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# Horizons2010

..... A progress edition of The Clinton Chronicle



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# Caregiving a way of life for Stacey Hill

By Nick McCormac  
Horizons 2010

Regardless of what capacity she's worked in or who she's worked with, Stacey Hill said she has always seemed to just get people.

It could be her background in sociology, or her experiences working with people throughout her life.

Whatever it is, she has instilled within her a sense of compassion that allows her to level with people instead of towering over them as an authoritative figure.

It's a skill that serves her well as the head of social services at the Clinton Presbyterian Community, the local division of the Presbyterian Communities of South Carolina, a statewide continuing care retirement community.

Helping people has always been in Hill's blood. A lifelong resident of Clinton, Hill attended Clinton High School before moving on to Presbyterian College, where she

planned on studying to become an English teacher.

"While I was at PC, my interest in understanding people grew along with my desire to help them, so I chose to major in sociology with a minor in psychology," she said.

Hill said having a wide-open field of study that allowed her to better learn how she could impact the lives of the people she would work with in the future is what drew her into the field of sociology.

Her first job out of college was as a field director for Girl Scouts in three Upstate counties. During her time there, she was able to work with young girls in the program while also helping to train adults. She said her education came in handy when trying to juggle both groups.

But following the birth of her second daughter, Zaria, Hill decided it was time to settle down permanently in Clinton with her husband, Mike.

Hill had been raising her

Stacey Hill and Benjamin Ross, a resident at the Clinton Presbyterian Community, take a break during one of the morning workouts planned for residents. Hill, the head of social services at the home, said the care and support she felt growing up is now passed along to the residents at the home. At right, Hill talks with her mother, Albertine Watts, who is the administrative assistant at the home.

- Photos by Nick McCormac

first daughter, JaCarra, since she had her as a teen and knew she needed to make more time for her family.

She began working with NHC Home Care in Clinton, her first foray into assisting



the elderly with feeling comforted and cared for while also maintaining their independence.

"When I first started working with the elderly, it was hard to treat and care for them

without seeming like someone of higher importance," said Hill. "My time with NHC helped me to learn how I could show elderly individuals that I cared for them without babying them."

After spending 11 years working with NHC, Hill moved on to her new position at the PCSC in October 2009.

With her experiences at NHC still on her mind, Hill approached her job as the next step toward her goal of being able to care for as many people as possible.

She said a term like "care-giver" is too simplistic to describe her job or the mindset with which she approaches it. Instead, she views herself as an equal to the people she's looking after and a member of their extended family.

"I feel that my calling is to serve the elderly community and I don't think I can do that properly if I just consider myself someone there to look after these people," she said.

Hill believes that elderly individuals placed in communities like the one she works at are sometimes taken for granted, but that they usually turn out to have a lot to offer in the form of stories and life experiences.

Hill, Page 7



Sally Burgess, MD FAAP  
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# Women's health a focus of LCHCS

By Nick McCormac

Horizons 2010

Over the past few months, the world of women's health-care has been in a state of flux as new information and recommendations have battled with tried-and-true techniques.

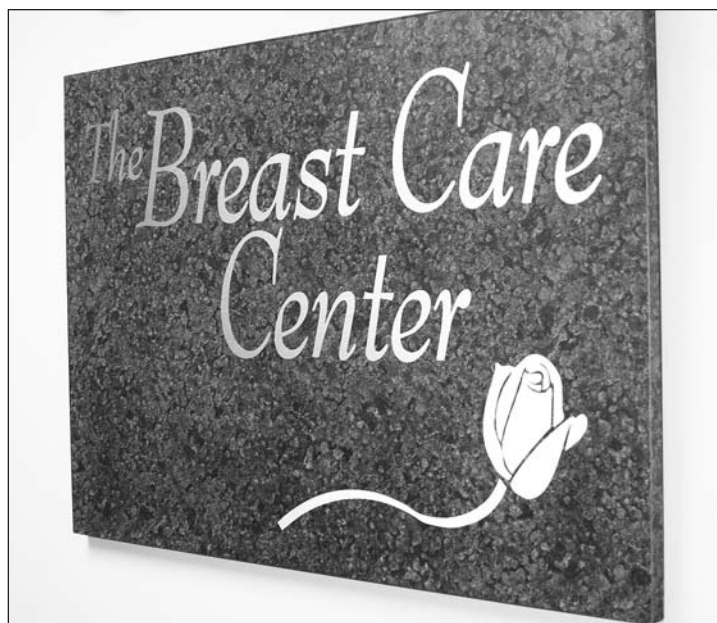
Doctors and patients were thrown for a loop late last year when new recommendations arose suggesting women should wait until later in their life to begin screenings for breast cancer. The recommendations were in contrast to earlier guidelines suggesting women begin screenings around age 40, which many doctors considered gospel.

The science and technology involved in mammography has evolved by leaps and bounds over the years, but for many doctors and specialists involved in the detection and treatment of breast cancer, sticking to the script when it comes to when women should get tested and how often to test has proved to be the best path.

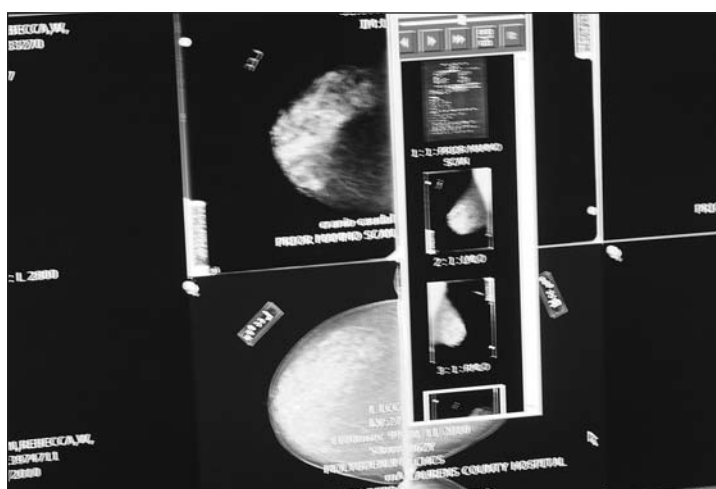
That's the opinion of Dr. Kimberly New, Dr. Michelle Hagenbuch and Kim Amick, all involved with women's health at the Laurens County Health Care System.

The three women cover nearly all the bases when it comes to detection and treatment of breast cancer for local women.

"The hospital and the three



The Breast Care Center at the Laurens County Hospital has some of the most advanced mammography equipment in the Upstate. With new digital imaging equipment, mammograms are much clearer and detailed compared to older images. The old scans (top) were fuzzy and not very detailed while newer scans (bottom) are much more intricate.



Dr. Kimberly New, OB/GYN; Radiology Manager Kim Amick; and Dr. Michelle Hagenbuch, a family practice physician, look at a mammogram from a patient at the Laurens County Hospital. The three women cover nearly all the bases for detection and treatment of breast cancer and other breast-related issues for women in the county.

- Photos by Nick McCormac

of us cover everything from start to finish, and over the years the program has gotten much better as new equipment has come in," said New, an OB/GYN.

