

# Your LIFE

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SUMMER 2012

HEALTHGRADES  
RANKED #1  
IN SOUTH CAROLINA FOR  
CARDIAC SURGERY - 2010-2012



**Grand Strand**  
Regional Medical Center

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Understanding sudden cardiac arrest

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Forgetfulness or dementia?

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S.C.'s only ACS Level II trauma center

## DEAR FELLOW RESIDENTS,



Grand Strand Regional Medical Center recently received designation as a Level II trauma center from the American College of Surgeons and the South Carolina Department of Health and Environmental Control—an outstanding achievement for our hospital and for residents and visitors in our region. This designation is the result of a multitude of staff members and outside agencies working

together to provide additional lifesaving measures for our community. I thank everyone who was involved in this effort, from medical and nursing staff to emergency response services.

In addition to our trauma upgrade, we have also received designation as a premium specialty center in interventional cardiology, electrophysiology, cardiac surgery, spine surgery and total joint replacement by UnitedHealthcare, one of the nation's major insurance companies. We are proud of these designations because they validate the superior quality of these services provided at Grand Strand Regional.

Each year we honor individuals with the Dr. Thomas Frist Sr. Humanitarian Award. It is the highest achievement from HCA, Grand Strand Regional's parent company. Lewis Dickinson, MD, Gloria Martinez and John Doherty are this year's recipients and make daily contributions to bettering the lives of others.

One of most rewarding aspects of my role at Grand Strand Regional is hearing about the staff's accomplishments and expertise that save patients' lives every day. In this issue, we focus on sudden cardiac arrest, a major medical condition that is becoming more common. I am grateful that patients like Charles Ahlum are alive and leading active lives due to our electrophysiology program.

Please contact me if you have suggestions for future articles or additional ways we can continue to be the region's healthcare leader.

Sincerely,

Doug White  
CHIEF EXECUTIVE OFFICER

## NEWS BRIEFS

### New medical staff officers



Kevin Dineen, MD

► **KEVIN DINEEN, MD, HAS BEEN ELECTED GRAND STRAND REGIONAL MEDICAL CENTER'S CHIEF OF STAFF FOR 2012-2013.** Dr. Dineen is board certified in critical care and pulmonology and joined the medical staff in 2003. Richard Osman, MD, otolaryngologist, has been elected vice chief of staff, and Randy Goodroe, MD, cardiologist, will serve as treasurer. Chief of surgery is Lewis Dickinson, MD, surgeon, and chief of medicine is William O'Connor, MD, family practice physician.

### Board officers elected



Woodrow Ford III

► **WOODROW "WOODY" FORD III HAS BEEN ELECTED CHAIR OF THE GRAND STRAND REGIONAL MEDICAL CENTER BOARD OF TRUSTEES. HE HAS SERVED ON THE BOARD SINCE 2009.** Ford is operations director of Blue Cross/Blue Shield of South Carolina and serves on the boards of the Coastal Carolina University Alumni Association, Bridgewater Academy and United Way.

John Molnar, MD, has been elected vice chair of the hospital board of trustees. Dr. Molnar is medical director of the emergency department and joined the board of trustees in 2009. Timothy Cornnell, MD, gastroenterologist, has been elected to a three-year term on the board.

### UnitedHealthcare designates five quality programs

► **GRAND STRAND REGIONAL MEDICAL CENTER HAS RECEIVED FIVE UNITEDHEALTH PREMIUM® SPECIALTY CENTER DESIGNATIONS IN RECOGNITION OF QUALITY CARE IN TOTAL JOINT REPLACEMENT, SURGICAL SPINE, ELECTROPHYSIOLOGY, INTERVENTIONAL CARDIAC CARE AND CARDIAC SURGERY.** The UnitedHealth Premium designation signals to all consumers that Grand Strand Regional meets or exceeds nationally recognized standards of care in these areas.

UnitedHealthcare developed the UnitedHealth Premium specialty center program to give its members information and access to hospitals meeting rigorous quality criteria. The designation is based on detailed information about specialized training, practice capabilities and outcomes and is designed to help members make informed decisions should they need specialty care.



