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PROS AND CONS to electronic health records

The ability to offer reliable, relevant and accessible patient information to health professionals is a goal of the healthcare industry. Paper medical files have long been the standard, but electronic medical health records, or EHRs, may help to change the way patients' health information is shared.

Thanks to managed health-care systems, people are switching doctors more so than in the past. Many patients switch doctors because of ever-changing health insurance plans. Perhaps a doctor is no longer part of an in-plan list, or the patient has been forced to switch insurance plans due to costs or changes made at work and the new plan is not accepted at a particular practice.

There are other reasons that patients choose to switch doctors, including problems with a particular practice, wait times to see a physician, lack of confidence in the doctor, a doctor's poor bedside manner, or feelings of being rushed. Patients are also increasingly turning to online reviews of medical doctors and asking for personal referrals so they can track down diligent physicians.

The trouble with frequently switching doctors or having to be referred to many different specialists is that individuals' entire medical records often do not make the move. It is often up to the patient to request existing medical records from past doctors and then hope they are sent over. EHRs may help change the way records are shared.

As with any new technology, there are different pros and cons to EHRs.

Advantages



Electronic health records can make things easier for doctors and patients alike.

One of the main advantages to EHRs is accessibility. It's much easier to send a digital file from one office to another rather than a large folder of paperwork. It also cuts down on the time required to transfer files.

Accuracy is another advantage. According to Peter Holden and Company, a healthcare insurance firm in Georgia, it is estimated that one in seven patients has been hospitalized unnecessarily when their medical records were not available for review. Doctors with access to electronic records are more readily aware of a patient's medical history and therefore more likely to make a more accurate diagnosis.

When stored electronically, medical records are also readily available to patients themselves. This helps men and women take a more active roll

in their health. Far too often medical records are viewed as something for doctors' eyes only, and patients may feel uneasy about asking for copies of test results or notes for fear of upsetting their doctors. However, health records are also the property of the patient, and no one should feel uncomfortable about reviewing their information or requesting another opinion.

Other advantages to EHRs are they're more environmentally responsible and take up much less space than traditional files. EHRs can be stored on secured computer servers instead of crowding up doctors' offices or file rooms, making it easier to store them long-term.

Doctors may find that EHRs reduce errors, including misinterpretation of handwriting or missed information from condensing records.

Some EHR systems are designed to assist with collecting and disseminating information to assist the medical professional in decision making. While it will not replace a doctor's knowledge, this service can be an asset in making diagnoses.

Disadvantages

One of the key disadvantages to EHRs is compromised privacy. Easier access to medical records, and by a growing number of people in the health field, potentially puts personal information in the hands of dishonest people. It's much easier for sensitive material to be leaked or altered to someone's advantage. With so many people capable of accessing the records, there may be no way to monitor how the information is accessed or if alterations are made to the data.

There's also no guarantee that medical information won't be hacked. Although records should be stored and uploaded through secured sites, inventive people are constantly finding ways around security systems.

Cost is a major disadvantage to EHRs. There are some healthcare offices that simply cannot afford to switch over their records system to something electronic. Furthermore, EHRs require a compatible system across the board. If one doctor is using Type A system and the other is using Type B system, there may be issues of incompatibility and errors.

EHR technology is still in its infancy, but many physicians are starting to convert to or investigate the possibility of going digital.

Hospital marks 100 years

By Melonie McLaurin
mflomer@civitasmedia.com

HAMLET — Sandhills Regional Medical Center is the living legacy of Dr. W.D. James and his wife, registered nurse Lillian James. Founded in 1915, what began as a nonprofit, privately funded hospital is now a 100 year-old icon of the region.

Each year, the Hamlet Hospital Nursing School Alumni Association gathers for a special reunion in October. It usually takes place at Carolyn Herndon's home, but this year a descendant of the hospital and nursing school founders said the group is going all-out to make this a reunion to remember.

"Hamlet Hospital opened on April 1, 1915," said David Lindsey, the Jameses' grandson. "The school was special because it was the only school of nursing that I know of back then outside of the big cities."

The last graduating class of the old nursing school was the class of 1976. Richmond Technical College — now called Richmond Community College — took over the nursing program in 1977.

"The school took place in the James Building in Hamlet until about 10 years ago," Lindsey explained. "It became harder to get accreditation as a three-year nursing school and that's how that happened."

Life was very different for the nursing students back then than for nursing students today, Lindsey said.

"The place called Main Street Central, right across from the police department, was where they all lived together," he said, speaking of the antique shop now run by Lena McLean. "They started living there, I think it was sometime in the 1950s. They

were all women. Some were from Hamlet, Rockingham. They came from all over North and South Carolina and other places."

He said the nearest nursing school at the time was possibly in Fayetteville, and that Hamlet's hospital served Rockingham, Hamlet and even Laurinburg in addition to other surrounding areas.

"So Main Street Central is where they came to live while studying to become nurses," Lindsey said. "And really, next to the railroad, the hospital was probably the biggest employer in the area at that time. A lot of the nurses met men who worked for the railroad and married here and settled down here to have families."

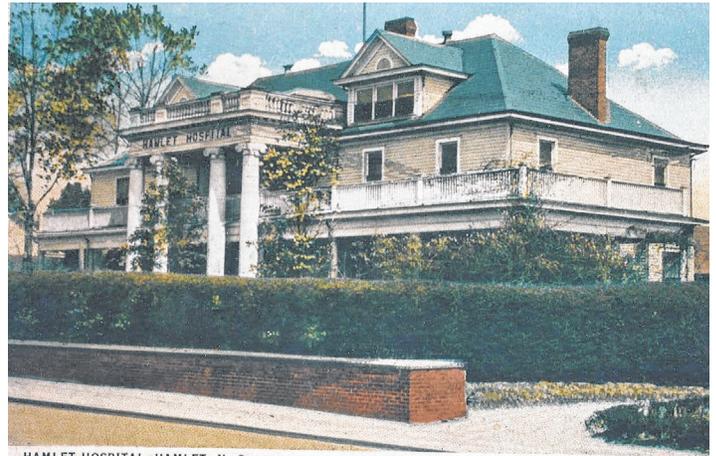
Into The Modern Era

According to Lindsey, Hamlet Hospital remained in the same location from its beginning in 1915 until the opening of Sandhills Regional Medical Center on Feb. 20, 2000.

During the years that passed between those times came several changes and improvements to the hospital.

"Dr. James brought many honors to Hamlet Hospital with his pioneer work in the treatment of cancer and in having the first Snook X-Ray therapy machine in this section of the country," Lindsay writes on his Hamlet history website www.ourhamlet.org.

