

WINTER 2009

**New Program Helps
Heart Failure Patients**

Hospital Goes Green

Camellia Ball A Success

**Patients Win With Advances
In Breast Reconstruction**

Inside

 ANMED HEALTH

Surgeons make
strides in breast
reconstruction



Two Years in a Row

Distinguished Hospital Award for Clinical Excellence™, 2008 & 2009

#1 in SC for Cardiac Surgery, 2008 & 2009

#1 in SC for Overall Pulmonary Services, 2007-2009

#1 in SC for Overall Critical Care, 2008 & 2009

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HealthGrades reviewed nearly 41 million hospitalization records from the Centers for Medicare and Medicaid Services, part of the U.S. Department of Health and Human Services, over the years 2005, 2006 and 2007. HealthGrades analyzed the clinical quality performance of these hospitals in 26 procedures and diagnoses. Hospitals that receive the HealthGrades Distinguished Hospital Award for Clinical Excellence™ are those hospitals that rank in the top five percent when all 26 individual scores are aggregated into an overall score.



For the complete ratings,
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 **ANMED HEALTH**
We're in this together.

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ON THE COVER: Martha Hanwell is one of many women who have been able to undergo immediate breast reconstruction following their mastectomy.

From patient care to worker safety, AnMed Health sets the gold standard

In the medical field, we have a special phrase for the best available tests and benchmarks. We call them the gold standard.

The gold standard is more than an ideal at AnMed Health, it's a way of life. Our vision is to be recognized as the gold standard for healthcare quality and community health improvement. AnMed Health employees lived up to that vision as never before in 2008.

Our strong patient outcomes earned several awards from HealthGrades, the nation's leading healthcare ratings company. AnMed Health was the only hospital in South Carolina to be named a 2008 Distinguished Hospital both for Patient Safety and Clinical Excellence, placing our patients' care among the best in the nation. AnMed Health also ranked No. 1 in South Carolina for cardiac surgery, pulmonary services and critical care.

Our health care system also received national attention for its top-quality stroke care.

The Medical Center was recertified as a Stroke Center of Excellence by the Joint Commission, and AnMed Health Rehabilitation Hospital was named a HealthSouth Stroke Center of Excellence. The Rehabilitation Hospital, a 50-50 joint venture with HealthSouth, was also named Hospital of Year among HealthSouth's national network of 90 rehabilitation hospitals.

In 2008, AnMed Health continued to set the standard for worker safety. The Medical Center remained the only South Carolina hospital flying the VPP flag after an OSHA visit in December. VPP, the Voluntary Protection Program, is a collaborative partnership with OSHA to continuously improve worker safety. Only companies with stellar worker safety records can join the program, and AnMed Health is now entering its fourth year of participation.

As you have probably noticed, AnMed Health is the sum of many parts. So setting the gold standard is also about encouraging departments and employees to stay at the leading edge of their profession. We celebrated a number of individual achievements in 2008, too many to fit in one letter. Allow me to share a few examples:

- Our Oncology Research department received a National Merit Award from the Comprehensive Cancer Center Research Base at Wake Forest University for outstanding data quality.
- The AnMed Health Laboratory was recommended for continued ISO 9000 registration after its tri-annual assessment in November.
- The American Academy of Family Physicians named Dr. Stoney Abercrombie Humanitarian of the Year for his dedication to charity work locally and globally.
- Pharmacy Director Pat White received the Lewis Blackman Patient Safety Champion Award for creating a universal medication form that's now used in hospitals across the country.
- Dr. William Buice was one of the Commission on Cancer's Outstanding Cancer Physician Liaisons, an award that recognizes those who exceed expectations in improving their cancer program.



John Miller

Inside ANMED HEALTH

Inside AnMed Health is a quarterly publication produced for the staff and others affiliated with AnMed Health.

CONTACT

Marketing Department
864.512.3703

MISSION

To passionately blend the art of caring with the science of medicine to optimize the health of our patients, staff and community.

VISION

To be recognized and celebrated as the gold standard for healthcare quality and community health improvement.

ANMED HEALTH
We're in this together.

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Heart failure patients regain independence



Marcella Southerland works out at LifeChoice in the AnMed Health Cardiac and Orthopaedic Center. The congestive heart failure disease management program at LifeChoice has helped her regain her strength after having a pacemaker installed.

For most of last year, 77-year-old Marcella Southerland didn't feel her age.

A retired member of AnMed Health's family practice faculty, she was walking two to three miles a day at Boulevard Baptist Church, caring for her granddaughter after school, substitute teaching for Anderson School District 5 and serving as an on-call chaplain at the Medical Center.

Southerland's life changed drastically in September when she was hospitalized for eight days. Doctors informed her that she had pneumonia and an atrial fibrillation, an irregular heart rhythm that starts in the upper parts of the heart. Atrial fibrillation is fairly common in older adults and can be caused by a number of medical conditions, including pneumonia.

Southerland's doctors treated the pneumonia and installed a pacemaker to keep her heart beating regularly. The quick decline in her health was devastating for Southerland and her family. The once active senior found herself unable to open a pickle jar or stand up without help. Then, Southerland's doctor referred her to the congestive heart failure disease management program at LifeChoice.

"It was such a blessing," Southerland said. "When I first left the hospital, I could hardly walk my legs were so weak."

Three months later, she's 85 percent back to normal and still exercising.

Southerland is only one of an estimated 5 million Americans affected by congestive heart failure. For these patients, the weakened heart muscle cannot pump blood efficiently throughout the body. As result, many suffer from symptoms such as shortness of breath, swelling in their extremities and abdomen, extreme fatigue, and limited activity endurance.