## Frist Humanitarian Award recipients honored

▶ **GRAND STRAND REGIONAL MEDICAL CENTER RECENTLY HONORED A HOSPITAL STAFF MEMBER, A VOLUNTEER AND A PHYSICIAN AS RECIPIENTS FOR THE FRIST HUMANITARIAN AWARD, THE HIGHEST HONOR AN INDIVIDUAL CAN EARN FROM GRAND STRAND REGIONAL AND HCA.** The award recognizes individuals who best exhibit the spirit of caring and concern in the hospital and community.

Gloria Martinez was named the employee recipient. Martinez joined the hospital in 1985 and is a phlebotomist in the laboratory. She has worked at the hospital, South Strand Medical Center and currently at the Grand Strand Regional Diagnostic & Women's Center. Martinez is well known for her skill in drawing blood as well as her kindness and compassion. She works with Horry Georgetown Technical College phlebotomy students and volunteers at community events, including the annual health fair and prostate screenings.

Trauma surgeon Lewis Dickinson, MD, was honored as the physician recipient. As trauma medical director, Dr. Dickinson has been proactive in achieving the hospital's Level II trauma designation. Dr. Dickinson maintains a strong relationship with area EMS, sharing his knowledge and education with first responders of trauma care. Dr. Dickinson also speaks in the community about the prevention of vehicular accidents and other actions that could lead to trauma injuries. He serves as a mentor to physicians and nurses and as an example of someone who does his best, every day, for the community.

John Doherty received the volunteer Frist Award for his service to the hospital. Doherty has volunteered in the emergency department (ED) once a week for five years. He was honored for his dedication in always putting patients and their family members first. Doherty is a liaison for family members while patients are being treated, and he helps ED staff with stocking supplies, running errands and doing anything else that can help the department run smoothly.

## CONTEST

### Find the starfish and win!

▶ **LOCATE THE STARFISH HIDDEN SOMEWHERE IN THIS ISSUE!** Once you have found it, send us your name, contact information and the location of the starfish either by mail (Marketing Department, Grand Strand Regional Medical Center, 809 82nd Parkway, Myrtle Beach, SC 29572) or by visiting our website at [grandstrandmed.com](http://grandstrandmed.com). Click on "Contact Us," complete the information and select "General Questions/Comments" in the subject box. You will be entered for a chance to win a \$100 gas card!

The deadline to enter is Aug. 1, 2012. Grand Strand Regional employees and their family members are not eligible for the drawing. Congratulations to **Mary Alford of Lorris** who won a \$100 gas card for finding the starfish in the spring issue.



Gloria Martinez



Lewis Dickinson, MD



John Doherty



## classes and more



PLEASE VISIT [GRANDSTRANDMED.COM](http://GRANDSTRANDMED.COM) EACH MONTH FOR A COMPLETE LISTING. CALL (843) 692-4444 TO REGISTER FOR ALL SEMINARS AND CLASSES.

▶ **COMMUNITY SCREENINGS**  
**Cholesterol screenings**  
**HealthFinders\* •**  
**Monday–Saturday,**  
**10 a.m.–7:30 p.m.**

Walk-in screenings for total cholesterol (\$7), lipid profile (\$20) and A1C (\$20). Free blood pressure and weight screenings.

▶ **EVENTS & CLASSES**  
**Blood drives**  
**HealthFinders\* • Wednesday,**  
**July 18, 11 a.m.–7 p.m.**