The hospital survived the Great Depression, built a three-story building to house the nursing school and even won the voters' support of a \$1.2 million bond issue "resulting in changing Hamlet Hospital from a private nonprofit hospital to a not-for-profit health care facility owned by Richmond County with a leased back agreement



HAMLET HOSPITAL, HAMLET, N. C.

Contributed photo and file photo

Above, Hamlet Hospital opened in 1915 in an eight-room house on Vance Street. Below is Sandhills Regional Medical Center, which opened in its current location off U.S. 74 Business in February 2000.



for operation by the board of directors."

The Hamlet Hospital School of Nursing program changed hands when the James Building in Hamlet — also known as the Lillian James Nursing Building — was given to Richmond County to help RCC begin its associate degree in nursing program.

In the mid-1990s, it was decided that the hospital would be rebuilt from the ground up in a new location and upgraded to the state-of-

the-art health care facility that would assume a new name but continue the legacy of the James family.

By December 1997, a groundbreaking ceremony launched the beginning of Hamlet Hospital's new era. Sandhills Regional Medical Center opened Sunday, Feb. 20, 2000.

In 2010, Sandhills added six acute-care beds, raising the hospital's capacity to 70 beds.

Reach reporter Melonie McLaurin at 910-817-2673 and follow her on Twitter @meloniemclaurin.



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Foods that help fight cancer

While no single food or ingredient can prevent people from getting cancer, research has shown a link between excess body fat and various cancers. A poor diet that's high in fat can contribute to excess body fat, which the American Institute for Cancer Research has linked to higher risks for developing cancers of the esophagus, pancreas, colon and rectum, and gallbladder, among others.

The AICR notes that research on foods that fight cancer is ongoing, but the following are some of the foods that can play a role in cancer prevention.

Apples

Apples are a good source of fiber, which can help men and women lower their cancer risk. Dietary fiber can increase feelings of fullness, which reduces the likelihood that people will overeat. Men and women who do not overeat are less likely to accumulate the excess body fat that increases their risk for various cancers. In addition, apples' dietary fiber contains pectin, a polysaccharide that bacteria in the

stomach can use to produce compounds that protect colon cells.

Broccoli

Broccoli is a cruciferous vegetable, and nearly all cruciferous vegetables, which get their name because their four-petal flowers resemble a cross, or crucifer, are great sources of vitamin C. Broccoli also is a great source of the B vitamin folate as well as potassium. The AICR notes that studies have shown folate helps to maintain healthy DNA and keep cancer-promoting genes inactive. But men and women should speak with their physicians regarding how much folate to include in their diets, as animal studies have suggested that high amounts of folate may promote development of certain types of cancer, including colon cancer.

Cranberries

Like apples, cranberries are high in dietary fiber and vitamin C. Diets high in foods containing vitamin C have been linked to a reduced risk for cancer of the esophagus. In addition, studies have shown that vitamin C protects

cells' DNA by trapping free radicals, which can damage the body, and inhibiting the formation of substances called carcinogens, which are capable of causing cancer in living tissue.

Legumes

Legumes include kidney and black beans, yellow split peas and red lentils. Dry beans and peas are great sources of fiber and good sources of protein, and each also make excellent sources of folate. In addition to their ability to contribute to the protection of colon cells, legumes also contain various phytochemicals, which researchers feel may decrease chronic inflammation, a risk factor for many cancers. In addition, these phytochemicals may increase the self-destruction of cancer cells.

While there are no magic foods that can guarantee men and women won't one day develop cancer, there are many foods that research has shown are capable of reducing a person's risk of developing this potentially deadly disease. More information on cancer-fighting foods is available at www.aicr.org.



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Did you know?

According to the National Institutes of Health, sun-protective clothing can protect adults and children from the sun's ultraviolet radiation, exposure to which can cause skin cancer. Sun-protective clothing is typically made with fabrics designed to absorb or reflect ultraviolet, or UV, radiation. Much like sunscreen is rated for its sun-protection factor, or SPF, sun-protective clothing is given an ultraviolet protection factor, or UPF. UPF even provides a broader spectrum of protection than SPF, protecting from both ultraviolet A and B radiation, whereas SPF protects largely against ultraviolet B. Clothing with a UPF rating of 40 or greater provides excellent protection, blocking nearly 98 percent of UV radiation. Doctors recommend that people who are at greater risk of skin cancer, such as those with blue eyes, fair skin, a large number of moles, and red hair, wear sun-protective clothing when exposed to sunlight for extended periods of time.



Get the facts on ocular MIGRAINES

While many people are familiar with the term “migraine headache,” few may have experienced an ocular migraine. Ocular migraines, sometimes referred to as “eye migraines,” are often harmless and may disappear rather quickly.

The organization All About Vision defines ocular migraines as painless, temporary visual disturbances that usually affect one eye. Ocular migraines can be disturbing because of their symptoms. People experiencing ocular migraines may experience scintillations, or bright flashing lights or flickering. Wavy lines surrounding an enlarging blind spot (scotoma) also can occur. Blind spots may start small but quickly grow bigger and move across one's field of vision.

Sometimes an ocular migraine is accompanied by a migraine headache and certain symptoms, such as light sensitivity and nausea, that are associated with migraine headaches. The National Institutes of Health notes that, if an ocular migraine is accompanied by a headache, the pain from the migraine is often located on the same side of the head as the eye that is experiencing the ocular migraine.

Migraines in general are not well understood, and the

same can be said for ocular migraines. The causes of ocular migraines is not exactly known, but it is thought to be related to constricted blood vessels in the eye, possibly in the retina.

The Mayo Clinic says that while visual sensations associated with ocular migraines can induce anxiety and interfere with certain activities, the condition usually is not considered serious and can ease up within 20 to 30 minutes. Some people do not even realize their symptoms may be migraine-related because of the lack of associated headache.

Several more serious conditions can cause similar symptoms to the relatively benign ocular migraine. Men and women who frequently experience visual disturbances should consult with an expert who can rule out other ailments. Everything from an embolism to tumors of the eye to optic neuropathy may produce symptoms similar to ocular migraines.

If an ocular migraine is a one-time occurrence, sufferers need not worry. However, any vision problems should be investigated fully to determine if any underlying conditions are present and to safeguard against any long-term vision loss.



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5 important health screenings women should not miss

A nutritious diet and daily exercise can promote long-term health, but preventative care also plays a key role in keeping adults healthy as they age. Routine health screenings can head off potential problems, preventing illnesses and possibly limiting the duration of sickness.

