click on “Find a Physician”) or by calling 843-524-8171.

LET HEALING Ring

AT THE WOUND CARE CENTER,
THERE'S SOMETHING TO CELEBRATE

Nothing makes Gordon Krueger, MD, happier than to have his bell rung. A musical celebration of sorts, the bell sounds every time a patient is healed

at the new Beaufort Memorial Wound Care Center.

"When a patient rings the bell, it means they've completely recovered," says Dr. Krueger, a general surgeon who serves as medical director of the center. "After weeks of treatment, they deserve to make some noise."

STORIES OF SUCCESS Since the Wound Care Center opened a year ago, nearly 200 patients have had the pleasure of ringing Krueger's bell. Among them is Fripp Island resident Ann Dany, one of the first patients to visit the outpatient facility, which is located on the second floor of Beaufort Medical Plaza across from the hospital.

"I had this little boil on my ankle," Dany recalls. "It looked like a mosquito bite, only it seemed like something was brewing underneath."

Her internist, Nicholas Dardes, DO, took one look at the sore and immediately made an appointment for her with Dr. Krueger. A biopsy revealed it was a carcinoma.

Krueger removed the cancerous tissue and replaced it with a skin graft. The surgery was followed by wound care treatments two times a week for six weeks.

"I highly recommend the Wound Care Center," says Dany, a retired nurse. "Dr. Krueger explained everything so well, and his staff did a great job. I healed fine."

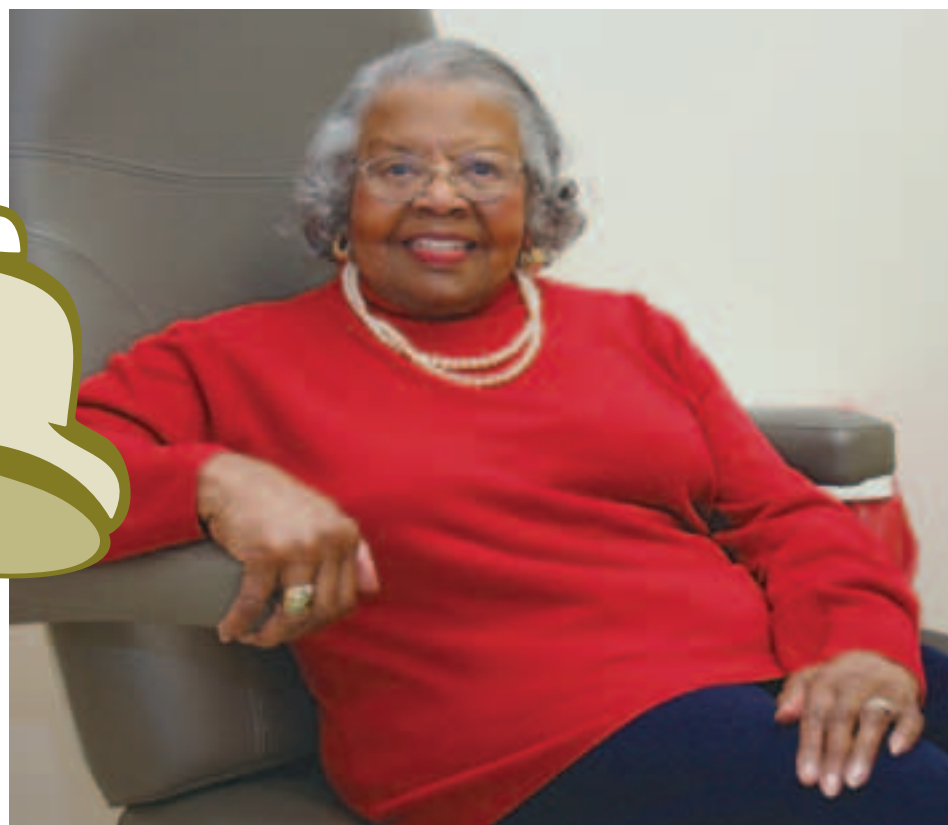
The only medical facility in Beaufort specializing in complex and chronic wounds, the Wound Care Center offers the most advanced therapies and comprehensive treatment for problem lesions. Among the cutting-edge technology are two clear hyperbaric oxygen therapy chambers, each equipped with its own flat screen TV and DVD player.

"We take a whole-body approach to wound care," says Program Director Terrence Mabry. "We develop a plan of care for each patient that may include a nutrition assessment, diabetic counseling and specialized treatments."

Florence Mitchell, of Lady's Island, visited the center after falling down some steps and cutting her right leg above the ankle. Her podiatrist referred her to vascular surgeon Chad Tober, MD, one of several physicians who work at the Wound Care Center.

"He was very thorough," says Mitchell, 86. "After I was finished with the treatment, he insisted I wear elastic stockings for the neuropathy in my feet. I've had no problems since."