**Grand Strand Regional Medical Center • Tuesday,**  
**Aug. 28, 10 a.m.–5 p.m.**

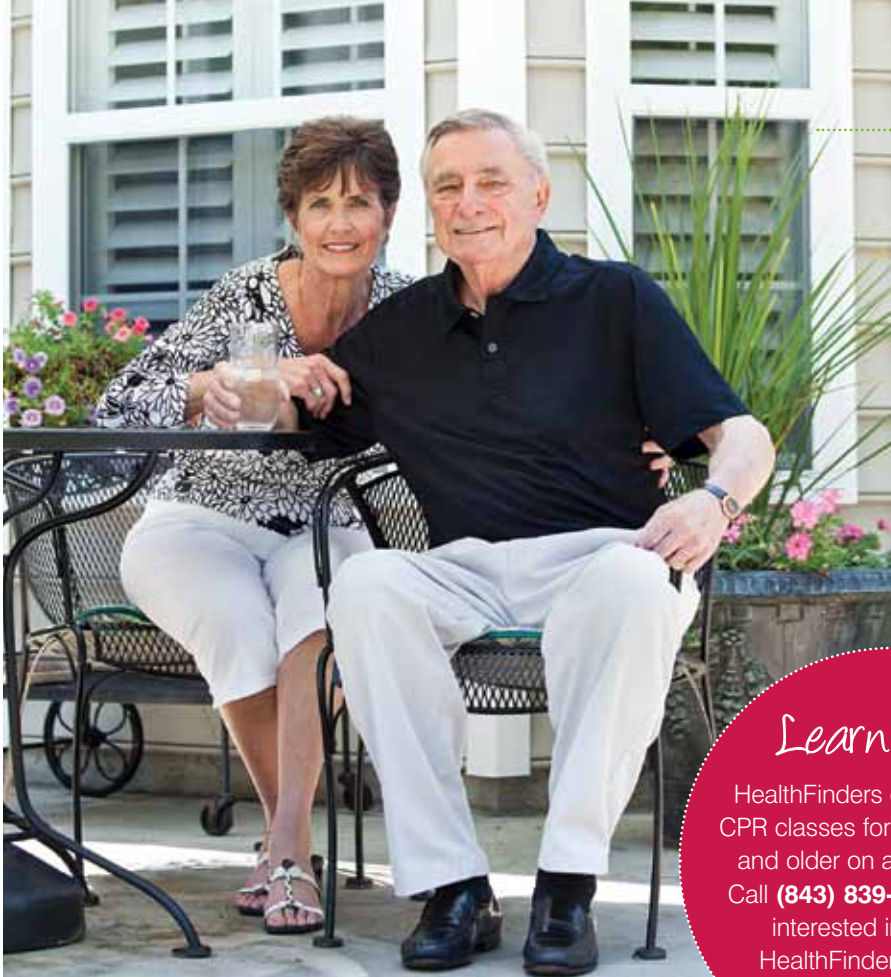
**Safe Sitter class**  
A seven-hour class for 11- to 12-year-olds. Class teaches safe and nurturing childcare techniques, behavior management skills and appropriate responses to medical emergencies. Fee: \$35 (includes materials and book bag).

**HealthFinders\* • Thursday,**  
**July 12 and Aug. 9,**  
**10 a.m.–5 p.m.**

**YMCA • Thursday, July 26,**  
**10 a.m.–5 p.m.**

Registration required,  
**(843) 692-4444.**

\*HealthFinders is located inside the Coastal Grand Mall, next to Dillard's.



Charles Ahlum is enjoying life again with his wife, Peg, following sudden cardiac arrest and implantation of an internal defibrillator.

he was stabilized and told that he would need a pacemaker to monitor his heart rhythm. Upon arrival, he was in complete heart block, which was presumably the cause of his cardiac arrest.

When the heart's electrical system—which controls the rate and rhythm of the heartbeat—malfunctions, it can cause irregular heartbeats, or arrhythmias. This can ultimately result in SCA. A pacemaker monitors the heart's rhythm and controls it with electrical pulses by increasing the heart rate. A defibrillator works as a pacemaker but also can stop lethal arrhythmias, which cause 85 percent of SCAs.

Jason Goebel, MD, an electrophysiologist at Grand Strand Regional, was set to begin surgery to implant the pacemaker when Ahlum, again, suffered an SCA, but this time he had a different form of cardiac arrest due to ventricular tachycardia. This was an entirely different arrhythmia than his presenting rhythm and required insertion of a defibrillator instead of a pacemaker to save his life. In addition to monitoring the heart's rhythm, an internal defibrillator can also correct life-threatening arrhythmias with rapid pacing or, as a last case resort, an electrical shock. "Only because of Dr. Goebel's quick reaction and medical knowledge am I still here to talk about it," Ahlum says.