Women may have longer life expectancies than their male counterparts, but that does not mean they can afford to overlook preventative care. The following are five health screenings women should include as part of their healthy routines.

1. Pap tests and pelvic exams

Beginning at age 21 (or earlier if they are sexually active), every woman should get regular Pap smears and pelvic exams to test for any abnormalities in their reproductive systems. Pap smears should be suggested every two to three years depending on a woman's age. A routine visit with a gynecologist is recommended annually to discuss any changes or worrisome symptoms.

2. Mammograms and breast exams

In addition to conducting self examinations, women should get clinical manual breast exams. Women age 40 and older should get a manual breast exam each year and an annual or bi-annual mammogram.

3. Cholesterol checks

The ideal level of total cholesterol is below 200 mg/DL. Individuals with a higher level of cholesterol may be at a greater risk for heart disease. Cholesterol screenings can alert doctors to potential trouble and help them develop plans for their patients to lower cholesterol levels. Doctors may suggest dietary changes and advise women to adopt more active lifestyles. Some doctors may even prescribe medication if cholesterol levels are especially high.

4. Skin examination and cancer screening

Women should examine their skin every month for new moles or changes in exist-

ing spots or moles to detect early signs of skin cancer. Be sure to check all areas of the body, as skin cancer can appear just about everywhere. Some doctors perform skin cancer screenings as part of routine physical exams, or women can visit a dermatologist.

5. Bone density screening

Those with a risk for osteoporosis, such as women with fractured bones or slender frames, should be screened earlier and more regularly than women without such histories or body types. Doctors generally recommend that women receive annual bone density screenings beginning at age 65. Healthy bones will show a T-score, or the measurement to determine bone density, of -1 or higher.

These suggested screenings and tests are based on general medical guidance. Women should work with their doctors to develop wellness schedules that promote their long-term health.

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Cancer screenings men should consider

Cancer screenings play an important role in cancer prevention. Screenings may not prevent people from getting cancer, but they can detect the presence of cancer before a person begins to experience any signs or symptoms. Screenings also can help doctors catch cancer before it metastasizes, or spreads, to areas of the body outside the area where it originated.

Many women get routine mammograms to detect for breast cancer, but women are not the only ones who should include cancer screenings in their healthcare routines. Men also can benefit from screenings, discussing the pros and cons of each with their physicians during routine health examinations.

Colon cancer

Men should begin getting screened for colon cancer at age 50, though those with family histories of colon cancer or other colon issues should begin even earlier, as family history increases a man's risk of developing colon cancer. Colon cancer screenings may discover a type of growth known as a polyp, which is typically benign and can be removed before it develops into cancer.

The American Cancer Society notes that men have various options to choose from with regard to screening for colon cancer. Such options include a colonoscopy, a stool DNA test and a camera pill. Speak to your physician about these options and discuss your family history, which will influence how frequently you need to be screened for colon cancer.

Lung cancer

Screening for lung cancer is most important for men who currently or recently smoked. The United States Preventive Services Task Force recommends annual screening for lung cancer with low-dose computed tomography (LDCT) for men between the ages of 55 and 80 who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a man has not smoked for 15 years or has developed a health problem that substantially limits a man's life expectancy or his ability or willingness to undergo curative lung surgery. (Note: Pack-year history is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person



has smoked.) The ACS notes that the risks associated with lung cancer screenings typically outweigh the benefits for men who have never smoked or quit long ago.

Prostate cancer

The National Cancer Institute notes that prostate cancer is the most common nonskin cancer among men in the United States. Being 50 years of age, black and/or having a brother, son or father who had prostate cancer increase a

man's risk of developing the disease. The NCI notes that screening tests for prostate cancer, which include a digital rectal exam and a prostate-specific antigen test, come with risks, and men should discuss these risks and the potential benefits of prostate cancer screenings before deciding to be screened.

Cancer screenings can detect cancer in its earliest stages, and as men get older, they should discuss their screening options with their physicians.

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What to expect at an annual physical



Routine health screenings are an integral part of maintaining personal health. Although some individuals make frequent visits to their physicians, many others limit their doctor visits to their annual physicals.

Those who have never had a physical examination may be unsure of what to expect of such a procedure. That uncertainty can induce anxiety. However, a physical examination is a simple procedure for many people. Depending on a patient's age, doctors may consider a more extensive examination, but the following procedures are what constitute a physical for younger patients without preexisting medical conditions.

Vital signs

During a physical, doc-

tors will check patients' vital signs. Patients can expect to have their blood pressure taken and pulse rates measured. Respiration rates may be taken to determine if there is a lung or heart problem. Doctors also will examine a patient's ears, nose and sinuses. The neck and possibly under the arms also will be examined to check the feeling of the lymph nodes and the carotid arteries. Some doctors hook patients up to a machine that measures heart rhythm through sensors on various areas of the body.

Medical history

Doctors also discuss patients' medical histories, updating their charts with any new information when necessary. Inquiries about particular health issues that run in the family

will be discussed, as well as any illnesses or hospitalizations patients may have had in the past. Doctors will ask patients if they are taking any medications or supplements, and also will ask if patients have been dealing with any nagging medical issues.

Physical examination

During the physical examination, doctors will look at and feel patients' abdomens to detect the size of their livers and to determine if there is any abdominal fluid present. The stethoscope may be placed on the abdomen to listen for bowel sounds. The physician also may examine other areas of the body, including the back and spine to ensure there are no abnormalities. A weight and height check will be given to measure for body mass index, or the percentage of body fat patients have, which will then be measured against the norm for patients of similar age, weight and height.

Female who do not see a separate gynecologist also may receive a pelvic examination and breast exam during their physical examinations. Doctors will check that the uterus and reproductive organs are in good health, and feel for lumps or other issues within the breast tissue. A sample may be taken from the cervix so a Pap smear can be conducted to determine if cervical cancer is present. An external exam will look for sores or other indications of disease.

Men can expect a visual examination of the penis and testicles. The physician will check

the external structure to look for abnormalities like tumors or hernia. To check for hernia, the physician may examine visually or feel the scrotum and ask patients to cough as part of the exam.

Dermatological exam

Some doctors will examine the skin for the appearance of unusual moles or growths that could be indicative of skin cancer or refer patients to a dermatologist for such an examination.

Additional tests

Nerves and neurological responses, including strength and balance tests, may be tested during a physical. Doctor also may look for sensory changes in the extremities of the body. Doctors may order urine and blood analyses to verify that the levels are within range. A blood test usually will include a cholesterol test, and may include an examination of blood-sugar levels to rule out diabetes.