MEETING THE NEED A sore or cut is considered a chronic wound if it does not respond



ALL BETTER: Since receiving treatment at the Wound Care Center for a cut on her right leg, Florence Mitchell says she has had no further problems.

**If you have a wound that won't heal,
call 843-522-5300 for an appointment.**

to normal medical care within 30 days. Any number of problems can cause non-healing wounds, which can include burns, spider bites, bone necrosis, bed sores, or wounds caused by vascular disease, radiation therapy or trauma.

People with diabetes are especially prone to the problem. About 20 percent of their chronic wounds become so severe that amputation is required. The clinic also sees a large number of pressure ulcers, or bedsores, as well as venous leg ulcers, which are sores that develop after veins in the legs have been damaged.

BMH opened the Wound Care Center last October with a staff that includes two general surgeons, a vascular surgeon, two podiatrists, two internists, a family practitioner and two registered nurses, all of whom received specialized training through Diversified Clinical Services, the largest wound care management company in the world.

"We're not a bandage station," says clinical coordinator Laurretta Bland, RN. "We aggressively treat wounds with the newest and best types of treatments. Wound care is all we do."

About 85 percent of the patients treated at the Wound Care Center are referred by primary care physicians, nursing home staff, home healthcare providers or physical therapists.

HOW DOES IT WORK? "We act like detectives to uncover the underlying reason for the chronic wound," Dr. Krueger says. "You've got to order the right tests and

ask the right questions. And you need to stay aware of what is going on in the patient's life."

After the initial evaluation, patients are typically seen once a week for eight weeks. Each patient's wound is measured and photographed weekly from the beginning of treatment to completion to allow physicians to precisely monitor the healing progress. Treatment can include debridement (removal of dead skin tissue), skin grafting, specialized dressings, and topical or oral pain medication.

About 20 percent of wound care patients also receive hyperbaric oxygen therapy, a system that delivers high concentrations of oxygen to the bloodstream, accelerating the healing process and stimulating the growth of new blood vessels, which improves circulation.

Burton resident Nick Myers credits the state-of-the-art technology with saving his leg. His surgeon had considered amputation after a skin graft on his foot failed to heal. The alternative was to undergo an extended regimen of hyperbaric oxygen therapy.

"I was in the chamber about two hours a day, five days a week for several weeks," says Myers, who has diabetes and poor circulation in his legs. "Not only did my wound heal, the hyperbaric oxygen therapy helped with some of my other medical problems. I'm so grateful to everyone at the Wound Care Center. They were just like family."

For more information about the Wound Care Center, call 843-522-5300 or visit www.bmhsc.org.



HEALING'S IN THE AIR: Nick Myers credits the Wound Care Center and the hyperbaric oxygen therapy chambers for saving his leg from amputation.

No one likes to think about colorectal cancer—a disease that can attack the colon, the rectum or both. ♦ It’s a scary thought—especially since the disease is a leading cause of cancer deaths in the United States. ♦ But colorectal cancer is also one of the most preventable cancers. And if you do get it, early detection and treatment can save your life. ♦ What follows is a guide to colorectal cancer—what you need to know and what you need to do to help reduce your risk of becoming a colorectal cancer statistic.

WHERE IT ALL BEGINS Colorectal cancer occurs in the large intestine—the colon and rectum. The colon—a muscular tube about 5 feet long—holds wastes that are produced in the small intestine.

Most colorectal cancers develop from polyps, which are abnormal or precancerous growths on the lining of the large intestine.

Not all polyps turn into cancer. But when they do, the disease can invade and damage nearby tissues and organs, and the cancer can spread to other parts of the body—a process called metastasis.

The most important thing to remember about polyps, however, is this: Detecting and removing them while they’re still in their precancerous stage can prevent up to 90 percent of colorectal cancers from ever developing, according to the American College of Gastroenterology.

SIGNS TO WATCH FOR Symptoms of colorectal cancer can be confused with those of other health conditions. For that reason, if you have symptoms—particularly a change in bowel habits—you should see a doctor as soon as possible.

According to the National Cancer Institute, be alert for:

- Diarrhea or constipation.
- A feeling that your bowel is not completely empty after a bowel movement.
- Bright red or very dark blood in your stools.
- Stools that are narrower than usual.
- Frequent gas pains or cramps; feeling full or bloated.
- Weight loss with no known reason.
- Frequent fatigue.
- Nausea or vomiting.

Don’t wait to feel pain to see a doctor. In its beginning stages, colorectal cancer usually doesn’t cause pain.

LOOKING FOR PROBLEMS Colorectal cancer can be found early through regular testing, allowing it to be treated before it spreads.

But it’s even better to stop colorectal

cancer before it starts. That’s why screening—especially with tests that find both polyps and cancer—is so important.

The American Cancer Society (ACS) recommends that men and women who are at average risk for developing colorectal cancer choose one of the following screening options starting at age 50. You may need earlier or more frequent screenings if you’re at increased or high risk for the disease.

Working with your doctor, you can decide which screening test to use and when you should begin testing.