Much of the equipment the cancer screening center has now, including digital imaging equipment which produces drastically better scans of breasts, wasn't in the hospital two years ago. Once it was in place, detection and treatment of patients became much easier.

The Laurens County Hospital is one of the first in the Upstate to have digital equipment.

"The tech that's out there now and the tech we use

makes such a drastic different," said Hagenbuch, a family practice physician. "It's like the difference between a color photo and a black and white photo."

Previous scanning equipment was analog, requiring film to be developed and with images not as clear as they could be. Now, digital equipment imprints an image directly onto a slide, which can display a much more detailed image almost immediately.

If needed, a biopsy of breast tissue can also be taken on site, saving patients a trip to another wing of the hospital or another hospital entirely.

Treatment of breast cancer

is a preventative science that begins with self breast exams at home, said New, but if it becomes more serious, everything can be taken care of in-house.

Along with the progress made on the technology side, the taboo and stigma once attached to discussions about breast cancer and screenings is a thing of the past, allowing patients to be more open with their doctors and with themselves.

"It used to be so hush-hush but that's not the case anymore," said Amick, the hospital's radiology manager. "It's become something women aren't afraid of anymore."

Attitudes toward talking

about breast cancer and the science used to treat it have evolved over the years, but one thing the women said they all agree on is that the new recommendations that popped up recently are, as Hagenbuch put it, "crazy."

"We think women should start mammograms at age 40 or earlier if they have a family history, period," said New. "It's been a guideline that's worked for as long as I can remember and one that will continue to work."

New recommendations from the U.S. Preventative Screening Task Force issued last November said women should not start routine mammograms before age 50. That

is in contrast to guidelines from the American Cancer Society and the American College of Radiology.

"The community should know the system is working in the patient's best interest, and it's a shame to see backpedaling," said New.

Earlier screenings are the norm, she said, and breast cancer is no longer a death sentence because of it.

"Breast cancer rates are actually increasing, but the cancer is more treatable now than ever before," said Hagenbuch. "Detection, treatment and surgery have all become better and more helpful."

Women, Page 7

# Rehabilitation and therapy: let's get physical!

By Nick McCormac

Horizons 2010

To say the physical and occupational therapy team at the Laurens County Health Care System is a tight-knit group would be an understatement.

It's definitely a benefit for the 12-person team, whose ability to connect with each other on a personal level helps them better connect with patients in need of rehabilitation.

A lot of trust goes into the relationship between patient and therapist, and it's something the men and women of the team understand requires walking a fine line.

"About 85 percent of the patients that come to the hospital also come through our doors," said Melissa Martino, director of rehab services.

"With that many different people and that many different issues to address, you can't just generalize treatment. You have to look at the patient as a whole, as their own specific case, and adjust to what they need."

The department treats everyone and anyone who requests assistance, no matter how severe the condition. They provide both inpatient and outpatient services for everything from joint pains to burn victims.

The unit is contracted under Doshier Physical Therapy, a privately owned therapy company based in Easley and a member of the South Carolina Physical Therapy Association.

Even though they're contracted under a separate business, Martino said since



The rehabilitation department at the Laurens County Health Care System is stocked with equipment used to treat a wide variety of problems. Wii-Hab, one of the newest and most anticipated additions to the department, allows patients to use a Nintendo Wii as part of their therapy.

-Photos by Nick McCormac

they're such an essential part to nearly every field at the hospital, they've integrated well into the LCHCS.

While many other services and specialties at the hospital may follow a linear path, it would be impossible for the therapy team to function in anything other than a free form environment.

Occupational therapist Stephanie Messina said one term that could never be used to describe the department is "cookie cutter."

"Any case can come through that door and we have to constantly evaluate ourselves," she said. "There's no other way to do our job than on a case-by-case basis."

Once someone comes in for treatment, the therapists on the team foster a sort of symbiosis with their patients.



Faith Funkhouser, a physical therapy assistant at the Laurens County Health Care System, talks with a patient during a therapy session. Funkhouser said being a physical therapist requires a lot of attention toward patients but is a very rewarding profession.

The patients rely on the therapists to help them through

what can be an extremely difficult and challenging time in their life, and the therapists said they don't feel complete until the patient is completely healed to the level they need to be.

"It's why we do our jobs," said physical therapy assistant Faith Funkhouser. "We get better each and every day along with our patients. It's a different experience every time, too."

The needs of each individual patient changing on a regular basis means the profession needs to keep up with the times and challenges that arise with each particular case. The job is constantly progressing, said Martino, and the team puts modern technologies to use to help them stay with the times.

One upcoming benefit will be the Wiihab program the team will soon offer, in which patients will use a Nintendo Wii to aid in their therapy.

"I think having a therapy regimen based on using a Wii will be really beneficial to our patients regardless of their age," she said. "If it gets them excited about therapy instead of being frightened, then that's definitely a good thing."

Many patients do come in fearful and apprehensive about receiving treatment and it's the team's job to help comfort them through the process.

The majority of the hospital's patients are covered by government-run insurance programs, like Medicare and Medicaid, which means they're over the age of 65. And while many of those patients think therapy is the end of the line, the team helps re-

assure them it's not.

"Older patients not only need the help we can address, but they need a sense of empowerment, like they're not wholly dependant on us, and we have to help give that to them," said Jessica Benes, a doctoral physical therapist.

Empowering people is part of the profession and something the team said they don't take lightly. They realize patients come in at a very vulnerable point in their lives and the therapists have to tread carefully.

"Our job is to get our patients fully functional again and able to do what they want to do," said Messina. "We have to provide affirmation to everyone regardless of how severe their case is."

To do that, the team takes a straightforward approach toward treatment. While the attitude toward the profession may be more free form, actual treatment is catered specifically to what the patients require.

"We definitely stick to the essentials and don't do something just to take up time, because we know these people want to be up and ready to go as soon as they can," said Funkhouser.

With expansions to the hospital planned for 2010, the therapy team is hoping their facilities and the types of assistance they're able to provide will expand along with it.

While they understand more community education about what they're there to do and how they do it will help shed some of the unease toward their program, they stress one thing should be clear: They're here to help.



# Employees in driving seat to excellence

By Nick McCormac  
Horizons 2010

During much of its 20-year history, the Laurens County Health Care System has fought an uphill battle when it comes to public perception of the facility.

Just six years ago, the hospital - which grew out of the ashes of the former hospitals in Laurens and Clinton - has patient satisfaction levels that were scraping the bottom of the barrel, hovering somewhere between the 4th percentile and 8th percentile.

But in 2004, when LCHCS president and CEO Rich D’Alberto joined the hospital’s staff, things took a drastic turn for the better, so much that this past year saw the hospital reach the 96th percentile for satisfaction.

D’Alberto said he was anything but pleased with satisfaction and quality levels at the hospital when he first joined the staff. Instead of being part of an organization that was frowned upon by the community, he said he made it his goal to change things for the better.

“I said, flat out, that I was not going to lead an organization with that reputation,” he said.

D’Alberto began to search for a program that would help improve everything at the hospital and get employees to focus more on the people part of the job, not the job part of the job, he said.