Men and women over the age of 40 may be referred to specialists who can conduct a mammography, colonoscopy or prostate examinations. These tests will rule out the presence of cancer or other diseases. Doctors also may suggest patients have their vision and hearing checked.

Annual physicals can reassure men and women that they are in good health. Such examinations also can serve as early detection systems that can catch potential health problems before they become more serious.



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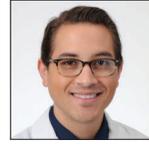
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Which doctor to see and when

Women who split their health management among different doctors may not know which doctor to turn to when their health comes into question. They may ask themselves, “Is this issue best addressed by a family doctor or a gynecologist?” Answers to such questions depend on personal preferences and the type of condition you’re looking to treat.

Family doctors or general practitioners may be qualified to provide many of the screenings and services for which a woman may visit a gynecologist or women’s health practice. Such doctors can perform routine pelvic examinations, oversee screenings for cervical cancer and conduct breast exams to check for lumps and other abnormalities, just like a woman’s specialty doctor may run tests to calculate body mass index or check for cholesterol levels.

A woman who feels more comfortable with one specific doctor may see him or her for a variety of health concerns, provided that doctor offers certain services. However, there are instances when certain healthcare questions are best answered by specialists. The following information can help women determine which doctor to see when certain situations arise.

Annual physicals

Gynecologists and family doctors can conduct physical examinations. Both can order blood lab tests and urinalysis to check cholesterol levels and for any vitamin deficiencies. Heart rate, blood pressure, weight, and height are other screenings

that can be handled at either office.

Bacterial and yeast infections or urinary tract infections

A general practitioner or gynecologist can address these infections. However, some women feel more comfortable discussing genital issues with their gynecologists. A gynecologist may be more experienced at identifying problems and ordering appropriate follow-up exams. A family doctor may not require an examination unless you request it and may treat broad symptoms.

Colds and coughs

In theory, a gynecologist may be able to diagnose and treat common health ailments. But the majority of a gynecologist’s work concerns the female reproductive system, so common colds and coughs are best left to general practitioners who diagnose respiratory and bronchial conditions daily.

Mood disorders

If changes in mood seem to stem from hormones or the result of a pregnancy, a gynecologist or obstetrician may have treatment options available that can alleviate specific triggers. Many women initially turn to a family doctor if they are experiencing depression or changes in mood or behavior. Both a family doctor or a gynecologist may refer a patient to a mental health specialist if the situation seems to warrant more action.

Nutrition and weight loss

Many patients see a fam-



Both family practitioners and doctors who cater to women’s health can perform many of the same healthcare screenings and services.

ily doctor to seek advice on adopting a healthy diet. Some medical offices have a nutritionist on staff who can offer food counseling and exercise advice.

Infertility

It is best to visit a gynecologist or obstetrician to talk about any infertility issues. Such doctors have more intimate knowledge of the female reproductive system and could be more learned regarding the latest therapies and studies pertaining to fertility.

Cancer screening

PAP tests and breast exams can be performed at either doctor’s office, although patients may feel more comfortable if a gynecologist performs these screenings.

It is important to note that not all gynecologists are obstetricians. Some handle women’s reproductive issues but do not deliver children. Patients who prefer a doctor knowledgeable about reproductive health and won’t be busy handling child deliveries should select a gynecologist.

Control uneven skin pigmentation

Uneven skin tone is a common, relatively harmless condition that affects millions of people. Hyperpigmentation (darkened areas) and hypopigmentation (lightened areas) are examples of uneven skin tone conditions that people often hope to alleviate.

Changes in skin tone can affect people of all ages and races. Some of the more widely known skin tone changes are the formation of freckles and age spots. The American Osteopathic College of Dermatology advises that lightened or darkened patches of the skin can occur anywhere on the body and are usually the result of exposure to the sun. Melanin is produced by the skin as a protective agent. When skin is exposed to UV radiation, melanin absorbs the sun's rays and darkens the skin to reduce instances of burns and other damage. Excessive melanin can

produce darkened areas that are disproportionate to other parts of the skin. In cases where skin tone already is uneven, sun exposure can exacerbate the situation.

Some skin tone abnormalities are hereditary, while others may result from hormonal issues during pregnancy. People may experience such abnormalities after a skin injury, while others may experience some instances as a natural response to skin inflammation.

One of the easiest and most effective ways to alleviate pigmentation issues is to apply a sunscreen with a minimum SPF of 30 each and every day. Look for a product that blocks both UVA and UVB light. Sunscreen needs to be reapplied at regular intervals, especially when spending prolonged time outdoors.

Exfoliation of the skin may promote faster shedding of

the exterior layers of the skin. Stores carry many at-home exfoliating kits and creams. However, if you are unsure which types of products are best for your skin, consult with a dermatologist.

Dermatologists may prescribe lightening creams that will slowly lighten darkened skin.

Malasma is an uneven pigmentation that can occur on the face and may be a side effect of hormonal imbalances caused by pregnancy, menopause or use of oral contraceptives. Melasma can clear up on its own after pregnancy, but if it is linked to contraceptive use, speak with a doctor about changing the pill to using another method of contraception to see if it alleviates the problem.

Makeup may be used to mask any irregularities in skin tone until another treatment method is found. If topical treatments do not work, chemical peels,



Dermatologists can advise about the various treatment options to alleviate uneven skin pigmentation issues.

microdermabrasion or laser treatments may work.

Reducing sun exposure and covering up can typically alleviate many cases of hyperpigmentation, but there are other options available as well. Speak with a dermatologist if you have concerns about uneven skin tone.

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How to save on prescription drugs

Prescription drugs can be quite expensive, and even those who have health insurance often pay more than they need to. According to a 2012 Consumer Reports "Best Drugs" poll on prescription drugs, Americans routinely take an average of four medications per day, spending nearly \$800 on drug costs each year. Those who do not have health insurance may have to pay much more out of pocket.

As expensive as prescription medications can be, there are still ways to save money on prescription drug costs.

Comparison shop

Believe it or not, drug prices vary depending on the time of the year and even the pharmacy. A person can shop around for the most affordable medication just like they would when buying another product. Prescription drug apps enable you to search for discounts in your neighborhood.

Read your bill

Medical coding and billing is not always accurate. Employees entering codes may put in the wrong information, inadvertently charging a person for the wrong medication. Treat your medical bills as you would any other bill and verify that the charges are correct. If you have any doubts, check the drug name with your doctor and then consult with the pharmacy to see if an error was made.