#### **A hidden monster**

SCA can affect anyone. Two big risk factors for SCA are having had a

### *Learn CPR*

HealthFinders offers two-hour CPR classes for people ages 12 and older on a regular basis. Call **(843) 839-9933** if you are interested in a class at HealthFinders or for your group or organization.

# Sudden cardiac arrest

Leading the way in saving lives

If someone experiences cardiac arrest ...

- **Call 911.**
- Administer cardiopulmonary resuscitation (CPR).
- Use an automatic external defibrillator per instructions, if available.

▶ **A LITTLE MORE THAN A MONTH AFTER HAVING A HEART ATTACK AND QUADRUPLE BYPASS SURGERY, 74-YEAR-OLD CHARLES "MONTY" AHLUM OF SUNSET BEACH, N.C., WAS AT HOME WITH HIS WIFE, PEG, AND FRIENDS WHEN SUDDENLY HIS MIND WENT BLANK.** "Without any kind of ill feeling, I passed out," Ahlum says. "Apparently, I wasn't breathing and didn't have a pulse." Ahlum suffered sudden cardiac arrest (SCA)—a condition when the heart suddenly stops beating. He was rushed to Grand Strand Regional Medical Center, where

previous heart attack and having a heart that functions abnormally. The best way to learn if your heart function is abnormal is to know your ejection fraction (EF), which is the percentage of blood that leaves the heart after every contraction (see “What is your ejection fraction?”). This can be determined by a nuclear stress test or an echocardiogram.

An EF of 55 percent or higher is considered normal heart function, while less than 35 percent indicates a high risk for SCA. For active people like Ahlum—whose EF number was 40 percent—the risk of dying from SCA is higher despite not falling below the 35-percent mark. “Your cumulative risk of dying from it is actually greater if you have fewer heart failure symptoms,” says Dr. Goebel. “Statistically, the average ejection fraction of someone who has cardiac arrest is about 40 to 45 percent. So a person who has poor heart function but leads an active lifestyle will get the greatest benefit from a defibrillator.” The longer you live with a lower EF, the more likely an ICD will at some point save your life.

### Understanding internal defibrillators

Lack of patient education and physician understanding has led to a generally poor acceptance of internal defibrillators. Dr. Goebel says that he has a number of patients who are more concerned about the defibrillator’s potential shock than they are about the surgery to have the device implanted. But the shock feature is only a backup if painless, low-energy pulses cannot restore a normal heart rhythm. “Millions of people in the United States are indicated for defibrillators, but only about 40 percent get them,” says Dr. Goebel. “In our area, that number is less than

10 percent. It’s a very significant health problem.”

In the nearly two years since Dr. Goebel’s arrival, Grand Strand Regional’s scope of cardiovascular services has expanded, and the hospital continues to be recognized for quality in cardiac care. Grand Strand Regional’s heart program has received recognition by HealthGrades as the #1 cardiac surgery program in South Carolina for 2010–2012, and the hospital is an Accredited Chest Pain Center by the Society of Chest Pain Centers. In May 2012, UnitedHealthcare designated the Grand Strand Regional electrophysiology program as a premium specialty center based on quality.

In 2011, Dr. Goebel performed more than 200 internal defibrillator surgeries and does not see that number decreasing in the future. “Dr. Goebel explained to my wife and me how an internal defibrillator works and what it’s supposed to do. I couldn’t be better,” says Ahlum.

Jason Goebel, MD, implanted the internal defibrillator that saved Charles Ahlum’s life.

### Life with a defibrillator

Since Ahlum had his defibrillator implanted, he has been given a new lease on life. “I feel like I have a stronger heart now than I’ve had the last 70 years,” says Ahlum. “I can drive a car again, go out to lunch with Peg and even play a little golf.”