He eventually settled on Custom Learning Systems, an organization based in Calgary, Alberta, Canada, that special-



Janet Kuykendall, RN, receives the Exceptional Nurse Award from D’Alberto. Employees like Kuykendall helped the Laurens County Hospital reach the 96th percentile in patient satisfaction surveys last year, up from the 8th percentile in 2004.

- Photos by Nick McCormac

izes in training and improving satisfaction with healthcare systems.

The LCHCS Board of Trustees was very hesitant at first, especially with services costing \$55,000 a year for

Laurens County Health Care System President and CEO Rich D’Alberto shares lunch with a group of hospital employees. D’Alberto said the hospital’s staff is the driving force behind the service excellence plan he helped put in place a few years ago and they continue to help improve the facility.



three years, said D’Alberto, and the decision to begin working with CLS was approved by only two votes.

Since the system went online in 2004, the D’Alberto said the LCHCS has gotten more than enough return on

its investment.

After only a year in action, CLS’s program boosted the LCHCS to the 55th percentile nationally. After two years, they were up to the 75th percentile.

And this year, they reached

the 96th percentile, meaning only 4 percent of hospitals across the country scored better than them.

“We seriously went from the bottom of the bottom to the top of the top,” said D’Alberto.

The program focuses on a myriad of factors, from how often a doctor comes to check on a patient, to how well the patient was treated, to how good the hospital’s food was.

What D’Alberto said he was most proud of was exactly how the program is run and what it focuses on. Instead of having one singular head making all the decisions and running the show, the power and responsibility is left in the hands of the hospital’s staff.

“We didn’t do this well because I forced them to,” he said. “We did this well because they, our staff, wanted to.”

The program is divided up into three main sections. The first deals with management and training and focuses on how the higher-ups should treat and work with the hospital’s staff.

The second focuses on teams, usually divided into the different departments of the hospital, and how they can work better with each other to help produce a final product.

The third goes straight to top tier employees, designating a handful of them as Service Excellence Advisors.

“We take about 20 employees from throughout the hospital who show a real desire for wanting to make this a better place and give them the skills and training to do so,” said D’Alberto.

By putting control in the hands of employees, D’Alberto said it empowers them

and gives them the responsibility to either prop the hospital up or not.

In addition to doing more to improve patient and employee satisfaction surveys, the LCHCS is also staying ahead of the game by focusing on improving their Hospital Consumer Assessment of Health Plans Survey (HC-AHPS), which decides how hospitals are reimbursed for patients on Medicare or Medicaid.

“The HCAHPS focus more on frequency of service and how well our staff meets the need of our patients,” said D’Alberto. “They’ll benchmark us against other hospitals nationally, so we want to make sure we perform well.”

LCHCS Marketing Director Jamie Adair said, from an employee perspective, it’s rewarding to see how much more of a positive attitude patients have compared to the past.

“The numbers speak for themselves,” she said. “We couldn’t hide from the numbers and how they showed how bad things were, but now that employees have the tools to make things better and genuinely want to make things better, things are better.”

The idea of putting the spotlight on satisfaction and quality was originally met with skepticism, it’s now met with massive support, said D’Alberto.

He’s stressed to his employees that if they want a job, the Laurens County Hospital is not for them. But if they want to work, they’ve found a new home.

“Of course, it wasn’t easy to get where we are, but since we’ve gotten there it’s going to make us push even harder to stay there,” he said.



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By Bristow Marchant  
Horizons 2010

Dina Hair followed an unusual path through life. She went straight from college into a retirement home.

In fact, Hair was one of the first people at Martha Franks Baptist Retirement Community when the Laurens facility first opened in 1985. As an administrator, she's known every resident who ever passed through Martha Franks.

"I came here for the first time on Jan. 2, 1985," she said. "The facility opened Feb. 4. The administrative staff was brought in a month before, when the main building was just being built. I've seen all the residents and all the staff who have been here, and each resident or staff member has left a mark on me."

For 25 years Hair, a Joanna native and Presbyterian College graduate, has served the retirement community in a variety of capacities. She was director of activities at Martha Franks for 10 years, then director of resident services for 12, until she was promoted to executive director in 2007.

As activities director, Hair was in charge of planning events for a wide range of resi-



Dina Hair followed an unusual path through life.

She went straight from college to a retirement home — as an administrator at Martha Franks. At right, Hair sits with one of the

"pioneers" of Martha Franks. Edith "Lady" Gardner, 97, is the last of the original residents at the retirement community when it opened in 1985. Hair has been with the community just as long.

— Photos by Bristow Marchant



# People a passion for Dina Hair

dents; independent residents living on their own in apartments, semi-independents in assisted living, and those who required skilled nursing care.

"I might plan a crafts class, and I would need activities for the independent through the dependent," she said. "It was a truly fun job. Most days at work I was going to concerts, and I would drive the bus. Dr. Robert Cooper, our chaplain, was my co-pilot."

In charge of resident services and now as executive director of Martha Franks, Hair has taken on a more serious role with the residents.

"This is more hands-on," she said. "I have to be a counselor for our residents, I help them write checks, I visit them in the hospital. I'm more of a social worker."

But even a quarter-century after she started on the job, it still holds its rewards.

"Even today, if I have to work until 7, if I have an encounter with one of our residents, it's worth it."

Hair is serving the same community she grew up in. She was raised in Joanna by hard-working parents who instilled her with an ethos of service.

"My dad changed jobs about every 10 years," she said. "He worked for Lynn Cooper, Whitten Center and the City of Clin-

ton. My mom, on the other hand, held the same job for 44 years. She wrapped meat at Community Cash until it closed, then she moved to the Community Cash in Whitmire, and retired from Piggly Wiggly.

"To her, that job was about people. People came to the store because they wanted to see Shirley. She was very customer-first, and that describes me as well."

But when Hair graduated from Clinton High School in 1980, she says she "had no intention" of going to college. "I didn't know what I wanted to do, except work with people," she said.

For two years, she attended Piedmont Tech in Greenwood earning her associate's degree in arts and human services.

"Piedmont Tech was great. Being an only child, I was more sheltered than the others, so it gave me an opportunity to grow up. I got involved in clubs and I was even top of my class at graduation."

Hair went on to PC, where she graduated in 1984 with a bachelor's in psychology. "I was not at the top of my class at PC, but when they see the plaque on your wall, they don't ask you for your GPA," she said.

Hair, Page 10



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*Pictured are Martha Franks residents and staff at the 25th anniversary celebration on Feb. 4, Neta Durrett, Jean Cann, Margaret Quattlebaum, Executive Director Dina Hair, and Lady Gardner (seated).*

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# On board!

## chatting with the LCHCS directors

By Nick McCormac  
Horizons 2010

For any major organization in the community, it's important to have a diverse, driven and dedicated group of individuals at the top to help guide everyone through thick and thin.

During its many years of serving the community, the Laurens County Health Care System has been through the thick of it and come out stronger than ever, due in part to its dedicated board of trustees.

Who are the men and women who serve on the board, what role do they play and where do they see the hospital going? The Clinton Chronicle wanted to find out and let the board's members speak for themselves.

The LCHCS Board of Trustees is composed of: **•David Ramage, chairman** and member since 2006. He said he saw serving on the board at an opportunity to represent Laurens County from a "hometown" business owner's perspective.