Opt for generic medications

Generic versions of hundreds of brand name prescription drugs are available and typically cost a lot less money. With a

generic medicine you are not paying for marketing and advertising costs. These drugs are routinely tested for efficacy and safety. There is really no reason to select a name-brand medicine over the generic alternative, even when it comes to over-the-counter drugs. Ask your doctor on your script to check the box for the generic option.

Use a preferred pharmacy mail-order service

Certain insurance companies have negotiated discounts with mail-order pharmacies and pass on the savings to their members. Medicare and other government-sponsored plans may offer the same type of deal, and consumers can save a substantial amount of money by opting for mail-order service.

Consider big wholesalers for prescriptions

You may think of Costco or Sam's Club as your go-to place to buy 30-packs of toilet tissue, but these retailers also offer discounts on prescription drugs. Even nonmembers are allowed to use these warehouses for their prescription drug needs. Big wholesalers could give you the best deal on your pills.



Skip the insurance sometimes

Consumer Reports says hundreds of commonly used generic medications can be purchased for around \$10 for a three-month supply at various major chains. Program details vary, but consumers might be able to save a lot of money by using these programs and leaving their insurance cards in their wallets.

Opt for OTC

In many cases, an over-the-counter medication may be just as effective as a prescription drug. Talk to your doctor about trying an OTC remedy before a prescription is written. Ibuprofen may relieve arthritis pain, and diphenhydramine could alleviate insomnia, all at a much lower cost than prescription drugs.

Prescription drug costs can add up. But there are a number of strategies consumers can employ to reduce the out-of-pocket expenditures on medications.



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Prevent and treat varicose veins

The circulatory system is quite remarkable, pumping oxygenated blood throughout the body to keep cells alive and organs operating properly. According to The Franklin Institute's human heart data, if every capillary, artery and vein were laid out in a straight line, the average adult has 100,000 miles worth of blood vessels.

Although the vessels in all areas of the body work hard, those in the legs and feet are susceptible to a lot of pressure, as walking increases the stress put on these vessels. In turn, varicose veins are common in the lower limbs.

Veins can become varicose when one-way valves in the veins do not function properly. The valves are designed to keep blood flowing back up to the heart. If the valves weaken

or fail, blood can pool in the veins, causing them to bulge or appear misshapen. The Society of Interventional Radiology says varicose veins affect one out of two people age 50 and older and 15 to 25 percent of all adults.

Varicose veins are not often a health risk, but they can sometimes be troublesome. Severe cases may be a cosmetic issue, with gnarled and bumpy veins criss-crossing the legs. For others, the affected veins can cause aching pains and discomfort. Some varicose veins may indicate a larger risk of other circulatory problems, advises The Mayo Clinic.

Varicose veins often can be alleviated with self-care methods. Others may require some more invasive therapies.

- Elevating the legs and feet



Varicose veins are a common condition that can be treated with a number of non-invasive options.

can relieve pressure on veins in the legs. This may help alleviate some of the swelling.

- Compression stockings can ease the pain of varicose veins and prevent them from getting worse.

- Sclerotherapy, or the injection of saline into the varicose vein, can harden the vein and make it disappear. Laser treatments also may make varicose veins shrivel up and no longer pose a problem.

- Larger veins may require phlebectomy or ablation. Phlebectomy involves removal of the vein through small cuts. Ablation uses intense heat to

treat the vein.

Varicose veins are often a side effect of getting older. As a person ages, he or she may lose elasticity in the veins, causing them to stretch. Those with a family history of varicose veins may be more susceptible. Being overweight or standing and sitting for long periods of time also can lead to varicose veins.

Exercising, eating a high-fiber diet and changing sitting or standing positions regularly can help. If varicose veins are unsightly or prove painful, speak with a doctor about the treatment options available to you.



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Potential side effects of chemotherapy

Chemotherapy is often part of cancer patients' treatment plans. The use of medicine or drugs to treat cancer, chemotherapy can work throughout the body to kill cancer cells that have spread to parts of the body far away from the original tumor.

Chemotherapy drugs are often used in combination to kill cancer cells. While it's possible that doctors will use only a single chemo drug to treat cancer, using multiple drugs can reduce the risk that the cancer will become resistant to a specific drug. In addition, chemotherapy is often used along with surgery or radiation therapy, as the American Cancer Society notes that chemotherapy can be used to shrink a tumor prior to surgery or radiation therapy or used after such treatments to kill any cancer cells that might remain.

Because they can be so potent, chemotherapy drugs can produce side effects, the severity of which varies from person to person. Doctors can help cancer patients prepare for potential side effects, which can disappear quickly after treatment or last longer as healthy cells take time to

recover. Some side effects of chemotherapy treatments, such as long-term damage to the heart, lungs, kidneys or reproductive organs, can last a lifetime, and men and women will need to work with their physicians to manage these side effects even after treatments have ended.

Long-term side effects do not affect everyone who undergoes chemotherapy treatments, but the following are some of the more common side effects that men and women undergoing chemotherapy may experience during and after their treatments.

Fatigue

Some people experiencing chemotherapy-related fatigue will be only mildly tired, while others may feel exhausted. The ACS notes that such fatigue tends to be worst at the end of a treatment cycle but typically goes away once treatment ends. Rest, including rest during the day, can help combat fatigue from chemotherapy. It's also good to eat a well-balanced diet, drink plenty of liquids and limit your activities if fatigue is extreme.



Hair loss

Certain chemotherapy drugs will contribute to hair loss, which can range from mild thinning of the hair to more complete hair loss. Hair lost during chemotherapy treatment typically grows back once treatments are over, but the hair that grows back may be a different color or texture. Hair loss typically occurs after a handful of treatments, and hair may fall out slowly or in clumps.

Nausea and vomiting

The frequency and severity of chemotherapy patients' bouts of nausea and vomiting depends on the drugs they are taking to treat their cancer. Nausea and vomiting may be-

gin during treatment and last a few hours, but severe nausea and vomiting can last several days. Patients experiencing difficulty keeping liquids down should notify their physicians, as should those experiencing nausea or vomiting for more than a day. The ACS notes that antiemetics are drugs that can help relieve chemotherapy-related nausea and vomiting, and patients may need to try various antiemetics before finding one that's effective for them.

Chemotherapy is an effective tool in the fight against cancer, and men and women about to begin treatments should expect some side effects as those treatments progress.



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Oral health impacts overall health

A healthy mouth is good for more than just a pretty smile. Oral health can affect the entire body, making dental care more than just a cosmetic concern.