Evidence-based research shows that heart failure patients who enroll in an outpatient disease management program have improved survival rates and fewer hospitalizations than those managed in traditional health care settings. These patients increase their exercise endurance, report improved quality of life and are more capable of being active participants



The LifeChoice staff plays a large part in patients' success. Pictured from left to right are Michael Gibson, Sarah Long, Miriam Swaney, Julie Clinkscales and Christine Buttrely.

in their disease management. When participants are admitted for worsening symptoms, they typically have shorter hospital stays than patients not enrolled in a disease management program.

"A large part of what we offer is education," said Sarah Long, APRN, who manages the program's daily operations at LifeChoice. "By seeing these patients frequently, we can assess their level of compliance and understanding in regards to their congestive heart failure management. Sometimes, it is as simple as getting scales for a patient so they can weigh daily and see if they've gained fluid weight."

LifeChoice's twice-weekly program is open to anyone diagnosed with heart failure upon referral by their health care practitioner. The program has been in operation less than a year, and already it's changing lives. A man who was being admitted to the Medical Center every two to four weeks for heart failure symptoms has been two months without a hospital visit. Another patient is better managing his disease with close follow-up, lots of encouragement and help sorting out his medications.

For Southerland, the program provided nutritional guidance, oversight of her medications and a personal, supervised

exercise routine. But she says the best thing she received at LifeChoice is hope.

Seventy-three-year-old Bonnie Bloodworth agreed. Once too scared to even step foot on a treadmill, Bloodworth credits the program with keeping her alive.

"The harder you work, the more it keeps fluid off your lungs," she said. "I'd come every day if I could."

Registered nurse Miriam Swaney attributes the program's success to its staff. They work diligently to ensure patients have the information necessary to actively participate in their health care. For this group, seeing patients succeed is more than just a job.

"The patients all know we are only a phone call away," Swaney said. "If they have any problems, they can call us. If the problem is heart failure related, we can usually handle it over the phone. If not, we can help them quickly access the care they need."

Michael Gibson, nurse manager at LifeChoice, said he sees phenomenal growth potential in the congestive heart failure program.

"The success we have achieved with these few patients is proof that we can truly make a difference in this population's quality of life," Gibson said.

Is your heart as healthy as you think it is?

Most people who have a heart attack never see it coming. Heart disease is the nation's No. 1 cause of death, killing more than 650,000 Americans in 2005. But with the right information, patients can take steps to reverse heart disease and reduce their risk of having a heart attack or stroke.

AnMed Health will hold free educational lunches and HeartScore screenings throughout February in conjunction with American Heart Month. At each HeartScore event, AnMed Health employees will check participants' blood pressure, blood sugar, lipid profile, height/weight, body mass index, heart rhythm and risk for sleep apnea. On-site health counseling is provided following the tests.

More than 100 Upstate residents participated in HeartScore last year, but with the number of unemployed workers rising daily, organizers expect to see even more people taking advantage of this year's screenings.

"We recognize that for some this is their only contact with the health care system," said David Cothran, chairman of AnMed Health's Heart Month committee. "It's imperative they take advantage of this opportunity and identify their risk factors for heart disease."

Learn more about improving your heart health during these Heart Month activities:

Feb. 18
9:30 a.m. to noon
Heart Score screening
Powdersville Library

Feb. 24
noon to 1 p.m.
Lunch-n-learn seminar on sleep disorders and cardiovascular health
Cancer Conference Room on the AnMed Health North Campus

Feb. 28
8:30 a.m. to noon
Clemson University Health Fair
Hanna-Westside Extension Campus



Green technology helps AnMed Health save energy while saving lives

After midnight, AnMed Health's facilities are likely to be the only buildings open on Greenville Street.

Saving lives is a 24-hour job, and as a result, hospitals are among the largest users of energy and water in their communities. According to the Healthcare Environmental Resource Center, U.S. hospitals use an average of 27.5 kilowatt-hours of electricity and 110 cubic feet of natural gas per square foot annually.

Energy conservation became a priority at AnMed Health well before gasoline hit \$3 a gallon. Look carefully at the walls of the Medical Center and you

might find a forgotten "Up one, down two" sticker from the energy crisis of the 1970s. As Americans lined up for miles at the pump, AnMed Health was encouraging its employees to do their part by taking the stairs when going up one floor or down two. With the purchase of an electric boiler five years ago, there was a rebirth of green activity as the health care system started methodically replacing old equipment with more energy efficient models.

Energy conservation efforts started as a cost saving measure, said Chuck Parker, director of engineering. The Environmental Protection Agency

estimates that every dollar a nonprofit health care organization saves on energy is equivalent to \$20 in new revenue. With each purchase, Parker's department started looking at the life cycle cost – the amount they could expect to pay over the equipment's life in energy, maintenance and upfront expenses – instead of just the sticker price.

Because the hospital can't control utility rates, reducing energy consumption doesn't always result in a lower utility bill. It does, however, make for a greener hospital.

"We may not always save money, but we're not spending as much as we otherwise would and that's a good thing,"

LEFT: AnMed Health purchased three new generators in the upgrade and expansion of the central energy plant at the Medical Center. Chuck Parker, director of engineering, explains how the generators work during a demonstration.

Parker said. “If you don’t try to reduce energy consumption, you’re never going to save money or reduce operating costs. That’s the first step.”