**•Willis B. Fortson**, vice chairman of the board and board member since 2002. He was introduced to the board through former member Bessie Williams.

**•Dr. Peggy C. Prescott**, board secretary and chairwoman of the quality committee. A board member since October 2006, she was asked to consider serving on the board by her neighbor and former board chairman, Walter Ramage.

**•Alton Davis**, a member of the hospital's finance committee for 14 months who was a supporter of the creation of the LCHCS more than 20 years ago.

**•W. Michael Ellison**, treasurer and finance committee chairman. He joined the board in September 2007 after serving on the board of the hospital's Laurens County Health Care Foundation.

**•Dr. Suzanne J. Smith**, an LCHCS trustee since September 2007 and professor of business administration at Presbyterian College. She was introduced to the board through Norman Scarborough, a colleague and former board chairman.

**•Dr. Jerett Tozzi, M.D.**, who serves on the finance committee and the nominating committee. He said he saw the board as another opportunity to help improve health care in the community

**•Erskine Jacks**, trustee and board member since 2008. Jacks said he's always been a part of the community, owning businesses in both Clinton and Laurens, and saw the LCHCS as another opportunity to help.

(Note: **Dr. Brian E. Weirick, D.O.**, declined to participate in the survey, and some board members did not supply answers to all questions.)

Here, in their own words - with editing for context and clarity - are the members of the LCHCS Board of Trustees.

What is your specific contribution to the LCHCS?

Ramage: As board chairman, I appoint the various committees and act as a liaison between the CEO and the Board of Trustees.

Davis: I have worked in the business community in Laurens County for 36 years. I feel that my small business experience brings unique perspective to the board.

Prescott: I represent the citizens of Laurens County, and I bring the perspective of a long career in public education to the board.

Fortson: I was born and raised in Laurens County. This unique opportunity affords me the insight to see what the past looked like and what our future in Laurens County is shaping up to be. My family, friends and neighbors use the LCHCS for services and I have a vested interest in making it the best.

Ellison: As treasurer and as a trustee, I am responsible for providing policy guidance to the hospital's executive management to ensure that the LCHCS is managed in a responsible, safe and efficient manner that ensures dependable access to quality health care now and in the future.

Smith: I am currently a member of the finance committee and on the task force to address the needs of the uninsured/underinsured.

Tozzi: I have practiced emergency medicine at the LCHCS for more than 13 years. I am also the medical director for our department. I bring medical insight to the board. Many of the issues facing the board are "center-stage" in the ED.

Jacks: I serve on the quality committee. When all is said and done you have to ask yourself "Are we sound?," "Can we afford to do more for the community?," and, "How is our quality?" Quality encompasses everything from our food to comfort levels provided for our customers (patients), to how we rate in the services we provide for these individuals, to what can we do to make it better. By serving on this committee, my goal is to provide the highest quality of service in everything we offer.

How has the hospital changed during your time on the board? What has been the biggest improvement you've seen?

Ramage: During my tenure, the most significant change has been our separation from Quorum Health Resources. The first 18 years, the LCHCS contracted management services with this outside company. In 2007, we terminated our relationship with Quorum and now have complete control of operations. The hospital is our little red wagon now and we are solely responsible for managing it.

Davis: I feel that the quality of the hospital staff has greatly improved. We have formed a quality committee made up of board members and hospital staff that establishes quality targets and monitors the results. The committee reports to the full board on a monthly basis, same as the finance committee. You have to inspect what you expect.

Prescott: The leadership of the board has changed several times since I have been a member, and each chairman has done an excellent job. The hospital has changed by continuing to improve its services.

The biggest improvement I have seen is the emphasis on quality to which the board, the hospital administration, the doctors and the hospital staff have committed themselves. Rich D'Alberto is an excellent CEO.

Fortson: The hospital has changed a lot since I first became a board member. I think our biggest improvement has been the open communication



David Ramage



Alton Davis



Dr. Jerrett Tozzi, M.D.

with all of our stakeholders. (Patients, employees and doctors.) We have made a tremendous effort to prove our quality to Laurens County and I think the citizens are recognizing our efforts and achievements by coming to us for services.

Ellison: Our independence, quality control and cost efficiency were substantially enhanced when we separated from [Quorum] and became self-managing. Our current management team has led a significant and sustained improvement in the overall quality of the service delivered to the residents of Laurens County by the health care system.

Smith: I have worked with some courageous board chairmen who dared to make big changes. George Love, Norman Scarborough and David Ramage have put in hundreds of hours and made personal sacrifices to see the LCHCS move forward.

The biggest strength we have right now is the outstanding leadership team headed by Rich D'Alberto. These men and women are building a culture that measures and improves quality health care delivery. The Press Ganey patient satisfaction scores in the 96th percentile show that their efforts are working.

Tozzi: The hospital has grown from a small rural hospital to a major community provider. For many years, we worked with limited resources. Today we are blessed with high-level technology and solid relationships with larger tertiary care centers. This allows our hospital to be very good at "bread and butter" medical care, the medical care that serves the majority, while having the ability to provide subspecialty care to those who need it.

Jacks: I know many hours have been spent in evaluating current actions and developing our long-range goals. If you toured the hospital at our recent 20th Anniversary Open House, you saw a dedicated group of employees proud of our hospital and the many services we offer.

Although we have something good, our administration and board know we can make it better. Through hard work and good planning, our hospital will grow and improve.



Willis B. Fortson



W. Michael Ellison



Erskine Jacks

From our administrative leaders to our board members, the hospital is being led by local citizens glad to be a part of our community. I feel we are getting more "bang for buck" under the current leadership rather than an outside company more interested in making profits for shareholders than providing the best medical care for our citizens.

The hospital has dealt with some criticism over the years, but opinions seemed to have warmed lately. What do you think has caused this upswing in public opinion and where do you see it taking the hospital in the future?

Ramage: The LCHCS has skilled employees, excellent



Dr. Peggy C. Prescott



Dr. Suzanne J. Smith



Dr. Brian E. Weirick, D.O.

ical care for our citizens.

The hospital has dealt with some criticism over the years, but opinions seemed to have warmed lately. What do you think has caused this upswing in public opinion and where do you see it taking the hospital in the future?

Ramage: The LCHCS has skilled employees, excellent

doctors, an insightful leadership team and a dedicated board. Quality care has been the overall goal, and in the end this is what is most important to our community.

Davis: Again, the improved quality of our staff and the services, the hospital provides. The future will bring additional services making it possible for the people of Laurens County to receive their care locally and not having to travel out of county. A great example of that is the wound healing center.

Prescott: All employees at the LCHCS, from top to bottom, work very hard to provide high quality medical service to the community, striving to become "the provider of choice." When patients are given good care, people recognize the striving for excellence that is taking place.

Fortson: I think a positive image of the LCHCS will promote further growth of services. For example, the success we have had with the wound center. The more services we can provide locally becomes a benefit for everyone involved.

Ellison: A concerted effort coupled with much hard work on the part of management and staff to improve the quality of the service delivered.