Many people know that poor oral hygiene can lead to gum disease, tooth decay and even lost teeth. But are you aware that failing to brush or visit the dentist regularly also can lead to more serious health issues? According to Colgate, recent research suggests that there may be an association between oral infections, particularly gum disease, and cardiovascular disease and preterm birth. Gum disease also may make diabetes more difficult to control, since infections may cause insulin resistance and disrupt blood sugar.

Your mouth also can serve as an infection source elsewhere in the body. Bacteria from your mouth can enter the bloodstream through infection sites in the gums. If your immune system is healthy, there should not be any adverse effects. However, if your immune system is compromised, these bacteria can flow to other areas of the body where they can cause infection. An example of this is oral bacteria sticking to the lining of diseased

heart valves.

Other links have been found between oral health and overall health. In 2010, researchers from New York University who reviewed 20 years of data on the association concluded that there is a link between gum inflammation and Alzheimer's disease. Researchers in the UK also found a correlation. Analysis showed that a bacterium called "Porphyromonas gingivalis" was present in brains of those with Alzheimer's disease but not in the samples from the brains of people who did not have Alzheimer's. The *P. gingivalis* bacterium is usually associated with chronic gum disease and not dementia.

Researchers also have found a possible link between gum disease and pancreatic cancer.

While oral health issues may lead to other conditions over time, symptoms also may be indicative of underlying conditions of which a person is unaware. Inflammation of gum tissue may be a warning sign of diabetes. Dentists may be the first people to diagnose illnesses patients don't even know they have.

An important step in maintaining good



overall health is to include dental care in your list of preventative measures. Visit the dentist for biannual cleanings or as determined by the doctor. Do not ignore any abnormalities in the mouth. Maintain good oral hygiene at home by brushing twice a day and flossing at least once per day. Mouthwashes and rinses also may help keep teeth and gums healthy.

Oral health and other systems of the body seem to be linked. Taking care of your teeth promotes overall health.

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Changes to expect when you get new health insurance

Health insurance plans have grown increasingly expensive, and many employers shop around regularly in order to save money as well as keep prices affordable for their employees. This could mean that at the start of every new year, individuals have a new insurance card in their pockets and a new plan to learn.

Over the last couple of years, annual increases of around 9 percent in insurance costs have been the norm. While the rate of increase going from 2011 to 2012 was lower, at about

5.5 percent, according to information from CNN Money, that is still around a 2 percent difference in the rate of inflation and salary growth. Due to these rising costs, employees are bearing more of the financial burden of paying for health insurance by paying higher deductibles and co-payments.

When adapting to a new health insurance plan, people can take the following steps to make the transition easier.

Understand the type of plan you have

Health plans are largely broken down into two main categories: HMOs and PPOs. All managed plans contract with doctors, hospitals,

pharmacies, and laboratories to provide services at a certain cost. Generally this group of medical providers is known as a “network.” HMOs, or health management organizations, require you receive most or all of your health care from a network provider. You also may need to select a primary care physician who oversees and manages all of your health care requirements, including approving referrals for tests or approving visits to specialists.

PPOs, or preferred provider organizations, create a list of preferred providers that participants can visit. You will not need to select a primary care physician and likely won't need referrals to visit specialists. Should you choose to stay in-network, you will pay only the co-payment required. However,

you also have the option of going out of your network, and will have to pay the co-insurance, which is the balance remaining for the doctor after the PPO has paid their share. Many plans will cover 70 to 80 percent of the out-of-network bill, and you will be responsible for the rest.

HMOs are the least expensive option, but they're typically the least flexible as well. For those who have a family doctor who is in-network and will not need to see doctors outside of the network, it is financially beneficial to go with an HMO. Those who routinely see specialists or want greater say over when and where they can go to the doctor, a PPO is a better option.

Having said this, understand the type of plan your employer is now offering. If you will be using an HMO, you may have to find an entirely new set of doctors to see and should be ready for this reality.

Take note of co-payment and co-insurance changes

It is generally the patient's responsibility to know what is expected of him or her at the time of payment. Doctors take many different plans, and some prefer not to manage the terms and conditions of each and leave it up to the patient to understand the specifics. As such, you should know your co-payment requirement for tests, office visits, lab work and the like. You will be responsible for making these co-payments at the time of your visit, as many doctors no longer bill for co-payments. Failure to pay the correct amount could result in penalties or even refusal of service.

Also do not assume that a provider is in-network. There may be subtleties and subdivisions of certain insurance plans. It may seem like one doctor takes your insurance, but it may not be your particular plan. Confirm that the doctor is in-network prior to visiting to avoid any unforeseen bills.

Notify your doctor of new insurance

Many insurance plans will start coverage at your sign-up or anniversary date, others may begin January 1st. Notify your healthcare provider as soon as possible as to the change in coverage. This protects you if they are behind in billing and paperwork by helping you avoid additional out-of-pocket expenses resulting from billing the wrong insurance company.

Learn about annual exams

A new plan may wipe the slate clean with respect to how frequently you are entitled to yearly physicals or specialized tests, such as mammograms or prostate exams. When your insurance plan changes, investigate when you are able to go for routine exams and if you will have to pay a co-payment. You may want to schedule a physical at this time to start the new year on a healthy note.

Many people find that rising insurance costs necessitate insurance carriers frequently. This can be a hassle, but a necessary chore of today's managed care world.



Did you know?

According to the National Cancer Institute, an estimated 1,658,370 new cases of cancer will be diagnosed in the United States in 2015. The NCI also estimates that more than 589,000 people will die from cancer in the United States in 2015. But the “Annual Report to the Nation on the Status of Cancer,” issued jointly by the North American Association of Central Cancer Registries, the American Cancer Society, the Centers for Disease Control and Prevention, and the National Cancer Institute and published in March 2015, showed that the overall cancer death rate in the United States has declined since the early 1990s. Between 2002 and 2011, cancer death rates decreased by 1.8 percent per year among men and by 1.4 percent per year among women. Children fared even better, with cancer death rates declining by 2.1 percent per year among children ages 0 to 14 and 2.3 percent per year among children ages 0 to 19. While cancer research continues to discover new treatments and ways people can reduce their risk of developing cancer, the World Health Organization predicts the number of new cases of cancer will rise to 22 million in the next two decades. Many of those cases figure to be in Africa, Asia and Central and South America, where 60 percent of the world’s total new annual cases occur. These regions also account for 70 percent of the world’s cancer deaths, according to the WHO.




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Specialty: Dentistry

Practice: William A. Strayhorn,
D.D.S., P.A.