An internal defibrillator does not guarantee a better quality of life. But after two months most people can go on with their life with no limitations. Grand Strand Regional provides advanced cardiovascular care and education so you do not limit your quality of life. “If you ever have a heart problem, I would advise you to go to Grand Strand Regional,” says Ahlum. “My experience has been overwhelming.”



## What is your ejection fraction?

**JUST AS YOU TRACK YOUR BLOOD PRESSURE AND CHOLESTEROL NUMBERS, KNOWING YOUR EF NUMBER CAN SAVE YOUR LIFE. TALK TO YOUR DOCTOR TO LEARN YOUR EF.**

EF RANGES	WHAT IT MEANS
<b>55 percent and higher</b>	Normal
<b>40–55 percent</b>	At risk, but may not have heart failure symptoms. Talk with your doctor about being put on a regular testing plan.
<b>Less than 35 percent</b>	High risk of sudden cardiac arrest and heart failure. See your doctor to discuss a comprehensive care plan.





# Memory loss or something more?

Your physician can help find the answer

► **YOU HAVE MISPLACED YOUR CAR KEYS FOR WHAT FEELS LIKE THE HUNDRETH TIME TODAY.** You cannot remember a conversation your husband insists took place. You blank on a co-worker's name when introducing him to a new employee. Are these just moments of forgetfulness or do they signal something more, like Alzheimer's disease?

"Memory loss as a symptom is extremely common," says Jason Harrah, MD, a family practice physician at Grand Strand Regional Medical Center. "Most people don't have dementia."

## What is behind the forgetfulness?

Memory loss can be caused by any number of conditions or diseases. Hypothyroidism, vitamin B12 deficiency, diseases such as Lyme and HIV, trauma, alcohol use, stroke, problems hearing or seeing, stress, depression, hydrocephalus (fluid on the brain) and certain pain and anxiety medications can all trigger memory loss, and most cases are reversible with proper treatment.

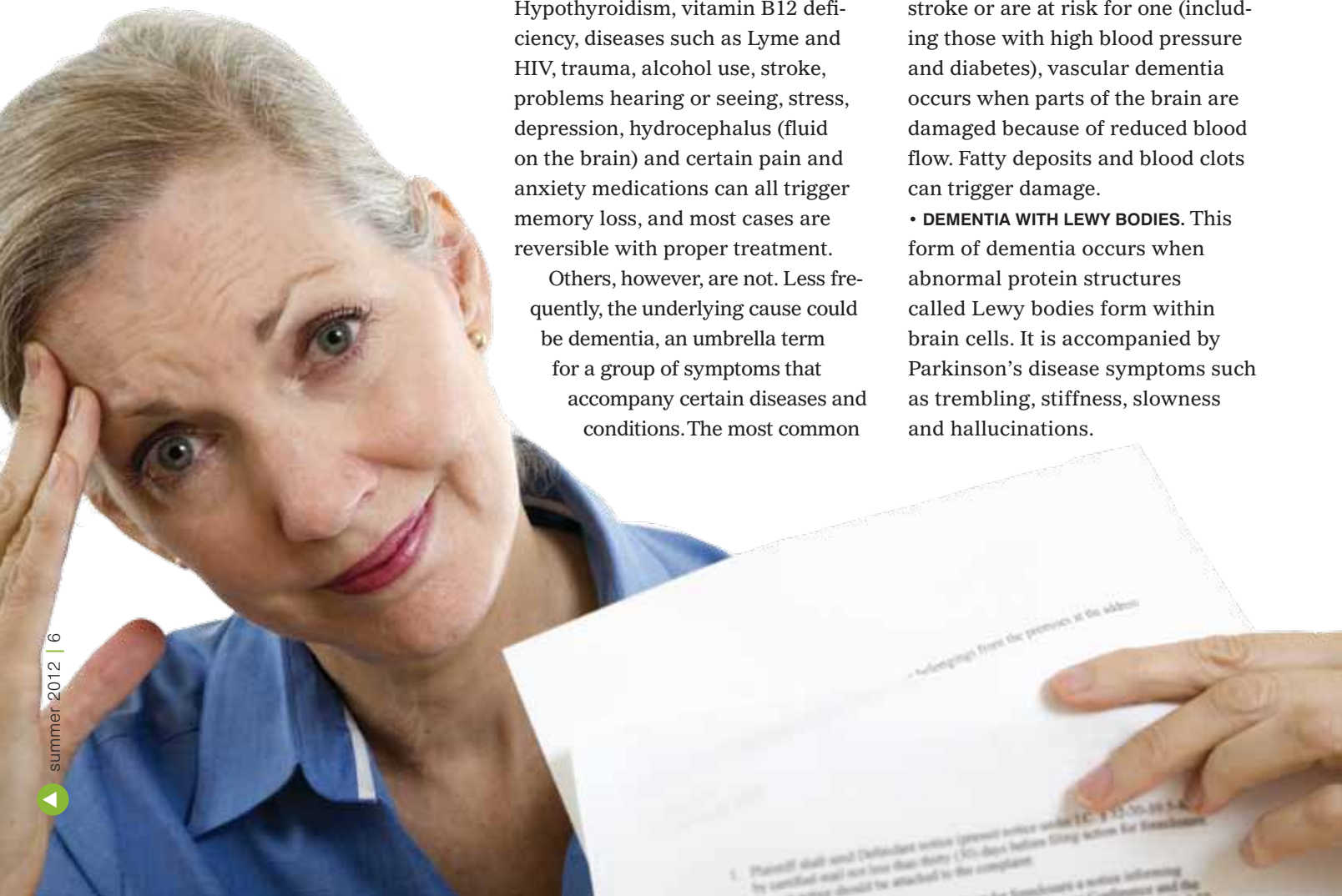
Others, however, are not. Less frequently, the underlying cause could be dementia, an umbrella term for a group of symptoms that accompany certain diseases and conditions. The most common