From the leaf blowers clearing the Medical Center grounds to the ventilation system heating facilities at the North Campus, energy conservation is happening all around AnMed Health. Sometimes it’s as simple as screwing in a light bulb. Most AnMed Health facilities use electronic ballast and T8 high efficiency light bulbs, both of which use about 25 percent less energy than conventional fluorescent bulbs. Engineering also is installing more than 100 occupancy sensing light switches in AnMed Health facilities. These switches automatically turn the lights on when an area is occupied and off when the area is unoccupied.

Other conservation measures are less obvious. Variable frequency drives ensure electric motors are not running at full output unless it’s needed. AnMed Health’s larger facilities use steam for heating, cooking and sterilizing instruments. Special electrode boilers generate steam by exposing electricity directly to a stream of water creating steam. The process is more efficient, avoids the use of fossil fuels, and the hospitals’ instantaneous steam-fired water heaters can make more

than 100 gallons of hot water per minute.

The opportunity to build new facilities allowed AnMed Health to take even bigger steps toward energy conservation at the North Campus. Energy recovery units allow the HVAC system for those facilities to recover outgoing hot and cold air. Even the water flowing through the sprinklers is recycled. A retention pond behind the Women’s and Children’s Hospital captures rain water for landscape irrigation.

The health system even looked at using solar power to heat water at the Medical Center, said energy manager Monroe Brown. However, a feasibility study conducted last year found that it would take 15 years to see any return on the investment. And that was looking at only enough collectors to make about half the facility’s water.

“AnMed Health has invested hundreds of thousands of dollars in new technologies that operate our utilities more efficiently, provide more reliable service and lower our operating costs,” Brown said.

The next step is educating individual departments and employees on how they can be green.

Engineering is in the process of creating a long-term energy plan to keep the momentum going. The plan will likely include installing temperature controls similar to your household programmable thermostat and setting energy standards for new equipment purchased across the organization.

“We want to make sure that in the future, we’re doing the right things,” Parker said.



One of these new generators can produce as much power as all three old ones combined. A fourth pad is available for another generator should the hospital need it in the future.

Expanded energy plant gives hospital life even in a disaster

Patients probably won’t ever see the central energy plant at AnMed Health Medical Center, but its expansion could one day save their lives.

The expansion, expected to be complete in February or March, is part of a larger renovation at the Medical Center that added parking, created a comprehensive heart center and upgraded patient care areas. The reason for the energy plant expansion was two-fold: to bring the equipment up to new standards and to improve the hospital’s capabilities during a disaster.

Should the hospital lose electricity today, the energy plant would be able to provide power for some equipment and lights, but most office space would be useless, said Chuck Parker, director of engineering. Upgrading the generators gives the central energy plant 6 megawatts of capacity. That’s three times more than it has now and enough power to run the hospital for four days as if nothing happened.

Maintaining key infrastructures, such as the electrical system, are an investment the hospital’s future, said David Glymph, vice president for clinical support services.

“Having the additional generator capacity greatly enhances our ability to weather a prolonged electrical outage in the future,” Glymph said. “Often times the viability of these systems is taken for granted, but we are making a conscious effort to plan for our future.”

AnMed Health launches recycling program

AnMed Health has partnered with Ever-Green Recycling to start recycling glass, plastic, aluminum and paper at both campuses. Recycling bins should be available in February at the North Campus and in March at the Medical Center.

How much of a difference will this make? According to the National Recycling Coalition, recycling 300 glass bottles per week for a year provides enough energy to light a conventional light bulb for 1,200 hours. Recycling 50 water bottles per week for a year provides enough fiber to make 520 T-shirts. Recycling 50 Sunday newspapers a month for one year saves 50 trees. And, recycling 50 aluminum cans per week saves enough energy in a year to power a TV for 150 hours.



Advances in breast reconstruction give patients more options

It's hard enough to hear the word "cancer," but then the doctor says your best chance for beating the disease is losing a breast.

Less than three years ago, that was the decision facing Martha Hanwell. After two lumpectomies, Hanwell's doctor still wasn't satisfied with her test results and recommended a mastectomy. Breast reconstruction was an option, but that didn't stop her from wondering what her friends, her co-workers or her husband would think.

Would he still find her attractive? Would strangers be able to tell that she didn't have her own breast? The "what ifs" can create an almost paralyzing fear, Hanwell said.

She decided to contact the plastic surgeons her doctor recommended, and opted for an immediate reconstruction with Dr. Felice P. Moody, a breast reconstruction specialist at AnMed Health Plastic Surgery.

Reconstruction allows women to permanently regain their breast contour without the use of a prosthetic. It also has helped many women through the emotional struggle of feeling like less of a woman after losing one or both breasts.

A study led by the University of Michigan found that women who have breast reconstruction after a mastectomy gain large improvements in their emotional, social and functional well-being. The study also showed that the biggest psychological

When Martha Hanwell (left) underwent a mastectomy and immediate breast reconstruction in 2006, the support she and her husband, Gary (right), received at AnMed Health Plastic Surgery made a tremendous difference. "Dr. Moody's willingness to meet my needs was so important. I just can't say enough great things about her," Martha said.

boost came to women, like Hanwell, who chose to have their mastectomy and reconstruction in the same operation.

“You grieve losing a body part, but I didn’t feel that loss because we were already on the next step,” Hanwell said. “For me, it was the only way to go.”

Breast reconstruction has come a long way, giving women more options than ever before. Moody says the options can be grouped in two ways: by timing and by technique.