Address: 120 Mallard Lane
Rockingham, NC 28379

Phone: 910-997-6663



Jenni Greene

Specialty: Pharmacist

Practice: Mabry's Drug & Home Care

Address: 41 Main Street
Hamlet, NC 28345

Phone: 910-582-1776

Website: www.mabrydrug.com



Hardwick Vision Center

Specialty: Eyeglasses, Contact, & Sunglasses.
Eye Examinations Arranged.

Address: 1502 East Broad Avenue Suite A
Rockingham, NC 28379

Phone: 910-997-7766

Email: hardwickvision@bellsouth.net

Website: www.hardwickvisioncenter.com



Deana Watkins

Specialty: Pharmacist

Practice: Mabry's Drug & Home Care

Address: 41 Main Street
Hamlet, NC 28345

Phone: 910-582-1777

Website: www.mabrydrug.com



Dr. George Veasy

Specialty: Orthopedics

Practice: Sandhills Orthopedics

Address: 1021 W. Hamlet Avenue, Suite 4
Hamlet, NC 28345

Phone: 910-205-0716

Website: www.SandhillsMedicalGroup.com



Dr. Shoukath Ansari

Specialty: Gastroenterology

Practice: Marlboro Gastroenterology
Associates

Address: 102 Endo Lane
Hamlet, NC 28345

Phone: 910-205-3035

Website: www.SandhillsMedicalGroup.com



Allergy Partners of Pinehurst

Specialty: Diagnosis, Treatment, And
Management Of Asthma And
Allergic Diseases

Providers: Carla J. Luna, M.D. (Left) and
Diane M. Laber, M.D. (Right).

Address: New Building Coming Soon!
Pinehurst, NC 28374

Phone: 910-295-6661

Website: www.allergypartners.com/pinehurst



Medical DIRECTORY



Kathy Burgess, FNP-BC

Specialty: Family Medicine
Practice: McQueen Medical Center
Address: 104 Rice Street
 Hamlet, NC 28345
Phone: 910-582-4003
Website: www.SandhillsMedicalGroup.com



Dr. Charlita Mangrum

Specialty: Family Practice
Practice: Sandhills Family Medicine
Address: 1021 W. Hamlet Avenue,
 Suite 5
 Hamlet, NC 28345
Phone: 910-582-5166
Website: www.SandhillsMedicalGroup.com



Dr. Luiz Nascimento

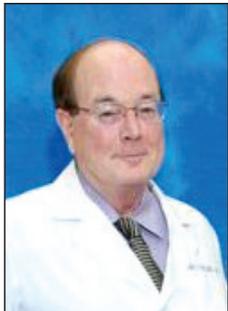
Specialty: Internal Medicine &
 Nephrology
Practice: Sandhills Medical Group
 West Main
Address: 222 West Main Street
 Hamlet, NC 28345
Phone: 910-205-0400
Website: www.SandhillsMedicalGroup.com



Dr. Elven C. Smith, III

Specialty: Optometry
Practice: Smith Optometric
Address: 720 US Highway 74 East
 Suite A
 Rockingham, NC 28379
Phone: 910-205-2020

Conveniently located at Walmart



Dr. Alan Coulson

Specialty: Wound Care & Hyperbaric
 Medicine Specialist,
 Vascular & General Surgeon
Practice: Sandhills Surgical
Address: 108 Endo Lane, Suite 3
 Hamlet, NC 28345
Phone: 910-205-7775
Website: www.SandhillsMedicalGroup.com



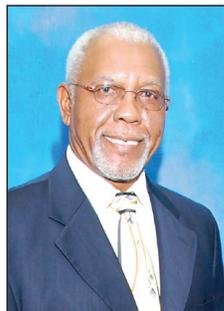
Dr. Venkata Mannava

Specialty: Internal Medicine
Practice: Sandhills Primary Care
Address: 106 Jefferson Street
 Hamlet, NC 28345
Phone: 910-582-3445
Website: www.SandhillsMedicalGroup.com



Dr. Dierdre Young-Cadore

Specialty: Internal Medicine
Practice: Sandhills Internal Medicine
Address: 125 Biltmore Drive, Suite 1
 Rockingham, NC 28379
Phone: 910-895-8890
Website: www.SandhillsMedicalGroup.com



Dr. Fred McQueen

Specialty: Family Medicine
Practice: McQueen Medical Center
Address: 104 Rice Street
 Hamlet, NC 28345
Phone: 910-582-4003
Website: www.SandhillsMedicalGroup.com



Medical DIRECTORY



Diane Brown, ANP

Specialty: Internal Medicine
Practice: Sandhills Medical Group
 West Main
Address: 222 West Main Street
 Hamlet, NC 28345
Phone: 910-205-0400
Website: www.SandhillsMedicalGroup.com



William Horne, Pharm. D.

Specialty: Pharmacist
Practice: Birmingham Drug
Address: 27 West Main Street
 Hamlet, NC 28345
Phone: 910-582-3585



Community Drugs

Specialty: Pharmaceuticals,
 Medical Supplies,
 Local Deliveries
Address: 1028 Atkinson St.
 Laurinburg, NC 28352
Phone: (910)276-6061



Supporting the Sandhills Since 1981

Specialty: Artificial Limbs, Custom
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 Diabetic Shoes, and
 Mastectomy Supplies
Address: 95 Avimore Drive
 Pinehurst, NC 28374
Phone: 910-295-4489
Fax: 910-215-8035
Email: info@oandpcares.com
Website: www.oandpofpinehurst.com

00784463



Cindy White, FNP

Specialty: Family Medicine
Practice: Sandhills Medical Group
 West Main
Address: 222 West Main Street
 Hamlet, NC 28345
Phone: 910-205-0400
Website: www.SandhillsMedicalGroup.com



Dr. Jerry L. Murphy, Jr.

Specialty: Chiropractic & Certified
 Chiropractic Sports
 Practitioner
Practice: Murphy Chiropractic
 & Wellness, P.A.
Address: 617-A East Broad Ave.
 Rockingham, NC 28379
Phone: 910-817-7126
Website: www.murphy1chiro.com



Dr. Antonios Karamalegos, M.D.

Specialty: Urology
Practice: Scotland Urology
Address: 1603-C Medical Drive
 Laurinburg, NC 28352
Phone: (910)277-8636
Website: scotlandurologypa.com





National-quality care that's centered around you.

Your local Southeastern Health clinic is backed by the world-class resources of Southeastern Regional Medical Center and over 200 Southeastern Health providers. Making healthcare convenient and more personal is just one of the many ways Southeastern Health is working to improve the lives of those who live in our communities. We call it UCare; you'll call it healthcare the way it should be. All clinics are accepting new patients, so call for an appointment today.