● **Colonoscopy.** During this test, a doctor gently moves a long, lighted tube with a tiny camera into your rectum and through your entire colon. (You are sedated during the procedure.) The doctor can see the inside of your colon on a viewing screen. If polyps are found, he or she can remove the polyps immediately with a special tool attached to the colonoscope, thus destroying a potential health threat.

If you choose colonoscopy as your screening tool, it should be repeated every 10 years.

● **Sigmoidoscopy.** A similar procedure to a colonoscopy, a sigmoidoscopy can be used to view the lower part of the colon (called the sigmoid colon) and to remove any polyps there.

However, because sigmoidoscopy only covers the lower colon, any polyps in the upper colon won’t be found. Also, if polyps or cancer are discovered during a sigmoidoscopy, you’ll need a colonoscopy so that your doctor can look for problems in the rest of your colon.

If you choose a sigmoidoscopy, it should be repeated every five years.

● **Double-contrast barium enema.** A barium-solution enema and air pumped into your rectum make it possible to see polyps or other abnormal areas on x-rays of your colon and rectum.

If you choose this test, you’ll need it every five years.

However, it is less likely than other screening methods to find small polyps,



Detecting and removing polyps while they’re still in their precancerous stage can prevent up to 90 percent of colorectal cancers.

Local cancer center offers new trials

BMH’s cancer clinical trials program recently opened three new colon cancer trials to provide eligible area cancer patients with access to cutting-edge cancer therapies that otherwise might not be available to them.

“It’s important to think of clinical trials as studies and not experiments,” says Neal E. Ready, MD, a clinical trials developer for Duke Medicine in Durham, N.C. “It’s also important to realize that every standard cancer treatment prescribed today—from tamoxifen to modern radiation therapy—was developed or made more effective through rigorous clinical trials and study.”

In 2008, Dr. Ready and others worked with BMH physicians and staff to develop the clinical trials program, which was made possible through the hospital’s affiliation with Duke Medicine.

“Everything we know about cancer management is the result of clinical trials,” says Majd Chahin, MD, medical oncologist and principal investigator for

BMH’s clinical trials program. “These trials are at the forefront of cancer treatment.”

Dr. Chahin works closely with clinical trials subinvestigators James McNab, MD, radiation oncologist, and James Hall, MD, medical oncologist, to identify trials that are best suited to local patients.

What’s new

The new trials are:

E 5202: A randomized phase III study comparing 5-fluorouracil (5-FU), leucovorin and oxaliplatin and 5-FU, leucovorin, oxaliplatin and bevacizumab in patients with stage II colon cancer who are at high risk for recurrence to determine prospectively the prognostic value of molecular markers.

The trial is open to patients with stage II colon cancer who may benefit from additional treatment.

The purpose of the study is to determine whether the specific tumor markers seen can be used to predict recurrence of tumors in patients with stage II colon cancer, and to compare the effects (good



and bad) of a combination of chemotherapy drugs, when given with and without a new drug, Avastin, on patients with stage II colon cancer at high risk for recurrence.

CALGB 80405: A phase III trial of irinotecan/5-FU/leucovorin or oxaliplatin/5-FU/leucovorin with bevacizumab or cetuximab (C225) for patients with untreated metastatic adenocarcinoma of the colon or rectum.

The trial is open to patients with locally advanced or metastatic colon cancer that has been treated.

The purpose of this study is to determine whether cetuximab and chemotherapy are better than bevacizumab and chemotherapy in patients who do not have K-ras mutations in their tumor tissue.

NSABP PROTOCOL R-04: A study comparing different drug treatments given with radiation therapy before surgery to remove rectal cancer.

The trial is open to patients with stage II and stage III rectal cancer.

The purpose of this study is to see if taking a drug called capecitabine as

a pill twice a day during the weeks a patient receives radiation therapy is as good as the standard treatment with the drug 5-FU given continuously into a vein during the weeks patients receive radiation therapy. This study is also being done to see if adding oxaliplatin to capecitabine and 5-FU can improve how well these drugs work.

The choice is yours

If you're eligible, you decide whether you want to be part of a trial. Once enrolled, you can withdraw at any time. If you do participate, you may be among the first to receive promising new treatments.

"We know that this program not only benefits local patients but also helps advance the future of cancer care for everyone," says Beaufort Memorial Keyserling Cancer Center Director Connie Duke, RN, OCN.

To learn more about these trials, call BMH Keyserling Cancer Center Clinical Research Nurse Ruth Finch, RN, OCN, CCRP, at 843-522-7819.



according to the ACS. And you will need a colonoscopy if the finding is abnormal.

● **Virtual colonoscopy.** This noninvasive procedure creates images of the colon and rectum using a CT scanner. If polyps or other suspicious areas are detected using virtual colonoscopy, a traditional colonoscopy would be necessary to remove them. Virtual colonoscopy should be repeated every five years.