An immediate breast reconstruction, like Hanwell’s, allows patients to get their bosom back faster and with better results. When breast reconstruction happens at the same time as the mastectomy, plastic surgeons are better able to use tissue that feels and looks the same as the existing skin.

When it comes to technique, patients can have a breast reconstruction using their own muscle or skin flaps, or they can have tissue expansion followed by implant reconstruction.

Tissue expansion involves placing an enlargeable tissue expander – think about it like a balloon – underneath the chest area’s remaining tissues after mastectomy. Expansion takes place over varying periods of time, but eventually the tissue expander is replaced with a permanent breast implant. Final breast reconstruction includes creation of a new nipple and areola complex.

Having this type of breast reconstruction in the same operation as the mastectomy also helps to reduce scarring, Moody said.

“Breast reconstruction with tissue expansion has a number of benefits for the patient,” she said. “It’s less complex, less extensive and less expensive when compared to the use of the muscle or skin flaps. And, in some cases, it can allow one stage breast reconstruction.”

Medical advances are also opening the doors for plastic surgeons to enhance and shorten the expansion process, and, in some cases, allow one stage breast reconstruction by placing the permanent implant at the time of the mastectomy.

For example, LifeCell Corp., a company that develops and markets tissue repair products, has created an acellular tissue matrix called AlloDerm that can speed up and enhance the reconstruction process when used to cover the tissue expander or implant. AlloDerm is donated human tissue that is processed to remove the epidermal and dermal cells that can lead to tissue rejection. Once placed in a patient’s body, it regenerates into their own tissue.

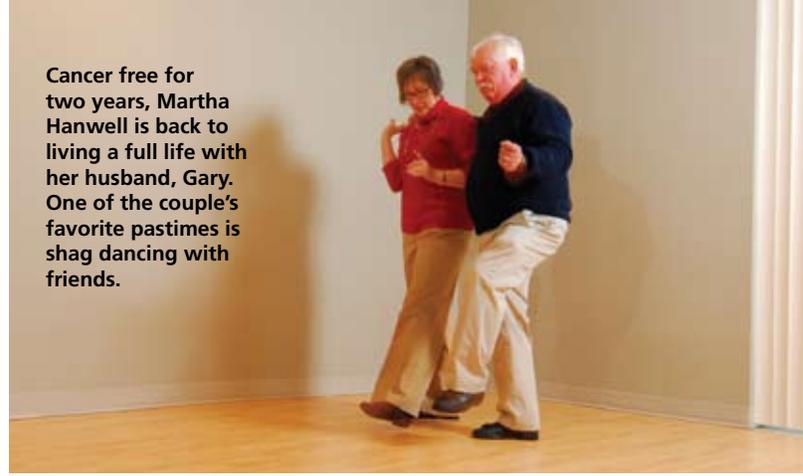
Moody says there are also new options for women who choose to have a partial mastectomy. During a partial mastectomy, the surgeon removes the tumor as well as some of the normal breast tissue surrounding it. Following surgery, women go through radiation therapy for three to eight weeks.

Partial mastectomy patients can always undergo reconstruction after radiation to improve their appearance, but medical advances have also made it possible to have an immediate reconstruction by rearranging their own tissue or having a breast reduction.



Dr. Felice P. Moody

Cancer free for two years, Martha Hanwell is back to living a full life with her husband, Gary. One of the couple’s favorite pastimes is shag dancing with friends.



Approximately 57,100 breast reconstruction procedures were performed in 2007:

- 50 percent were women ages 40 to 54
- 33 percent were women 55 and older
- 12 percent were women ages 30 to 39
- Less than 3 percent were women ages 20 to 29

Source: American Society of Plastic Surgeons

Studies show that partial mastectomy patients who have these types of immediate breast reconstructions also have a lower incidence of complications. Breast reduction, specifically, has been shown to significantly reduce the risk of breast cancer especially in women over the age of 40. Additionally, these women may see a lower risk of recurrence because additional breast tissue is removed. These procedures may allow patients with larger breasts to become candidates for breast conservation therapy, and those with smaller chests after surgery can be more easily treated with radiation.

In fact, when a large-breasted woman undergoes partial mastectomy with immediate reconstruction and has both breasts reduced, several benefits are achieved: a better aesthetic result with better symmetry, a reduction in her risk for disease in the opposite breast, an opportunity to test tissue from the other breast for occult disease, and a lower risk of recurrence due to more tissue removal on the side of the partial mastectomy. The patient’s smaller, reconstructed breast is also easier to treat with the radiation therapy.

“Plastic surgery helps breast cancer survivors regain their confidence and femininity. But we’re also seeing it play a more significant role in the patient’s overall treatment,” Moody said. “Some of the advances in breast reconstruction are clearly generating more interest in these surgeries and are causing more women to desire reconstruction.”

Today, Hanwell is cancer free and her friends are jealous of her new breasts. She admits that she never would have believed that they’d look this good.

“It’s not an experience you would wish on anybody, but if you have to go through it, you want to have doctors like Dr. Moody,” she said. “She not only helped my physical appearance, she helped my mental approach as well. I didn’t have a single doctor at AnMed Health that I wouldn’t say, ‘Call this person.’”

To learn more about AnMed Health Plastic Surgery, go on line to www.anmedhealth.org.

Doctors' orders go electronic to improve patient safety

No more handwritten notes from the doctor. On Jan. 1, AnMed Health physicians completed the transition to a totally computerized order entry system.