Smith: Again, I credit the leadership team. At the

Board, Page 7



Top L-R: Dr. Hartley, Jacki Ellis, Becky Miles, Lisa Taylor, Donna Beacham, Darlene Scogin, Dr. Derrick. Bottom L-R: Lynn Miner, Betsy Riser.

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From Page 2

Without her ability to extend the feeling to these people that they are in a caring environment, Hill thinks the chance to experience such a learned perspective on life might be missed.

“I’ve had so many caring and supportive people in my life and it’s only fair to pass on that care to others,” she said. “Who would I be if I didn’t do whatever I could to help others?”

This care and support became prevalent following the birth of Hill’s first daughter while she was still a teenager. During that time she had to wear many hats and juggle many issues at once.

Being a fulltime student at PC and having a job on top of being a young mother forced Hill to grow up fast and quickly learn how to multitask better.

“One of the hardest parts of everything during that time was how I had to fight off the stigma that comes along with being a teenaged mom,” she said.

But thanks to the love and support of friends and family, Hill was afforded a few extra

hands to help with everything she had to juggle.

PCSC recently added a new task to manage - Medicare certification of 18 beds at the facility - and Hill said it’s a good thing multitasking has become second nature to her.

Under the new certification, Medicare covers a handful of beds at the facility specifically for rehabilitation following a three-day qualified hospital stay.

“With our new certification, we’re able to offer a better environment that feels more like home for residents who need a little extra help, and that’s obviously something I’m glad to take on,” said Hill.

Showing care and consideration extends into Hill’s personal life as well. She’s an active member of Bethlehem Grove Baptist Church in Clinton, where she also assists in Christian education courses. She also gets in the occasional gig as a pro bono wedding planner, and also tries to squeeze in a game night with her two children and husband of 15 years.

As for what the future



Stacey Hill talks with Clinton Presbyterian Home resident John Stark during a tour of the facility. Hill began her job as director of social services at the home in October 2009 and said she makes it a point to visit with residents as often as possible.

- Photo by Nick McCormac

holds for Hill, she said a role in administration would be the pinnacle for her, if only to help broaden the base of people she could oversee and care for.

“It’s important for me to never lose sight of why I do what I do,” she said, “and no matter what role I’m serving in, I’ll make sure that’s always the case.”

Women’s health .....

From Page 3

The LCHCS has done more to extend coverage to women who might not be able to afford routine screenings on their own. The hospital participates in both The Best Chance Network, a voucher program run by the South Carolina Department of

Health and Environment Control, and the Susan G. Komen Foundation, a national voucher program.

The two programs help provide women who are uninsured with primary screenings they wouldn’t be able to access otherwise.

“It’s important to get these vouchers out there to women who wouldn’t be

able to get screenings on their own,” said LCHCS Marketing Director Jamie Adair.”

Amick, Hagenbuch and New all said they think technology and awareness is heading in the right direction, and if past progression is any indicator, the future of mammography science looks bright.



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**2010 CALENDAR OF EVENTS**

**FEBRUARY** – *LOVING OUR NEIGHBORS MONTH*  
8 – Appreciation Baskets For Public Safety And Churches  
9 – Appreciation Baskets For City Departments  
10 – Mayor, City Council & Personnel, County Council & Personnel, Chamber Invited For Lunch, Appreciation Basket for Immanuel Presbyterian Church  
11-12 – Appreciation Baskets For Chamber, Hospital, Doctors Offices in Clinton & Laurens  
13 – Candlelight dinner for Residents

**MARCH**  
Local School Art on Display  
4 – 6:30 p.m. Town Hall Meeting for Families  
9 – Visit Chamber Offices in Simpsonville & Fountain Inn  
17 – 2 p.m. Community Bingo for Seniors with Snacks  
27 – 2 p.m. Community Easter Egg Hunt & Fun Day (Weather Date: April 3)

**APRIL**  
1 – Murder at the Manor: Mystery Dinner Fundraiser  
10 – 2 p.m. Battle of Choirs Begins  
17 & 24 – 2 p.m. Battle of Choirs Continues if needed  
18-24 – Administrative Professionals Week

**MAY**  
5 – Spring Health & Wellness Fair  
6-12 – National Nurses Week (Theme: Building a Healthy America)  
14 – Health Screening for Community

**JUNE**  
11-18 – National Nursing Assistant Week (Theme: Yes We Can)  
16-19 – General Assembly in Nashville  
26 – Family Picnic Fun Day

**JULY**  
Local Artists’ Work on Display  
22 – 5:30 p.m. We are hosting Business After Hours with Silent Auction Items.  
Date TBA – Community Ice Cream Social for Seniors

**AUGUST**  
10 – Pastor Appreciation Luncheon  
Date TBA – ‘Sizzlin’ Summer Sendoff

**SEPTEMBER**  
Date TBA – Cruise-In with Vendors  
2 – 6:30 p.m. Town Hall Meeting for Families/Friends  
10-16 – Housekeeping Appreciation Week  
12-18 – Assisted Living Week (Theme: Living Life) – Fun-filled activities throughout the week!  
15-17 – Administrator’s Conference

**OCTOBER**  
Festival of Trees Applications/Invitations advertised and mailed  
1-2 – ‘Squealin’ on the Square in Laurens  
13 – 10 a.m. to 3 p.m. Fall Health Fair  
Date TBA – 5 to 7 p.m. WPCF Friday Nights Lights Live Broadcast from Bailey Manor  
11-17 – Boss’s Week  
30 – Clinton Fall Festival

**NOVEMBER**  
11 – Veterans Day, Bailey Manor in the Parade and Proud Sponsor of Hall of Heroes  
Date TBA – Thankful for Community Service: Lions, Kiwanis, Rotary, and other clubs invited for Appreciation Luncheon  
Festival of Trees Applications Due  
Decorating of the Manor

**DECEMBER**  
2 – 5:30 to 8:00 p.m. Festival of Trees Open House  
2-January 1 – Trees on Display Monday through Saturday from 9 a.m. to 8 p.m.  
Directors will be required to donate some extra time from 5 to 8 p.m. a couple of nights during this time.  
4 – 10 a.m. Clinton Christmas Parade (rain or shine)  
8 – 12 p.m. Health Care Consortium Hosted by Bailey Manor

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Board .....

From Page 6

Health Care Excellence Association Awards presentation in 2009 in Nashville, Tenn., the LCHCS received The Breakthrough Award for our gravity-defying patient satisfaction scores and employee satisfaction scores. Rich D’Alberto received the Founder’s Award for his role in championing service excellence.

Tozzi: Our hospital provides quality medical care close to home. This is the reason public opinion is so strong.

Jacks: The hospital has made positive steps toward transparency and “opening its doors” to the public. People need to realize this is their hospital. It is their taxes and the use of our services by local citizens that support us. At times I think people underestimate the many programs and medical services we offer. At last count, nearly 500 people work for or provide services through the hospital. Our turnover is lower than average ratio compared to other facilities in our area, our state and the nation. This shows our employees see “the positive” in the health care system, are satisfied with their jobs and are proud of what is going on at our hospital. Although I do not personally know each doctor or nurse, I do know they could take their services to any hospital or community in the country and be very successful. But they have chosen to practice here in our community. I think this is one of the more overlooked aspects of what we have to offer in Laurens County. As more and more citizens realize this, we will hear more of the positive and not the negative.