● **Fecal occult blood test or fecal immunochemical test.** These once-a-year stool tests are also used to detect colorectal cancer. Both require collecting stool samples at home using a kit provided by your doctor.

The samples are sent to a laboratory to be examined for traces of blood. If blood is found, other tests are needed to find the cause of the blood—which may or may not be cancer. Something as common as hemorrhoids can trigger blood in stools.

TREATING THE DISEASE If colorectal cancer does develop, treatment may involve surgery, chemotherapy, radiation therapy, or a combination of these or other treatments.

Surgery is the most common treatment for colorectal cancer and can be used to remove cancer in or near the colon or rectum.

If a section of the colon or rectum must be taken out during surgery, the doctor can usually reconnect the healthy parts. However, people with rectal cancer sometimes need a colostomy; people with colon cancer rarely need one.

In this procedure, a bag is attached outside the body to collect waste. The bag may be temporary or permanent.

SCREENING SAVES LIVES If you're uncertain about the benefits of screening for colorectal cancer, consider these facts from the ACS:

● When colorectal cancer is diagnosed at an early stage, the five-year survival rate is about 90 percent.

● Once the cancer has spread to nearby organs or lymph nodes, however, the five-year survival rate can plummet. If colorectal cancer has spread to distant organs, like the liver or a lung, only about 10 percent survive five years.

● Finally, and most important, finding and removing polyps before they become cancerous can prevent the vast majority of colorectal cancers.

"The best medicine is to take preventive measures," says BMH surgeon Neil S. McDevitt, MD. "Have a screening beginning at age 50—earlier if you have a family history."

Who's at risk?

People with certain risk factors are more likely than others to develop colorectal cancer.

Unavoidable risks include age (50 or older), a personal history of precancerous polyps or inflammatory bowel disease, or a history of colorectal cancer in close relatives. Cancer that is common among families could be due to genes or to shared environmental factors, such as eating habits or exposure to secondhand smoke.

Race and ethnicity may also come into play. For reasons that are unclear, African Americans develop more colorectal cancer than other races in the United States. Ashkenazi Jews from Eastern Europe are at greater risk due to genetic mutations, which are also present in about 6 percent of American Jews.

Studies suggest that some of the strongest risk factors for colorectal cancer are factors you can control. To lower your risk, you should aim for:

- A diet low in red meat and high in fruits and vegetables.
- Plenty of physical activity.
- A healthy weight—especially if you're a man.
- No smoking.

Having a risk factor, or even several risk factors, doesn't mean that you will develop colorectal cancer. However, it is important to tell your doctor about all of them. This helps your doctor decide when and how often you should be tested for colorectal cancer.

Source: American Cancer Society

Schedule your screening! Call 888-522-5585 to find a GI specialist.

MAKING ROOM IN THE ER

We're expanding emergency services to meet your needs

FACED WITH an increased demand for emergency medical services, Beaufort Memorial Hospital is moving ahead with plans to beef up its level 3 emergency room (ER). The multimillion dollar expansion project could add as many as nine beds to the 18-bed unit.

"It's on the top of our priority list," says BMH President and CEO Rick Toomey. "The volume of patients we're seeing each year continues to increase, making it necessary for us to expand the facility if we are going to meet the needs of our community."

Over the past few years, the ER staff has had to improvise to find space to treat patients. An additional bed has been squeezed into each of the four resuscitation rooms, and—on busy nights—patients are treated on stretchers in hallways.

"We're using the space we have to three times its capacity," says ER Medical Director Saeed Rehman, MD, who has worked at the hospital for 13 years. "There is nowhere to grow. We are maxed out beyond max."

SEARCHING FOR SPACE Hospital ERs typically see an average of 1,750 patients a year per bed. Last year, BMH's ER served approximately 37,000 people, or 2,055 patients per bed. Over the next 10 years, that number is expected to jump by as much as 10,000 visits a year, requiring an additional nine beds to meet industry standards.

But adding beds could prove to be a challenge. The complexity of the site—bounded by the Intracoastal Waterway, century-old live oaks and already-tight parking conditions—leaves little room for the ER to grow beyond its existing footprint.

One option being considered is to relocate the adjoining administrative offices and convert the area for ER use. Aside from adding beds, space is needed to expand



and improve the nurses' station, physicians' work area and public waiting room and to create decontamination facilities to treat patients who have been exposed to hazardous materials.

Whatever changes are made to upgrade the unit, the renovation will need to be implemented in phases to ensure a smooth transition.

"We cannot have a disruption of service," Toomey says. "The ER has to remain open and serving patients at all times."

MAKING A PLAN It is expected to take 7 to 10 months to create a full set of architectural plans for the renovation. Once the scope of work is determined, Beaufort Memorial administrators will apply for the required Certificate of Need from the South Carolina Department of Health & Environmental Control. Construction could take as long as a year to complete and cost from \$5 million to \$10 million.