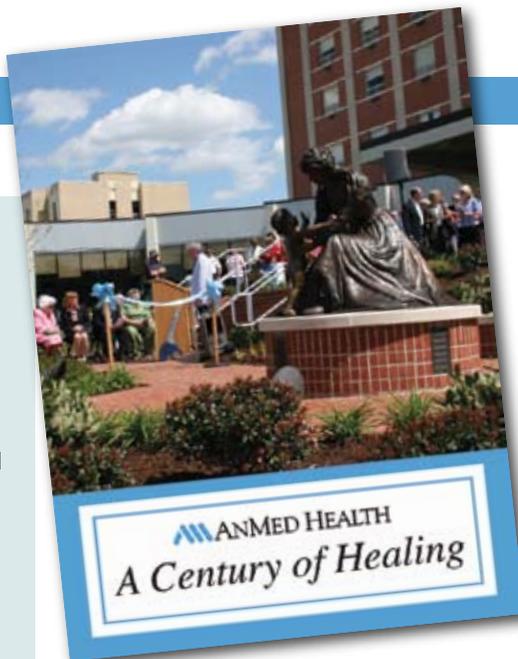
If you've ever played telephone or tried to read a child's handwriting, you know how easily "I went to the store" can become "I want more." Misunderstandings are funny during a game, but they can be deadly in the medical field.

EOS, AnMed Health's electronic ordering system, helps eliminate the risk for medical error caused by poor penmanship and verbal orders. Instead of writing a note or telling a nurse what to do, all doctor's orders – from medications to test requests – are to be placed electronically at computer terminals in the nurses' station.

EOS went live in August 2006, giving AnMed Health staff time to train doctors and customize the system for individual practice areas. More than two-thirds of AnMed Health's physicians were voluntarily using the system by fall 2008. EOS compliance is now 100 percent, something not many hospitals can say.

"The physician buy-in has been awesome," said Charlene Meek, manager of AnMed Health's CPOE application. "EOS gives them the ability to make decisions and orders using the clinical data they're already viewing online."

AnMed Health laid the groundwork for electronic ordering about nine years ago with the conversion to electronic medical records. The health care system then added a digital radiology imaging system and gave doctors the ability to access clinical data from work or home through the physician portal.



Coffee table book on sale now

"A Century of Healing," a coffee table book reflecting the pictorial 100-year history of AnMed Health, is now available in all AnMed Health gift shops.

The book was authored by the late Dan Corrigan, senior director of communications for AnMed Health, and Dick Gorrell, retired editor of the *Anderson Independent-Mail*. The book is filled with photographs and accounts of the many sacrifices and visionary decisions that made AnMed Health what it is today. The book is the result of more than three years of intense research and highlights the major contributions of key figures in the history of our health care system.

The book is \$34.95. Proceeds from its sales will provide much-needed support for the AnMed Health Chaplain's Fund and the Lifeline Fund. Both of these patient assistance funds offer a helping hand to needy individuals.

The book is filled with photographs and accounts of the many sacrifices and visionary decisions that made AnMed Health what it is today.

Stroke care receives national recognition

AnMed Health Medical Center received recertification as a Primary Stroke Center of Excellence following a day-long survey by the Joint Commission.

Throughout the day, the surveyor visited the Emergency Department, the Neuro Intensive Care Unit and 7 South, the neuroscience unit. She spoke with AnMed Health physicians and staff, and followed one patient's treatment from the moment she arrived in the Emergency Department.

"The surveyor was most impressed with the commitment of the staff and the doctors," said Leigh Miller, director of Clinical Outcomes. "She was also impressed with how we have utilized technology to drive best practice with our computerized ordering system and our software for medication reconciliation."

The Joint Commission's Primary Stroke Center Certification program was developed in collaboration with the American Stroke Association.

Certification is awarded to hospitals whose services have the potential to improve patient outcomes over time. Primary Stroke Center accreditation is awarded for a two-year period, but like any other Joint Commission accreditation, surveyors can walk in unannounced any time after the first year.

The surveyor was most impressed with the commitment of the staff and the doctors.





Elizabeth Fairchilds (center) was the first recipient of an award from the Peggy Gardner Deane Scholarship Program. Fairchilds is pictured here with Chief Nursing Officer Tina Jury (left) and Deane (right).

Health system awards its first Peggy Gardner Deane nursing scholarship

Elizabeth Fairchilds recently received the first award from the Peggy Gardner Deane Scholarship Program.

The scholarship fund was established in 2007 to honor Deane, a longtime AnMed Health executive who passionately supported professional development and lifelong learning for nurses.

The fund awards three scholarships annually, either to nurses enrolled in a bachelor's or master's of nursing program, or as a reimbursement for successfully passing a national nursing certification.

The scholarship is a retroactive award for Fairchilds, who in August received a Bachelor of Science degree in nursing from Clemson University.

Fairchilds, a registered nurse who works in cardiac surgery, was surprised with the award during the December nursing leadership meeting. She thought she was there to help her nurse manager answer questions about an agenda item. She didn't realize it was a ploy until her name was called as the scholarship winner.

"I was so shocked, I about fell over on the floor," Fairchilds said.

Deane said she could not think of a better Christmas gift than presenting the scholarship to a deserving nurse.

"This is what I committed a big portion of my career to – encouraging others to continue learning and seek higher education. I believe we cannot get too much education," she said.

Anyone can contribute to the Peggy Gardner Deane Scholarship Program. To learn more, call the AnMed Health Foundation at 864.512.6800.

Services now available to UnitedHealthcare customers

UnitedHealthcare customers can now access the full scope of AnMed Health's inpatient and outpatient services while remaining in-network.