form of dementia is Alzheimer's, and according to the National Institute on Aging, as many as 5.1 million Americans may have the disease. Other forms of dementia include:

- **VASCULAR DEMENTIA.** More common among people who have had a stroke or are at risk for one (including those with high blood pressure and diabetes), vascular dementia occurs when parts of the brain are damaged because of reduced blood flow. Fatty deposits and blood clots can trigger damage.
- **DEMENTIA WITH LEWY BODIES.** This form of dementia occurs when abnormal protein structures called Lewy bodies form within brain cells. It is accompanied by Parkinson's disease symptoms such as trembling, stiffness, slowness and hallucinations.



Jason Harrah, MD  
Family Practice



• **PARKINSON'S-RELATED DEMENTIA.**

As the name implies, this dementia often presents in the later stages of Parkinson's disease and mimics dementia with Lewy bodies.

• **FRONTOTEMPORAL DEMENTIA**

(formerly known as Pick's disease). Nerve cells die in the frontal and temporal regions of the brain when a person is younger, triggering behavioral changes, speech problems or issues understanding language.

Chronic alcoholism and repeated head trauma are also underlying causes of dementia.

**Not sure? Get it checked out**

Because it can be difficult to differentiate between a condition that could be resolved with something as simple as more sleep, or something more serious, Dr. Harrah recommends seeing your physician. "Your condition may be reversible or treatable, and you can get your function back," he says.

Your physician will take an extensive health history and ask detailed questions to help determine what kind of memory loss is present. "It's one thing to go into the kitchen and forget why you went in there," he says. "It's quite another to forget how to use a kitchen knife or how to get mayonnaise out of the jar."

Dr. Harrah also looks for other symptoms, such as lack of concentration and signs of depression,

as well as how memory loss presents. A more sudden onset is typically associated with a medical condition such as a thyroid problem, pneumonia or pseudo-dementia (a form of depression)—even a bad urinary tract infection can trigger symptoms of delirium, he says. Imaging tests, such as magnetic resonance imaging (MRI) and computed tomography (CT) scans, can help determine if multiple, mild strokes may be causing memory impairment. "Dementia follows more of a slow progression,"

Dr. Harrah says. If dementia is suspected, a mini-mental state exam, which tests all domains of cognitive function, can be given to help make a diagnosis.