The Beaufort Memorial Hospital Foundation has earmarked proceeds from its upcoming 21st Annual Valentine Ball for the expansion project. In its earliest years, the Ball raised funds to help with the last major ER expansion completed in 1992. The facility was recently renamed the George N. Pratt MD and Sarah Meyer Pratt Emergency Department to honor the Pratt family's generous support and role in the early history of BMH.

"The ER is an integral part of our community," says Foundation Executive Director Alice Moss. "It touches everyone. When the ER needs support, it becomes a real rallying point to bring us all together."

GET IN THE SPIRIT!

Dot Rucker, RN, wins BMH's Spirit of Giving award

AT THEIR ANNUAL joint meeting, Beaufort Memorial Hospital Trustees and Foundation Trustees presented Dot Rucker, RN, director of BMH's fifth-floor nursing unit, with the Spirit of Giving award.

Truly the highlight of the night was Rucker's surprise at being chosen for the honor. This was just what the members of the Foundation Board of Trustees were hoping for when they elected her to receive the award at their previous meeting.

"There was no question about this year's Spirit of Giving award recipient," says Bill Nettles, vice chairman of BMH Foundation Board. "We all knew Dot was the perfect candidate."



Dot Rucker, RN

A CULTURE OF PHILANTHROPY

Rucker's unwavering support for the Foundation reaches back to 1988, during the start of her BMH career, when she joined the first of the hospital's Employee Giving campaigns and led the challenge to raise enough funds to build our cafeteria terrace.

As a nursing leader for more than 20 years at Beaufort Memorial, Rucker not only helps her nurses develop great patient care skills, but she also fosters a philanthropic atmosphere.

When a patient wants to do something special for a hospital employee, Rucker tells the patient about the Foundation and how a donation helps improve our hospital.

A SHINING EXAMPLE Rucker consistently showcases her compassion and goodwill.

She truly cares about the hospital and the staff, which is evident as she makes sure that all of her employees have the opportunity to attend the Honor a Caregiver reception each year.

Having given more than 400 gifts herself, Rucker encompasses the spirit of giving that allows Beaufort Memorial to continue its improvement endeavors year after year through funds from the Foundation.

She exudes a level of compassion that is now shared by many other nurses and staff. Rucker is an integral part of our philanthropic environment.

LEAGUE OF THEIR OWN Rucker joins previous award winners BMH Employee Pirates, who have raised more than \$500,000 for BMH, and Cindy Rodenberry, RN, who organizes the annual Thunder Rally for Cancer, benefiting Keyserling Cancer Center.



You can ensure the best possible healthcare for our community for generations to come while providing for yourself and your loved ones. There are two ways to give:

Reap what you sow

A charitable gift annuity is a great way to give while gaining income from your assets during your lifetime. It is simple to establish, pays a guaranteed amount to you for the rest of your life and can be established for as little as \$5,000.

Where there's a will, there's a way

Consider remembering the Beaufort Memorial Hospital Endowment Foundation in your will or charitable estate plan. You can bequeath a specific amount or designate a certain percentage of the remainder of your estate.

Call Alice Moss at 843-522-5722 to learn more or to advise us of your plans. We'd like the opportunity to thank you and welcome you into the Beaufort Memorial Hospital Foundation Legacy Society.

A legacy to remember



Joseph Flanagan

Joseph Flanagan was a longtime volunteer at Beaufort Memorial Hospital. He also served several years as president of the hospital auxiliary. Joe passed away in September 2009. Staff and volunteers throughout the hospital will long remember his spirit and smile and the joy Joe found in bringing cheer to patients.

But Joe's legacy at Beaufort Memorial doesn't end with his record of 6,800 hours of volunteer service. In 2003, he read that the BMH Foundation was offering charitable gift annuities. He had never felt he had the means to make a significant gift and recognized this may be an opportunity to further support a cause close to his heart. As he said in an interview in 2004: "Little did I know that a charitable gift annuity would also benefit me... that I would receive an annual return from my contribution! What I was giving was much more than a simple gift—it was an investment, not only in the hospital and its future, but also in my own future. Although I wasn't

looking for anything in return, it certainly is nice to know that I can expect an annual return for the rest of my life."

Joe kept in touch with several friends at Beaufort Memorial and the BMH Foundation after his health forced him to retire from his volunteer efforts.

"He was proud to be our first charitable gift annuitant," says Foundation Executive Director Alice Moss. "The balance of his annuity fund lives on in the Foundation's permanent Endowment Fund, providing income to Beaufort Memorial year after year."

Moss recalls another of Joe's quotes from the 2004 interview: "I've seen miracles occur at Beaufort Memorial, and I know it is because of people who care about the health of this community—which I do." Indeed, he did.

Beaufort Memorial is better today because of Joe.

Go Call Alice Moss at **843-522-5722** or visit www.bmhfoundationsc.org for more information about the BMH Foundation's Legacy Society or planned giving opportunities such as charitable gift annuities.