AnMed Health and UnitedHealthcare have signed an agreement that went into effect Jan. 1. The contract includes access to all physicians within the AnMed Health Physician Network as well as home health and durable medical equipment services.

"AnMed Health is pleased to have reached an agreement with UnitedHealthCare that will allow greater access to health care for those in our service area," said Jerry Parrish, AnMed Health's vice president for finance and chief financial officer. "This contract moves us closer to fulfilling our mission of optimizing the health and well-being of the Upstate community."

UnitedHealthcare serves nearly 330,000 South Carolinians through a health care provider network of 77 hospitals and more than 6,000 physicians.

This contract moves us closer to fulfilling our mission of optimizing the health and well-being of the Upstate community.

Gold Standard

CONTINUED FROM PAGE 3

Looking at last year's achievements, I can't help but see nearly 3,500 people living out our credo. From the individual accomplishments to departmental achievements to system-wide awards, none of this would have been possible without teamwork and dedication. We're in this together, and I am proud work alongside with some of the finest healthcare professionals in the Upstate.

John A. Miller, Jr., FACHE
President

A conversation with Dr. David Potts

Germs are everywhere from the door handle you used to enter work, to the hand you shook after a business meeting, to the kitchen counter where your family makes meals. Not all germs are bad, but knowing more about them can help you avoid infection. Meet AnMed Health's germ expert, Dr. David Potts.

Q. What made you decide to specialize in infectious diseases?

A. The U.S. Air Force sent me to the Panama Canal Zone in the early 70s. There, I got first hand experience with numerous unusual infectious diseases, such as malaria and yellow fever, and that sparked my interest. Later, while still in the military, I had a choice of doing a fellowship in infectious disease or serving as commander of a small hospital. I chose infectious disease.

Q. How did you end up at AnMed Health?

A. Seasoned health care professionals might remember AGS (Anderson, Greenville, Spartanburg), a campaign in which all three hospitals were going to work together. I started coming here to cement that relationship, and it fit for both AnMed Health and me. Thus, I'm still here today.

Q. What's something most people do every day that they would stop immediately if they knew how many germs they were contracting?

A. Not washing their hands frequently. Hand shaking clearly spreads germs. Everyone worries about coughing and sneezing, but those germs fall to the ground three feet away. The germs on your hands stay there until you clean them off.

Q. How do you know which germs are "good" and which germs are "bad"?

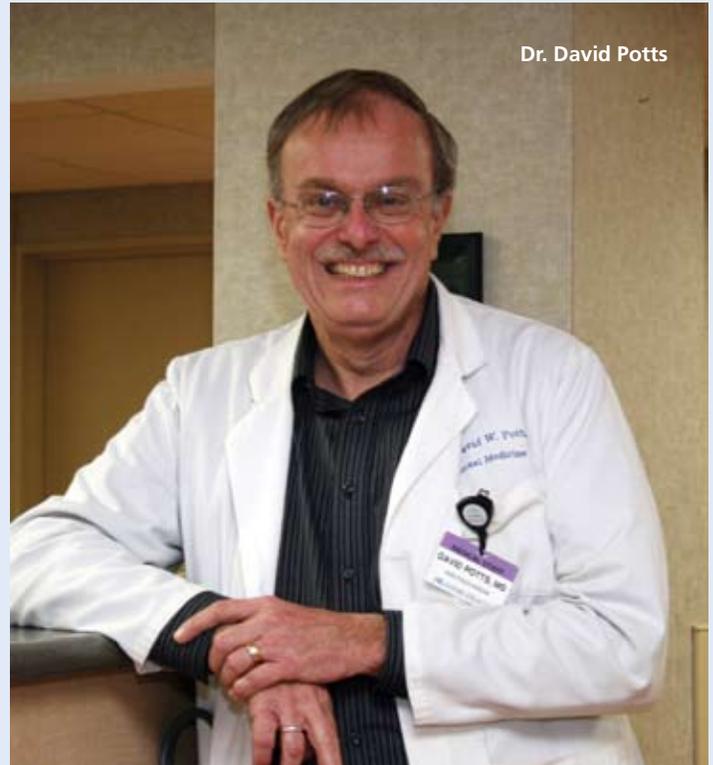
A. Most germs such as staph and pseudomonas are not bad per se. It depends on where they are located and if they have access to the inside of our bodies through broken skin or cuts.

Q. You probably get tons of questions about influenza this time of year. What's the No. 1 misconception people have about the flu?

A. The No. 1 misconception I hear is that the flu vaccine causes flu. The flu vaccine is a killed vaccine that cannot cause an infection, but it does take about two weeks to become effective. If people get sick within two weeks of taking the vaccine, they think the vaccine caused the flu. In reality, they were likely carrying the flu virus before they got vaccinated, or they caught it before the vaccine had time to work. So get your vaccine early.

Q. I know you're an ardent advocate for proper hand hygiene. Why?

A. Dirty hands are the most important way infections are spread. As (AnMed Health infection control nurse) Nancy McKittrick likes to say, the 10 most important causes of health care associated infections are our 10 fingers.



Dr. David Potts

THE 411 ON DR. DAVID POTTS

Specialty: infectious disease

Certification: American Board of Internal Medicine (ABIM), ABIM - Infectious Disease

Practice: AnMed Health Medical Center

Location: 800 N. Fant St., Anderson, SC, 29621

Phone: (864) 512-2357

Q. Any good tips for improving our hand washing techniques?

A. Do it often. If you work in health care or are visiting the hospital, wash before and after every contact with a patient. Hand hygiene alcohol is good for most circumstances, but use soap and water if your hands are visibly soiled or your patient has C. diff colitis or any other diarrheal disease.