To counteract some of the negative opinions permeating the community, the hospital has made more steps toward transparency and opening its doors to the public. What do you think is the biggest step made by the LCHCS toward improving relations with the community?

Ramage: I don’t think there has been one big step, but a lot of little steps. Everyone - housekeeping to the CEO - has committed to quality improvement.

Davis: The fact that the hospital is independent and no longer managed by an outside firm allows management to be more transparent. Our management team is part of Laurens County. They know and understand the needs of our community and how important it is to be open and transparent. We also randomly survey the community asking for feedback and we take the results and concerns very seriously.

Prescott: Establishing an informational Web site, publishing results like our Press Ganey scores, listening to the community and responding

are three important ways transparency is being achieved. The hospital welcomes the public.

Fortson: Transparency! All of our stakeholders can feel assured all decisions made on their behalf are for their benefit and the benefit of healthcare in Laurens County. Our team at LCHCS is working in the same direction for the same common goal - excellence!

Ellison: No single step, but a series of consistent efforts in reaching out to the community by staff, management and trustees. The LCHCS has worked hard to communicate that we intend to deliver the highest possible health care to Laurens County, particularly in those areas most important to our residents.

Smith: The LCHCS invites patient feedback through the surveys mailed to patients’ homes soon after their visit. By benchmarking these against national data, we can see how we compare with other hospitals our size.

With the hospital just turning 20, and looking at the growth and improvements made by the LCHCS recently, what path do you see it taking? What are you looking forward to most?

Ramage: The original bonds were paid on schedule and the taxpayers are no longer paying property taxes for the hospital. We have weathered a recession, dissolved our relationship with Quorum, passed a Joint Commission survey, substantially improved our customer satisfaction scores and established a new Master Facility Plan to include a renovated and expanded emergency room, a new women’s center and a new orthopedic center. These upgrades, coupled with ongoing physician integration and recruitment, will enable us to be the full-service community hospital the people of Laurens County expect and need.

Davis: I think under the leadership of Rich D’Alberto and the senior staff, you will continue to see improvements in facilities and services provided by our hospital system. We have come a long way in 20 years but we still have room to improve. I look forward to being a part of that improvement.

Prescott: I see the hospital responding to the needs of the community, finding its niche, providing the services it is best at providing, and channeling patients to other facilities when it is in the best interest of the patient.

Fortson: I see the medical staff improving with the great doctors we already have being joined by new, well-trained doctors who want to work here and live in our area. I see a commitment to high quality service.

Ellison: I most look forward to seeing the women and children’s center being built because we have needed

enhanced labor and delivery services for such a long time. I also look forward to the expansion/improvement of the emergency room.

I think the public should look forward to the hospital growing and renovating to meet the ever-changing medical needs of the community. People do not fully realize what a great hospital we have, but they are beginning to understand.

I see more and more people staying in the community for all of their healthcare needs. I think the LCHCS, the largest employer in Laurens County, can and will be a leader in the economic development in Laurens County.

We are working on plans to expand our ability to serve women and families as well as to expand our emergency services. These plans should make our service, to women in particular, as attractive and dependable as any in the region.

Smith: I am eager to see improvements for women’s health and the emergency department. The emergency room needs to serve genuine emergencies, not routine doctor visits. Right now our emergency department is seeing about twice the number of patients as we built capacity for 20 years ago, and the reason is that some people wrongly view the emergency room as a doctor’s office.

Because some people do not have primary care access, we are investigating the development of a Federally Qualified Health Center adjacent to the hospital. This facility would provide primary care to community members on a sliding scale and would divert non-emergencies away from the emergency department. The result would be shorter average wait times and better care in the emergency room for genuine emergency visits.

Jacks: As our county grows, it is important to identify major medical needs and strive to meet them. Every community needs great emergency care. Also, as our community grows, there will be more families choosing to live in Laurens County. Because of this, there will be a need for expanded and improved children and women’s care. Personally, I feel good knowing if I need surgery, we have the qualified surgeons right here, at home. If I need a knee or hip replaced, I know Laurens County provides “as good as it gets.” If I need eye care, our community is my primary choice to get these services. Between my family and my employees, I have witnessed first hand dedicated, professional individuals providing services other communities only hope to someday possess. We do not offer all things to all people, but we do have a great foundation and “what we do, we do really well.”





The Good Shepherd Free Medical Clinic, located at 245 Human Services Road in Clinton, started out as a once-a-week clinic operating out of the Laurens County Health Department. Thanks to a grant authored by the Laurens County Health Care System, the clinic moved into



its own facility in 2000, which has allowed it to now operate three days and one night a week. Above, Nell Haggart, a volunteer nurse, gets ready to take the blood pressure of one of the clinic's more than 2,000 active patients. - Photos by Nick McCormac

# Just what the Shepherd ordered



Sherry Hampton, an emergency nurse practitioner at the Laurens County Hospital, talks with Cindy Perry, executive director of the Good Shepherd Free Medical Clinic. Thanks to a grant, Hampton is able to act as a liaison between the hospital and the clinic and helps the clinic treat more patients.

By Nick McCormac  
Horizons 2010

"I believe everyone, regardless of how dire the situation or how needy they are, deserves a place to call their medical home."

That is the mindset that drives Cindy Perry, executive director of the Good Shepherd Free Medical Clinic in Clinton. What began as a one-night-a-week clinic for uninsured residents operating out of a local health center has blossomed into an independent facility that services the community three days and one night a week.

Along the way, they've picked up major support from the Laurens County Health Care System, a group that helped shape the clinic into what it is today, said Perry.

The clinic began in 1994 as a community outreach program from local churches coordinating with the medical community for support. The Laurens County Health Department provided a facility once a week and volunteer doctors, nurses and pharmacists staffed the clinic.

The Laurens County Hospital provided extra services and amenities the clinic couldn't cover, like lab work and x-rays, and helped to partner the clinic with specialists from across the county for patients with more specific needs.

"Patients would stand in line all day for treatment," said Perry. "They knew they wouldn't be able to get into the clinic until that night, but they would start showing up midday just to ensure they would be able to get help."

The clinic operated that

way for six years until 2000, when the LCHCS wrote a grant that was picked up by The Duke Endowment. The \$200,000 grant provided the clinic with its own permanent home on Human Services Road.

"Giving the clinic their own facility was the only possible way we could help them grow," said Jamie Adair, marketing director for the LCHCS and one of the people who helped write the grant. "The hospital took the lead and did the grant because we wanted to expand how much service delivery was possible."

The building was finished in 2001, still staffed by volunteers and still relying on the LCHCS for expanded testing.

In 2007, the hospital's emergency room was overwhelmed with patients, putting more financial stress on the LCHCS and leaving patients without extended care.

"When people go into the ER, it's for an emergency and what they need right then and there," said Perry. "But after they leave, they might still have complications that need to be followed up on, and if they're not it could cause them to make another trip back to the ER, starting the cycle over again."

The roles had reversed, and it was time for Perry and Good Shepherd to step in and ask how they could help alleviate some of the financial stress and patient load.