The Caring Tree blossoms year-round

The tradition of the Caring Tree at Beaufort Memorial began in 1982 when longtime employee Meta Jones donated an evergreen to be planted in front of the hospital. For 27 years the tree was lit during the holiday season, and people throughout the community purchased gifts of light to honor or remember loved ones or to honor special caregivers. Jones passed away in June 2006.

Today, that same Caring Tree provides a warm, reassuring glow every evening of the year, brightening the hospital entrance. It invites us to reflect on the special people we have encountered at Beaufort Memorial and on the beacon of hope and compassion that our community hospital has come to represent.

The hospital Foundation's Honor a Caregiver Program encourages people who want to convey their gratitude or good wishes to a caregiver at Beaufort Memorial to do so at any time of the year. In addition, the BMH Foundation welcomes all tribute gifts to honor or remember friends or loved ones.

To make a tribute gift, visit www.givetobmhf.org.

In loving honor and memory

The BMH Foundation gratefully acknowledges the following tribute gifts received from September 30, 2009, to January 21, 2010. To make a tribute gift, please call **843-522-5774** or go to www.bmhsc.org and click on "Donate Now."

In honor

- DR. JOHN BELL**
Mr. and Mrs. Phillip Hodges, Jr.
- BMH FOUNDATION**
Mr. Clinton Campbell and Mrs. Karen Peluso
- BMH KEYSERLING CANCER CENTER STAFF**
Ms. Muriel Smalley
- BMH NURSES AND STAFF**
Dr. Yonne Varese
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- SANDI STILES**
Ms. Roni Neill
- MR. AND MRS. GARY VAN GYSEL**
Mr. and Mrs. James Coulter

In memory

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Mrs. Hazel Altobello
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Ms. Hedwig Witt

THE ROAD TO HEALTH AFTER 50



Once you turn 50 years old, staying healthy can mean paying closer attention to the details. In fact, you may feel like you need a medical map to keep things straight. ♦ Fortunately, there is a map, and it's relatively easy to follow. It starts with steps you can take on your own—lifestyle choices that can prevent or control many conditions that cause illness or premature death.

THE ROAD TO HEALTH According to the National Institute on Aging, you can help protect your health by:

- **Getting some regular exercise.** People who exercise regularly reduce their risk for many diseases. Exercise can also improve your balance and help you avoid falls. Keep moving with activities such as bicycling, gardening or walking the dog. Try to be active for at least a total of

150 minutes a week. You don't have to get your activity in all at once—you can break it down into small segments of time.

- **Eating a healthful diet.** A diet rich in fruits, vegetables and whole grains is key to avoiding many of the health problems that often occur in older adults. It's also important to avoid saturated fats and to go easy on salt.

- **Not smoking.** If you're a smoker, it's really important that you try to quit. Quitting will reduce your risks for cancer, heart attack and lung disease. In fact, quitting will likely add years to your life.

● You can find resources to help at www.smokefree.gov.

- **Watching your weight.** Being too thin or too heavy can increase your risk for a number of diseases or even premature death. Ask your doctor about your ideal weight and how to maintain it.

LifeFit Wellness Services can help you on the road to better health. Call 843-522-5635 to learn more.

- **Staying engaged.** Studies show that older adults who are involved in hobbies or social activities live longer, healthier lives than their more isolated peers. So get out and have some fun.

FOLLOW DIRECTIONS To stay on course for health, you'll also need to stay in touch with your doctor. All adults should have their blood pressure checked at least every two years. It's also important to have your cholesterol checked regularly—ask your doctor how often you need this test.

And depending on your sex, age and

health risks, you may need some of these additional screenings or preventive measures: ● A mammogram. ● A flu shot. ● A colonoscopy. ● A mental health screening. ● A pneumonia shot. ● A shingles vaccination. ● A diabetes screening. ● A daily aspirin to help prevent heart attack or stroke. ● A bone density scan to screen for osteoporosis. ● An abdominal aortic aneurysm screening test.

If you haven't been taking very good care of yourself so far, don't feel like it's too late to change now. You're never too old to start living a healthy life.

GROWING TO MEET YOUR NEEDS

NEW SERVICES COME TO BLUFFTON MEDICAL SERVICES

Beaufort Memorial Bluffton Medical Services

offers advanced women's services, including:

- Ultrasound.
- Bone density screening.
- Vascular services.
- Digital mammography.

Call 843-706-8660 to make an appointment.



Physician specialists • Screenings • Lab services • Health and wellness classes • Imaging services

IMRT PRECISELY TARGETS TUMORS

RADIATION THERAPY IS a powerful and highly effective cancer treatment—it can kill malignant cells and dramatically shrink life-threatening tumors.

But all that power can come with a price: Radiation can damage healthy tissue as well as diseased tissue.

When doctors use radiation to treat cancer patients, it's a delicate balance: Damage as many cancer cells as possible, but limit the harm to normal cells. One way to tip the balance in the patient's favor is through advanced technology that can precisely target a tumor.