Camellia Ball provides a good time for a good cause

The AnMed Health Foundation hosted the 15th annual Camellia Ball on Feb. 7. Nearly 600 guests filled the Civic Center of Anderson for a beautiful evening in support of the AnMed Health Pediatric Therapy Works.

Not many eyes were dry after Bethany Dehaven, a 16-year-old Pediatric Therapy Works patient, addressed the crowd and shared her personal story of hope. Dehaven has overcome a bilateral cleft lip and palate along with bilateral hearing loss through intensive therapy. Her success would not have been possible without the dedication of the therapists at

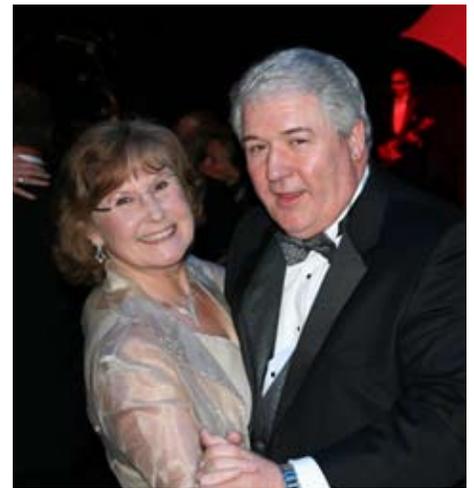
Pediatric Therapy Works and funds raised through the Camellia Ball.

The crystal anniversary of this annual fundraiser was highlighted by recognizing the past chairs of the Camellia Ball and their role in building the event into the success it has become.

The past chairs include:

- 1994 Gill Powell
- 1995 Donna de Holl and Cindy Buice
- 1996, 97 Janie Curtis
- 1998 Joy Tilorson
- 1999 Ann Geier
- 2000 Dianne Hollingsworth
- 2001 Ann Turner
- 2002 Cindy Dunn
- 2003 Jo Ann Vickery
- 2004 Ann Herbert
- 2005 Ann Clickscales
- 2006 Sheila King
- 2007 Debbie Dunaway
- 2008 Lynn King
- 2009 Kim Webber

This year's guests enjoyed a delicious spread from AnMed Health Food & Nutrition, and music from the Band of Oz entertained patrons well into the night. The Foundation is grateful to



Close to 600 guests gathered for the sold out event to enjoy live music, dancing and fine food while raising funds to support AnMed Health Pediatric Therapy Works.

the hundreds of sponsors, committee members, volunteers and guests who gathered in support of a great cause.

Work starts soon on next years event. The 16th annual Camellia Ball will be held Feb. 6, 2010 and is being chaired by Lisa Whatley.





Thanks to Lifeline, Erskine Hatten (left) is as independent as he was as a young man and now lives alone in the home once owned by his father and grandfather.

Living independently at 97 with the help of Lifeline

There's nothing like the peace and comfort of your own home – the place you've lived most of your life and that holds your most treasured memories. You're all too familiar with its creaks and sounds, and your neighbors are like family to you.

As you get older and live alone, it would be hard to leave your home, but you or your loved ones may be concerned for your safety in the event of an accident or medical emergency. That's where AnMed Health Lifeline steps in. Lifeline is a 24/7 personal emergency response service that enables elderly or disabled residents living alone to access help with the push of a button. Lifeline subscribers can maintain their independence with the reassurance that help is easily available if needed.

At age 97, Erskine Hatten of Anderson is as independent as he was as a young man and now lives alone in the home once owned by his father and grandfather. Located on the farm where Hatten and his siblings lived and helped grow cotton, corn, wheat, oats, potatoes and peanuts, the home is where he and his wife, Sally Mae, lived during their 47-year marriage. Sally died in 1984, and they never had any children.

Hatten has many treasured memories in his home and on the farm passed down for generations in his family. Even though he lives alone, he knows he is taken care of with his Lifeline system. Hatten is able to have the Lifeline system with the help of the AnMed Health Lifeline Fund. One of two patient assistance funds supported through contributions to the AnMed Health Foundation, the Lifeline Fund provides the Lifeline service for those who cannot afford to pay for the service themselves.

"We are so grateful for the contributions we receive," said Lifeline Coordinator Pat Gurley. "Because of those donations, we are able to provide Lifeline for more than 100 low-income individuals."

Hatten is living a full life as he nears a century of living, thanks in part to the Lifeline system that supports his active and independent lifestyle.

An active member of the community, Hatten attends Pleasant Hill Baptist Church every Sunday where he has been a deacon since 1942. He is in a church singing group, and he goes to Senior Solutions three days a week.

"I try to help everyone, stay active and keep my mind busy," he said.

Many thankful for help from Chaplain's Fund

Making ends meet is hard enough, but when struggling families have to cope with medical conditions, treatments and expenses, life becomes almost unbearable.

For many low-income patients, the Chaplain's Fund provided hope when none existed. Supported by donations to the AnMed Health Foundation, the Chaplain's Fund helps purchase prescriptions and medical supplies for patients discharged from AnMed Health who have no other way to pay for them.

Recently, an elderly patient needed a special walker to provide mobility and stability once home from the hospital, but Medicare would not cover the expense. The Chaplain's Fund stepped in and assisted the patient in obtaining a walker. The fund also purchased Jobst compression stockings for a patient with circulation difficulties caused by cellulitis and a ROHO cushion to provide relief for a patient suffering from decubitus ulcers.