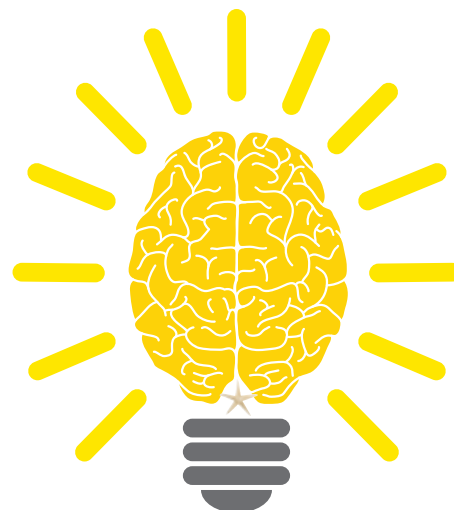
Risk factors also play an important part in the evaluation. People who have a first-degree

relative with dementia; are older, female or smoke; and those who have a history of repeated head trauma, heart problems or diabetes have a higher risk of dementia, Dr. Harrah says.

**Can dementia be prevented?**

Dementia is a progressive disease with no cure. Some people may benefit from medications that can slow progression, giving them more quality years.

Although it cannot always be prevented, doing what you can to reduce your risk of dementia is a good bet.



## 10 warning signs of dementia

- ① Changes in mood or behavior
- ② Changes in personality
- ③ Difficulty finding the right word when speaking
- ④ Difficulty performing familiar tasks
- ⑤ Difficulty remembering the date or feeling lost
- ⑥ Difficulty with abstract thinking
- ⑦ Loss of "get up and go"
- ⑧ Loss of judgment
- ⑨ Placing items in unusual places
- ⑩ Recent memory loss that affects job skills

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Eating right, exercising regularly, not smoking, limiting alcohol and, with your physician's OK, taking a baby aspirin each day are good preventive measures, Dr. Harrah says. These measures are also great at preventing heart disease.


Participating in activities that engage the mind, such as crossword puzzles or video games, can also help. "The brain isn't a muscle that can be worked out, but this is definitely a 'use it or lose it' phenomenon," Dr. Harrah says.



[grandstrandmed.com](http://grandstrandmed.com)

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## Level II trauma care close to home

► FOLLOWING AN EXTENSIVE SITE SURVEY AND REVIEW IN JANUARY, GRAND STRAND REGIONAL MEDICAL CENTER'S TRAUMA PROGRAM HAS RECEIVED LEVEL II TRAUMA CENTER VERIFICATION BY THE AMERICAN COLLEGE OF SURGEONS (ACS) AND THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL.

"The verification of our Level II trauma center is a result of the commitment by physicians, staff and the community to bring this higher level of care to our region. Recruitment and education were key components of building this program," says Doug White, chief executive officer.

As South Carolina's only ACS-verified Level II trauma center, Grand Strand Regional's program includes five trauma surgeons, one trauma orthopedic surgeon, anesthesiologists and emergency department (ED) physicians. All critical care and ED nurses completed trauma nursing core curriculum as well as advanced

cardiac and pediatric life support training. In addition to staff recruitment, the hospital built two dedicated trauma rooms in the expanded ED and completed a new helipad, adjacent to the ED.

"A victim's chances of survival are greatest if care is received within a short period of time after a severe injury. In a life-threatening accident, the chance of survival increases dramatically if there is a verified trauma program nearby," says Lewis Dickinson, MD, trauma medical director.

Grand Strand Regional has a trauma surgeon and anesthesia staff in-house 24 hours a day.

In 2011, more than 1,200 trauma patients were treated.

### Lifesaving trauma care

For more information about the trauma services at Grand Strand Regional, visit [grandstrandmed.com](http://grandstrandmed.com).

Trauma medical director Lewis Dickinson, MD (second from right), and Alison Burns, RN, trauma nursing director (right), discuss trauma protocol.