PRECISION TREATMENT One relatively new treatment method, known as intensity-modulated radiation therapy (IMRT), uses some of the latest equipment and medical expertise to go after cancer.

IMRT equipment includes a computer-controlled x-ray accelerator, which stands about 10 feet high and 15 feet long. It generates tightly focused photon beams or x-rays that can be specially molded to conform to the shape of a tumor—or even target specific points inside a tumor.

The equipment can be rotated around the patient so that the beams are fired from the best angles.

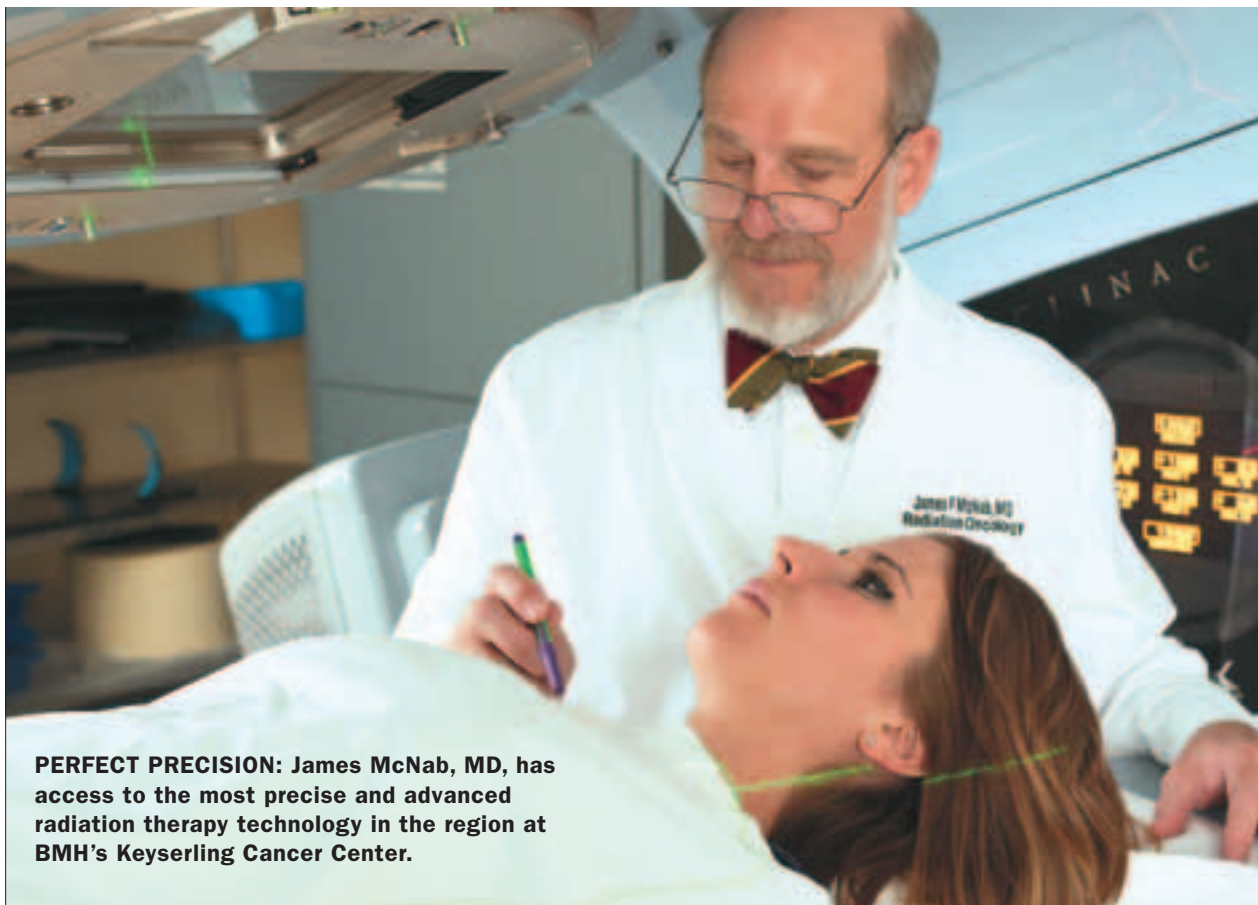
The beams also are adjustable. That means higher doses of radiation are delivered to the tumor and less harmful doses reach nearby healthy tissue than with more conventional radiation treatment.

PLANNING IS KEY The treatment is carefully planned ahead of time by a team of experts, led by a radiation oncologist.

Three-D computed tomography, or CT, images are made of the tumor and surrounding tissues.

Other high-end scans, such as PET (positron emission tomography) and MRI (magnetic resonance imaging), may also be used to determine the exact location and shape of the tumor.

With this information, specialists can determine the radiation dose and energy beam configurations that will be needed.



PERFECT PRECISION: James McNab, MD, has access to the most precise and advanced radiation therapy technology in the region at BMH's Keyserling Cancer Center.