The Chaplain's Fund has helped countless other patients purchase medications. By helping patients obtain medical supplies to assist in their recovery, the Chaplain's Fund also helps to reduce the likelihood of their illness returning. The fund provides help when destitute patients needed it most, and patients have expressed sincere gratitude to the Chaplain's Fund for its assistance.



The Chaplain's Fund has helped countless other patients purchase medications.



A woman gets her blood pressure checked in the Medical Outreach Van.

Medical Outreach Van weathers the economic storm

Even with gas prices soaring earlier this year, the AnMed Health Medical Outreach Van continued its visits throughout the Upstate, bringing free and low cost health screenings to hundreds of area residents.

"When gas prices were at their highest over the summer, we did notice a drop in participation, especially at senior centers," said Chelsie Morgan, outreach specialist for AnMed Health. "Fortunately, because the Medical Outreach Van is one of five programs generously supported by the AnMed Health Foundation, we have not had to cut back on visits or services."

The Medical Outreach Van makes more than 130 stops each year, delivering free or low-cost health screenings and information to thousands of people who may not otherwise go to the doctor. Screenings include blood pressure, blood glucose, total cholesterol and lipid panels.

As unemployment rises and the number of uninsured residents grows,

the Medical Outreach Van will be in increased demand. Contributions to the Foundation will help the AnMed Health Medical Outreach Van continue to provide affordable health screenings to those in need.

Lifeline Fund increases goal for 2009

As our aging population grows, so does the need for the Lifeline service.

For elderly and disabled residents wishing to live independently in their own home, the Lifeline personal emergency response service gives them contact to a trained professional in the event of an accident or medical emergency at the push of a button. The Lifeline Fund helps pay for the monthly subscription cost for 115 individuals who cannot afford to pay for the service on their own.

"We have so many people that cannot afford this wonderful service," said Lifeline Coordinator Pat Gurley. "My hope is that we can increase our fund to help place Lifeline in 125 needy homes this year."



Six new members recently joined the AnMed Health Development Advisory Board. Pictured from left to right are Sheila King, Tommy McDonald, Alexandria Stathakis, John Chapin and Dr. Michael Kunkel. Not shown is Robert Rainey.

Foundation announces 2009 board members

Leading the efforts of the AnMed Health Foundation is the AnMed Health Development Advisory Board, a group of distinguished and experienced individuals who share a passion for the overall health and well-being of our community. The Foundation welcomes six new members to the board and 19 returning members who will use their time and talents to push the Foundation's efforts forward and raise funds for its five crucial community programs.

2009 Development Advisory Board Members

John Hunt, M.D., Chairman
Hugh Burgess, Vice Chairman

Phil Ashley
John Chapin
Janie Curtis
Peggy G. Deane
Ann Herbert
Barbara L. Hodges
Sheila King
Mike Kunkel, M.D.
Mary Anne D. Lake
John Lummus
Shawn McGee
Thomas K. McDonald
Douglas C. McDougald, III
John A. Miller, Jr.
Hamid Mohsseni
Jane W. Mudd
Kirk Oglesby
Marshall I. Pickens, Jr.
Robert Rainey
Blair Rowitz, M.D.
Alexandria Stathakis
Scott Webber
Neal Workman

800 North Fant Street • Anderson, SC 29621
www.anmedhealth.org

AnMed Health ranked among the nation's best hospitals

AnMed Health has ranked among the top 5 percent of hospitals nationwide for the second consecutive year, according to HealthGrades, the nation's leading health care ratings organization.

HealthGrades' independent study is the largest annual assessment of hospital quality in America, examining mortality and complication rates over three years at the nation's 5,000 hospitals.

As a result of AnMed Health's top tier status, the hospital was one of only 270 U.S. hospitals to receive HealthGrades' 2009 Distinguished Hospital Award for Clinical Excellence. AnMed Health is one of only 233 hospitals to earn the distinction two years in a row.

This award is especially important to our patients, because research shows that patient outcomes vary greatly from one hospital to another," said Dr. Mike Tillirson, AnMed Health's chief medical officer. "We constantly strive to set the gold standard for health care quality in this community. We have some of the most talented and dedicated clinicians in the country, and this achievement is a testament to their hard work."

HealthGrades' 2009 study found that patients treated at Distinguished Hospitals for Clinical Excellence are, on average, 27 percent less likely to die and 8 percent less likely to suffer from a major complication. The study also showed that these hospitals are improving patient outcomes at a greater rate in more procedures and diagnoses than all other hospitals, lowering risk-adjusted mortality rates from 2005 to 2007 by an average of 18 percent.



John A. Miller Jr., AnMed Health's president and CEO, congratulates the staff on receiving HealthGrades' 2009 Distinguished Hospital Award for Clinical Excellence.

"The hospitals that have been designated as Distinguished Hospitals for Clinical Excellence have, across the board, been leaders in their commitment to delivering the highest quality patient care," said Dr. Rick May, HealthGrades senior physician consultant. "Consumers can choose where they receive their health care, and our study again highlights the tremendous disparity in quality between hospitals."

For seven years, HealthGrades has

independently analyzed the clinical quality performance of all non-federal, U.S. hospitals in 26 procedures and diagnoses.

When performance ratings for individual procedures were released in October, AnMed Health ranked No. 1 in South Carolina for cardiac surgery, overall pulmonary services, overall critical care, vascular surgery, gastrointestinal surgery, gastrointestinal services and gastrointestinal medical treatment.