"Good Shepherd realized it was hard on us," said Adair. "It's not that we didn't want to or wouldn't provide ER service to people who needed it, but it meant less we had to spend on other services."

Good Shepherd and the LCHCS came up with the



Volunteer Tommy Addison helps with paperwork at Clinton's Good Shepherd Free Medical Clinic. Volunteers who work at the clinic help perform tests, distribute medication and give medical exams.

idea of having a liaison between the two facilities. The hospital wrote another grant request to Duke entitled "Bridging the Gap for Uninsured," which in turn allowed Sherry Hampton, an emergency nurse practitioner at the hospital, to act as a more direct connection between the two organizations.

Since Hampton joined Good Shepherd, they've been able to offer service three

days a week and Thursday evenings. Exams have increased 74 percent and new patients have increased 75 percent.

Now the clinic provides pharmacy care, medical exams, health education and medical management. All in all, the LCHCS has helped to provide around \$1.2 million in services for Good Shepherd at a cost of around only \$10,000 to the clinic.

"At the hospital, they realized the ER had a problem with patients who needed primary care for ailments, not necessarily emergency care," said Hampton, "but so many of them couldn't even afford primary care, so they just came to the ER when they finally needed help."

Now that Hampton is in place, patients who are in need of primary care more than emergency care can be

referred to Good Shepherd, saving them and the hospital time and money.

"The hospital knew the need was there and they went above and beyond to follow up on everything," said Hampton. "Prevention is the priority here. We keep our patients healthy and on the right track so they might not have to make that trip to the emergency room."

Hampton said the clinic has helped patients with severe problems as well as people who need just a little help. Some patients have had dangerous cancers that have been diagnosed before they could become worse, she said.

With the economy the way it is, more and more patients are showing up at the clinic's door. They currently have about 2,000 active patients on record, said Perry, and the forecast is for that number to grow unless the economy gets better.

For Hampton and Perry, running a facility that can provide medical services for those without the means to pay for them on their own is rewarding enough, but knowing they have the full support of the LCHCS behind them is just as rewarding.

"The simple fact is, we would not be open without the support of the hospital," said Perry. "They help us, we help them. This is probably one of the best collaborations between the community and a grassroots organization I've seen."

Adair estimates there are around 10,000 uninsured individuals in the area, so there are definitely people out there still looking for help.

Said Perry, "We'll be right here to provide a home for them."



# Small-town values still cherished by big-city philanthropist

By Nick McCormac  
Horizons 2010

The term “small-town values” evokes images of a close-knit community where everyone usually feels included and the wellbeing of others usually trumps personal problems.

Those were the values instilled in Bill Kinard during his time growing up in Clinton, and although he’s moved on to a bigger city and a larger circle of professionals, he has yet to lose an ounce of the compassion or charity he felt growing up.

While he still returns to his birthplace as often as he can to visit his parents Jimmy and Gloria, Kinard has called Greenville his home since 2003 when he joined the Greenville Hospital System as the director of philanthropy and partnership for the GHS Children’s Hospital.

Born in Clinton in 1968, Kinard learned at an early age how anyone’s input into discussions was important, and how thinking outside the box sometimes yielded better results.

“My grandfather retired early and was home every day,” Kinard said. “He would have friends over from time to time and they would discuss politics, religion, or whatever serious topic came up. Even though I was young and all this stuff was way over my head, he still wanted me to be included so I could see that me having a say was important.”



Bill Kinard, director of philanthropy and partnership at the Greenville Hospital System Children's Hospital, shows off the lobby of the Greenville Hospital. Kinard, born in Clinton, moved to Greenville in 2003 after being offered a chance to become more involved with fundraising for the hospital system there. He said his job is to act as a means of communication between charities and the hospital. - Photos by Nick McCormac

Kinard graduated with honors from Clinton High School and studied biology at Presbyterian College. During his collegiate career he found a love for teaching others and helping to guide them through challenges faced in and out of academic settings.

After graduating from PC in 1990, Kinard worked as a loan officer at Bailey Bank. He viewed the job as another opportunity to ingrain himself

in the history of the city and help people in the community.

“Institutions like community banks are places all your neighbors come to,” he said. “I wanted to be a part of an organization that worked to benefit everyone in the community.”

With the values of charity and community support still on his mind, Kinard soon returned to PC to assist in fundraising for their athletic

programs, which then lead to him becoming involved in fundraising for health care systems in 2002.

A year later he was offered the position in Greenville, a job he has cherished ever since.

Kinard said his job is to act as a conduit between philanthropic organizations and charities and to help flesh out the needs of the children’s hospital to help keep programs and services running.

It’s a job he wants to do for as long as possible.

“There is no better way to spend your life than trying to make life for others better, and I want to stick with some-

thing that gives me a reason to believe in people,” he said.

Kinard may work in a leadership role but he knows there’s a vast difference between leading and being a leader. He understands that being at the front of the pack doesn’t always make you the lead dog.

“The core of a leader is never letting those around you fail,” he said. “If I ever fall and fail to do what I need to, I will make sure to do everything I can to stop the people around me from being dragged down as well.”

Being a voice for the voiceless can be an extremely rewarding, albeit insanely

challenging, task to take on, and dedicating your life to better those of children is one that can be quite difficult.

“Kids don’t have a voter registration card; they don’t have a wallet; they don’t have a voice,” said Kinard. “Sometimes you really have to push people and say, ‘Hey, these kids need help. Do something instead of just saying you will.’”

In the nearly seven years he’s worked at the children’s hospital, Kinard’s emotions have become deeply rooted in his position. His eyes tend to become misty and his voice shaky when discussing how he feels about having the opportunity to lend a helping hand to children.

But he doesn’t mind that he gets choked up. He says immodesty isn’t a term he would usually apply to himself.

“People may say I’ve moved on to bigger and better things, but I wouldn’t say that about myself,” said Kinard. “It’s flattering, but I just try to approach my job in a humble way.”

Kinard’s feelings toward maintaining a close-knit circle extend into his personal life as well. He met Tina, his wife of 13 years, when they performed together in the Laurens County Community Theater.

He also works as an assistant Cubmaster in the Cub Scout Troop his son Will, 8, belongs to. Kinard, who was in Boy Scouts when he was younger, views scouting as an opportunity for his son to learn the same values of comradery and good will that he learned as a boy.

Kinard and his son are able to put their scouting skills to use during camp outs and hiking trips, which the family goes on as often as possible.

“For us a family vacation is usually something involving the outdoors,” he said. “It gives us time to just be together on our own and really get away as a family.”

Kinard also acts as chairman of the pastor’s council at St. Mary’s Catholic Church, which his son also attends for school.


Regardless what capacity he’s serving in, who he’s serving or where he’s at, Bill Kinard has never forgotten where he came from or what life lessons he learned while he was there, a trait that has kept him grounded to this day.



Always the businessman, Bill Kinard checks his messages during some downtime at the Greenville Hospital System. Kinard has kept himself busy and involved with his community ever since he graduated from Presbyterian College in 1990. He said working at the Greenville Hospital System Children's Hospital has been a dream come true for him.



Kinard shows off one of the giant fish tanks stationed throughout the children’s hospital in the Greenville Hospital System. The tanks are always a big hit with the kids, said Kinard, and act as a way for them to escape from whatever they’re in the hospital for. He said he constantly finds smudge marks peppering the tanks.