Southeastern Regional Medical Center — winner of the HealthGrades Distinguished Hospital Award for Clinical Excellence in 2013 and ranked by HealthGrades in the Top 5% in the Nation for Overall Pulmonary Services in 2013. To learn more about Southeastern Health Awards and Recognitions, go to srmc.org/main/awardsrecognition.



PRIMARY CARE CLINICS

Dr. Arthur J. Robinson Medical Clinic
800 Martin Luther King Jr. Dr., Lumberton
(910) 738-3957

Lumberton Medical Clinic
395 W. 27th St., Lumberton
(910) 739-7551

Southeastern Health Center Clarkton
9948 North WR Latham St., Clarkton
(910) 647-1503

Southeastern Medical Clinic Bladenboro
302 S. Main St., Bladenboro
(910) 863-2400

Southeastern Medical Clinic Fairmont
101 N. Walnut St., Fairmont
(910) 628-0655

Southeastern Medical Clinic Gray's Creek
1249 Chicken Foot Rd., Hope Mills
(910) 423-1278

Southeastern Medical Clinic N. Lumberton
725 Oakridge Blvd., Suite B2, Lumberton
(910) 671-0052

Southeastern Medical Clinic Maxton
22401 Andrew Jackson Hwy., Maxton
(910) 844-2004

Southeastern Medical Clinic Red Springs
302 Mt. Tabor Rd., Red Springs
(910) 843-9991

Southeastern Medical Clinic Rowland
102 N. Bond St., Rowland
(910) 422-3350

Southeastern Medical Clinic St. Pauls
128 E. Broad St., St. Pauls
(910) 865-5955

Southeastern Medical Clinic White Lake
1921 White Lake Dr., Elizabethtown
(910) 862-6491

The Clinic at Walmart
5070 Fayetteville Rd., Lumberton
(910) 739-0133

Southeastern Medical Specialists
4384 Fayetteville Rd., Lumberton
(910) 738-1141

SPECIALTY CLINICS

Carolina Complete Rehabilitation Center
4901 Dawn Dr., Suite 3200, Lumberton
(910) 618-9807

Diabetes Community Center
2934 North Elm St., Suite G, Lumberton
(910) 618-0655

Duke Cardiology/Duke Cardiovascular of Lumberton
2936 N. Elm St., Suites 102 & 103, Lumberton
(910) 671-6619

Gibson Cancer Center
1200 Pine Run Dr., Lumberton
(910) 671-5730

Lumberton Urology Clinic
815 Oakridge Blvd., Lumberton
(910) 738-7166

Southeastern Arthritis Center
4901 Dawn Dr., Suite 3400, Lumberton
(910) 671-8556

Southeastern Center for Audiology
584 Farringdom St., Lumberton
(910) 671-5014

Southeastern Digestive Health Center
725 Oakridge Blvd., Suite C-1, Lumberton
(910) 738-3103

Southeastern Eye Clinic
4311 Ludgate St., Lumberton
(910) 671-1981

Southeastern Health Women's Clinic
295 W. 27th St., Lumberton
(910) 739-5550

Southeastern Neuromuscular Rehabilitation Center
4901 Dawn Dr., Suite 3100, Lumberton
(910) 735-2831

Southeastern Occupational Health W.O.R.K.S
725 Oakridge Blvd., Suite A-3, Lumberton
(910) 272-9675

Southeastern Orthopedics
4901 Dawn Dr., Suite 2300, Lumberton
(910) 738-1065

Southeastern Spine and Pain
4901 Dawn Dr., Suite 3300, Lumberton
(910) 671-9298

Southeastern Pharmacy Health Mall
2934 North Elm St., Suite A, Lumberton
(910) 735-8858

Southeastern Pharmacy Health Park
4901 Dawn Dr., Suite 1200, Lumberton
(910) 671-4223

Southeastern Pulmonary and Sleep Clinic
401 W. 27th St., Lumberton
(910) 738-9414

Southeastern Sleep Center
(910) 272-1440

Two locations:
300 W. 27th St., Lumberton
290-A Corporate Dr., Lumberton

Southeastern Surgical Center
2934 North Elm St., Suite E, Lumberton
(910) 739-0022

Southeastern Urgent Care Lumberton
2934 North Elm St., Suite B, Lumberton
(910) 272-1175

Southeastern Urgent Care Pembroke
923 West 3rd St., Pembroke
(910) 521-0564

Southeastern Weight Loss Center
2934 North Elm St., Suite F, Lumberton
(910) 608-0307

Southeastern Women's Healthcare
4300 Fayetteville Rd., Lumberton
(910) 608-3078

Southeastern Wound Healing Center
103 W. 27th St., Lumberton
(910) 738-3836

The Surgery Center
4901 Dawn Dr., Suite 1100, Lumberton
(910) 887-2361



Better Health — Starting With You

300 West 27th St., Lumberton, NC 28359 | (910) 671-5000 | southeasternhealth.org

Investment.

Care starts here, and spreads through the whole community.

With modern technology and compassionate physicians, nurses and staff, Sandhills Regional Medical Center is dedicated to delivering an exceptional healthcare experience to every patient. And the care we offer extends beyond our doors – and out into the entire community. Even if we have never treated you, we are pleased to say you have benefited from having us here.

2014 Total Community Investment: \$25,551,900*

Providing Quality Care:

- ER patient visits - 13,044
- Admissions - 1,994
- Outpatient visits - 11,614
- Surgeries - 1,829

Financial Benefits:

- Salaries, Wages and Benefits (244 Employees) - \$15,947,000
- Capital Investments - \$800,000
- Property & Sales Taxes - \$543,000

Caring for Our Community:

- Charity & Uncompensated Care - \$8,261,900

Patient Enhancements:

- Expanded Emergency Services through adding Teleurology Services and commitment of 30-Minutes-or-Less E.R. Service Pledge
- Digital Mammography
- Expanded Gastroenterology Services through the addition of Radiofrequency Ablation Services, the first to offer this in the service area
- Only Inpatient Psychiatric Services in Richmond County
- Enhanced Urogynecology Services through the addition of pelvic floor therapy by a certified physical therapist

Awards:

- The Joint Commission *Top Performer on Key Quality Measures*® for 2013
- End Stage Renal Disease Certification by The Joint Commission for 2012-2016
- Heart Failure Certification by The Joint Commission for 2012-2016

*Dollar amounts are approximate.



SANDHILLS
REGIONAL MEDICAL
CENTER