PAINLESS PROCEDURE Even though the equipment may sound futuristic—perhaps a little scary—IMRT is painless. And while side effects are the same as with conventional radiation therapy, they occur less often and with less intensity, offering a better quality of life for the patient.

Compared with conventional radiation treatment, fewer IMRT treatments may be needed. But since each treatment is more complex, individual sessions may last a little longer. Patients usually are scheduled for IMRT treatments five days a week for five to 10 weeks. Sessions typically last between 10 and 30 minutes.

IMRT is primarily being used to treat a variety of cancers, including those of the head and neck, prostate, and central nervous system. It may also be used to treat cancers in other areas of the body, including the breast, thyroid and lungs.

“Thanks to our affiliation with Duke University, we are fortunate to have the most advanced radiation treatment technology,” says James McNab, MD, BMH radiation oncologist.

Learn more about BMH's advanced radiation therapy technology by calling 843-522-7800.

Sources: American Cancer Society; National Cancer Institute; Radiological Society of North America

A GENEROUS DONATION

Tanger Outlets support local cancer research

FOR THE THIRD year, Bluffton's Tanger Outlets has named BMH's Keyserling Cancer Center the recipient of Tangerstyle Pink proceeds. The amount raised continues to grow each year, with proceeds amounting to a \$26,618.55 gift to the BMH Foundation for 2009.

The funds will be designated to clinical research, funding a clinical research environmental data informatics tracking program for cancer center patients and continued education for the clinical research staff.

This gift brings the total amount Tanger Outlets has donated to Keyserling Cancer Center over the past three years to an impressive \$62,477.78.

Thank you Tanger Outlets and Tangerstyle Pink participants!



BANDING TOGETHER: LaDonna Shamlon (left) presents a check on behalf of Tanger Outlets to Alice Moss, BMH Foundation executive director (center), and Connie Duke, RN, OCN, director of Keyserling Cancer Center, for use with BMH's Cancer Research Program.

SHOW SOME LOVE THIS SEASON

Giving blood just got easier

TIMES MAY BE tough, but it's never been easier to give. Give blood, that is.

A new donor center—the only free-standing collection site in the county—has opened across the street from Beaufort Memorial Hospital at 990 Ribaut Road, making it much more convenient to donate blood.

Instead of waiting for a community blood drive, donors can now schedule an appointment anytime from 9 a.m. to 5 p.m. on Wednesdays and Thursdays and from 10 a.m. to 2 p.m. on Saturdays. Walk-ins are also welcome.

Renamed The Blood Alliance at Beaufort Memorial Hospital, the new facility replaces the Lowcountry Community Blood Center, which was housed in a small, one-bed room in the hospital. The expanded site comprises 1,160 square feet with two beds, two exam rooms and ample parking.

Help save a life—donate blood at our new donor center. Call 888-447-1479 to make an appointment.

“Donating blood is a great way to contribute to your community and make a real difference in someone’s life,” says BMH donor resource consultant Sallie Stone. “And it doesn’t cost anything but an hour of your time.”

The center is staffed by phlebotomists from The Blood Alliance, a nonprofit community blood bank that provides blood products to BMH, Memorial Health University Medical Center in Savannah, and several hospitals and medical facilities in northeast Florida.

Beaufort Memorial relies on The Blood Alliance for an average of 230 units of blood a month. Along with the



TOP: Attending the ribbon cutting at the new blood donor center are (from left) Beaufort Mayor Billy Keyserling; BMH President and CEO Rick Toomey; BMH Director of Pathology Brad Collins, MD; The Blood Alliance President and CEO Dale Malloy; Beaufort Regional Chamber of Commerce CEO Carlotta Ungaro; and the Blood Alliance mascot Phillip A. Pint. **LEFT:** Keyserling speaks at the grand opening of The Blood Alliance at BMH. **RIGHT:** Phillip A. Pint waves to passersby.

permanent donor site, the blood bank provides mobile collection units for community blood drives in Beaufort County.

In the past fiscal year, the hospital was able to collect 94 percent of the blood it needed compared with 61 percent the previous year.

“The new facility is a very important milestone in our partnership with The Blood Alliance,” says Brad Collins, MD, BMH director of Laboratories. “It could send us well on our way to being self-sufficient.”

To schedule an appointment to donate blood, visit www.thebloodalliance.com or call 888-447-1479.



Beaufort Memorial Hospital Foundation Presents
DUKE SYMPHONY ORCHESTRA CONCERT
 Saturday, March 27, 2010
 Beaufort High Performing Arts Center

Appearance by
 Beaufort High School “Voices”

Proceeds benefit
 Beaufort Memorial Hospital’s
 Keyserling Cancer Center & Healing Arts

General Admission \$35
 Patron Admission \$75
includes Conductor’s Reception

To order tickets call 522-5774 or visit www.bmhfoundationsc.org
 View an online video about the partnership between Duke Symphony, Voices & BMH

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