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# Faith + healing = calling for Rita Stanley



The chapel at Bailey Manor is one of Administrator Rita Stanley's favorite places at the facility. She said she enjoys getting away from the day's work from time to time and just sitting in the chapel to help her unwind.

- Photos by Nick McCormac

By Nick McCormac

Horizons 2010

While young, fostering close-knit connections with family members, especially those in need of a little extra help, can lead a person to continue those connections and compassion further on into their life.

For Rita Stanley, caring for a mentally challenged brother and connecting with a grandmother on a level other than matriarchal has led her into what she considers not a job, but a calling.

For about two years, Stanley has been the administrator at Bailey Manor, an independent and assisted care facility for the elderly in Clinton. Stanley said she never imagined she would end up in Clinton of all places, but the decisions she's made and experiences she's had during her life have guided her on a path that has ended here.

Stanley's life growing up in Shallotte, N.C., was rife with struggle. Her father died when she was 10 and her younger brother, Shane, suffered from cerebral palsy and mental retardation.

After graduating high school, Stanley was accepted into the University of North Carolina at Chapel Hill but passed on it to attend a community college.



"My mother didn't drive and I knew my brother needed to be looked after," she said. "I knew it was right for me to stay closer to home."

After graduating with a degree in business administration and accounting, Stanley moved to Greenville in 1990 to begin working at the Greenville County Special Needs Board. She started out at the bottom but eventually worked her way up to be the board's administrator.

"After graduating, I really had no idea what I wanted to do, but I knew that I wanted to help people and it seemed like a good fit," she said.

After 13 years working for the board, Stanley said she felt the need to do something different. She

consulted her pastor, who advised her to pick up a newspaper and see what jumped out at her.

"He said he felt as if God was telling him to convey that message to me," she said. "He told me to grab a newspaper, open it up and I would find something."

Stanley did just that, and what caught her eye was for a position as an events coordinator at the Shepherd's Care assisted living facility in Greenville. It sounded interesting to her, so she called to schedule an interview.

Later that day, she was hired.

"The told me they had been searching for months for someone, but I was able to get an interview that afternoon and had the job by the end of the day," she



Otto Lubrich, a resident at Bailey Manor, and his neighbor, Rita Stanley, share a moment in the hallways of the home. Above is the sign posted in Stanley's office. She said faith is the primary force that's driven her life and owes the course she's taken in life to God.

said. "If that wasn't the will of God, I don't know what is."

The 90-bed facility was soon bought out by Bob Jones University and Stanley was encouraged to step up to the role as administrator while also juggling duties as events coordinator.

In 2008, Stanley received a call from Bailey Manor asking if she would be interested in joining as their administrator.

"I really enjoyed my work in Greenville and felt kind of unsure about moving to Clinton, but I had a feeling it was just another way of God pulling me in the right direction," she said.

Stanley came to visit the facility and said she immediately felt calm upon walking through the front doors.

It was the first job interview she had where she wasn't nervous, and she was hired May 2008.

While Stanley loves to care for individuals with special needs, she said assisting the elderly is where her heart is.

"Ever since I was little, I've had the closest relationship with my grandmother," she said. "She was more of a friend to me than an elder. We would sometimes stay on the phone until 3 a.m. just talking about whatever. I think that really fostered my love for the elderly."

Stanley said her work at Bailey Manor - she's the facility's administrator but also does marketing and helps with discharging - isn't a job to her. Rather, it's a calling and her life's work. "Growing up, I had al-

ways been told that my brother was just the same as everyone else and should be treated the same. When my dad died, I felt it was my responsibility to take care of my brother, and I think that helped my feelings toward others grow into what they are today," she said.

Bailey Manor holds 40 residents total, who are provided food, activities and housekeeping services, and employs 33 staff members, all who live locally.

The feeling inside the facility is much the same Stanley said she felt after first becoming part of the community: warm, open, supportive and inviting.

"A lot of times, people have this misconception that elderly individuals are always grumpy and grouchy, but 90 percent of our residents are some of the happiest people I know," she said.

Faith is the one thing that Stanley said has guided her to where she is today. She says she owes everything in her life - her brother's struggles, her deep connection with her grandmother, the jobs she's held - to fate.

"I don't think I could have controlled the path my life has taken and will continue to take me any more perfectly," she said.

"There's just been something that has helped drawn me along the way."

And if Bailey Manor turns out to be the end of her journey, Stanley said she takes comfort in the fact that she's already grown accustomed to her new home.

## Hair

### From Page 5

When she started looking for a job after finishing college, Hair looked back to her roots.

"My roots are in Presbyterian Home," she said. "In high school, I worked in the dining room and I loved it there. I did that for a year, and when I went to Piedmont Tech, we were required to do a year internship, so I did my internship at Presbyterian Home with Jane Jones, who was the director of activities there. She was a wonderful mentor."

She also has fond memories of Tommy Hollis, then Presbyterian Home's director and now a resident at the Clinton retirement home.

"Five years ago, I spoke at a men's club that meets at the Presbyterian Home," Hair said, "and Mr. Hollis introduced me by saying 'she might work for the Baptists now, but Dina teathed here at our rail.'"

So Hair searched for a job that could give her the kind of

personal interactions she enjoyed with residents during her school days, and interviewed at the then-under construction Martha Franks community.

"(Martha Franks director) Dr. John Cann saw something in that 23-year-old and gave me a chance. The rest is history," she said. "He later became a resident, and he would introduce me by saying 'I hired her, and it was the best day's work I ever did.'"

When the facility opened, Martha Franks had 82 rooms and a 44-bed healthcare facility. The rooms were all filled a month after the retirement home opened, and it was three months later before the first resident moved into the healthcare center.

Today, the center has doubled to 88 beds, and Martha Franks is home to almost 200 residents and 170 employees, from nurses to housekeepers.

"Palmetto Bank comes out here with its own bank room," Hair said. "You can get mas-



Dina Hair has worked at Martha Franks Retirement Community since the facility opened in 1985. Three years ago, she worked her way up to executive director of the retirement home, named after former Baptist missionary Martha Franks, pictured. — Photo by Bristow Marchant

sages here. You don't ever have to leave the campus if you don't want to."

Hair isn't married, but after

25 years, she and Martha Franks are celebrating their "silver anniversary," she said.

"I've lived more than half

my life here," she said. "I get so deeply involved here and I'm so passionate that sometimes I forget I haven't mar-

ried. But my great aunt married for the first time at 55, and her brother married at 64, so there's still time for me."

Ten years after she left PC — "when I didn't want to have any more to do with school," she said — Hair went to Clemson to earn her master's of education in counseling.

"That gives you skills for any job," she said. "I spend a lot of time counseling residents and employees, being a mediator."

Hair thinks she's found her niche in the halls of Martha Franks, somewhere her unique talents can shine. "I'm a hands-on person. I have good people skills, and I'm servant-hearted," she said. "That's my goal every day; to be a more servant-hearted leader. I don't want to lose focus on that."

Even after so much time in the Laurens retirement home, Hair says "there's not one place I'd rather be."





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