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President’s Message

The last year has recorded extraordinary change for the 15,500 clinicians at Greenville Health System (GHS), one of only 100 academic health centers in the country.

As the state’s largest and most fully integrated nonprofit healthcare organization, the system’s ability to offer affordable, comprehensive, high-quality care has expanded markedly. This status presents the physician-led system with new opportunities to set the standard of care in the communities GHS serves, care for all patients—no matter their case complexity or ability to pay—train the future workforce to serve generations to come, and be responsible trustees of the system’s resources for the future of patients and their families.

Over this period, GHS has announced a host of new and expanded services, novel partnerships and distinctive programs. Recent landmark events include the designation of Greer Memorial Hospital as the system’s first Magnet® facility, introduction of labor and delivery services at Patewood Memorial Hospital, and creation of Healthy Greenville 2036. Such innovations demonstrate our commitment to increase access, advance population health, enhance quality and safety, ensure responsible stewardship of resources, remain the employer of choice and transform health care.

I invite you to learn more about our dedication to these efforts, especially those pertaining to Fiscal Year 2017 (October 1, 2016-September 30, 2017), in this inaugural report to the Greenville Health Authority.

Sincerely,

Spence M. Taylor, MD
President, Greenville Health System
Increase Accessible, Affordable Care
(Compliance with Lease Sections 4.10a, 4.10b, 4.10c, 4.10d, 4.10e)

Take Part in Government-sponsored Programs

Community Benefit Report
Greenville Health System (GHS) uses guidelines set by the Catholic Health Association (CHA) that allows for equitable comparisons of community benefits among healthcare institutions. In recognizing the importance of community outreach in ensuring a high quality of life for all residents in the region, GHS offered support in a variety of ways during Fiscal Year 2017 (October 2016-September 2017): For instance, the system was involved in over 250 diverse community events.

To help meet the medical needs of upstate citizens who have no healthcare coverage and cannot afford to pay for healthcare services, GHS provided over $49 million in charity and government-sponsored healthcare (at cost) in Fiscal Year (FY) 2017.

Community benefit programs encompass community health services, education of health professionals, subsidized health services, research, and financial and in-kind contributions. In addition to offering health fairs, screenings and information sessions, GHS works with community groups and educational institutions to train healthcare workers and to ensure access to basic medical services for everyone.

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cost of Charity and Medicaid Services</td>
<td>$47.2 million</td>
<td>$49.1 million</td>
</tr>
<tr>
<td>Support to the Community and Community Health Partners</td>
<td>$88.4 million</td>
<td>$94.9 million</td>
</tr>
<tr>
<td>Benefits Recognized by CHA</td>
<td>$135.6 million</td>
<td>$144 million</td>
</tr>
</tbody>
</table>

Medicare shortfall and bad debt (at cost) also are benefits that the health system provides. The Medicare shortfall represents $177.4 million of unpaid costs when reimbursement falls short of the actual cost of care. Bad debt, which totaled $96.8 million, occurs when patients are unwilling or unable to pay for services and do not seek charity care.

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Shortfall</td>
<td>$173.5 million</td>
<td>$177.4 million</td>
</tr>
<tr>
<td>Bad Debt</td>
<td>$103.7 million</td>
<td>$96.8 million</td>
</tr>
<tr>
<td>Additional Benefits Recognized by American Hospital Association</td>
<td>$277.2 million</td>
<td>$274.2 million</td>
</tr>
</tbody>
</table>

**TOTAL QUANTIFIABLE COMMUNITY BENEFIT**

$412.8 million $418.2 million

These figures and amounts are reported based on information through September 30, 2017 (as of December 31, 2017), and are subject to change. Updated information or changes may be reflected differently in more current filings such as tax forms and cost reports.
Medication Assistance Program
One example of providing affordable care contained within the community benefit report is the Medication Assistance Program. The system’s Upstate Pharmacy division created Upstate MAP (Medication Assistance Program) in 2016. The goal is to improve patient health by providing access to free medications for those in need who cannot afford them. Upstate MAP also helps patients who have insurance but cannot afford their co-pay. Multiple funding sources are used, including manufacturer assistance programs, foundational funding and other patient advocate programs like Dispensary of Hope.

In keeping with our aim to create a healthier population, Upstate MAP staff (four pharmacy technicians and 0.25 of a pharmacist) work to meet patient-specific needs across the system’s four regions. In FY17, Upstate MAP provided assistance to more than 2,500 patients, generating over $6 million in medication and co-pay savings!

Medicare and Medicaid Participation
Since its inception, GHS has been committed to providing care for all Greenville County citizens. To fulfill this commitment, the system takes part in Medicare and Medicaid programs.

In FY 2017, GHS provided $349,454,187 in care for Medicaid patients and $780,696,158 in care for Medicare patients at our four Greenville County hospitals: Greenville Memorial, Patewood Memorial, North Greenville and Hillcrest Memorial (see below).

<table>
<thead>
<tr>
<th>FY 2017</th>
<th>Total Charges</th>
<th>Payor Mix by Total Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private/Managed Care Insurance</td>
<td>$506,873,877</td>
<td>29%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$349,454,187</td>
<td>20%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$780,696,158</td>
<td>45%</td>
</tr>
<tr>
<td>Self-pay/Charity</td>
<td>$87,775,247</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>$1,724,799,469</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Here is an example of increasing access for Medicare and Medicaid patients OUTSIDE of Greenville County: Advanced Family Medicine in Clinton has been named an accredited Rural Health Clinic by the American Association for Accreditation of Ambulatory Surgery Facilities. The goal of the Rural Health Clinic program is to increase access to primary care services for Medicare and Medicaid patients in rural communities.
Shift to Regional Governance

To better manage population health, strengthen the clinician/patient relationship and eliminate we/they thinking across the system, GHS has adopted a regional organizational model, with each region wielding much autonomy over how services are delivered there. The model supports smaller work units that can promote innovation and collaboration at and across all levels of the system.

GHS has four geographic regions: Central, Eastern, Southern and Western, each led by a physician-administrator dyad. This structure reflects a commitment to becoming a fully integrated, clinician-run organization focused on patient-centered care, as the dyad team is responsible for understanding the unique clinical needs of the region and managing GHS resources effectively and efficiently to meet those needs.

The Regional Model

**Central**  
Greenville/Greenville Memorial Medical Campus  
Patewood Medical Campus  
Simpsonville/Hillcrest Memorial Hospital  
North Greenville/LTACH

**Southern**  
Laurens/Laurens County Memorial Hospital

**Eastern**  
Greer/Greer Medical Campus  
Spartanburg

**Western**  
Oconee/Oconee Memorial Hospital  
Easley/Baptist Easley  
Anderson
In addition to the physician-administrator team, a second dyad consists of a close tie between the doctor and a nurse executive; this dyad is responsible for developing interprofessional practice.

Please refer to Appendix page 53 for more details on each region.

**Map Connects People with Services**

GHS, Greenville County, Furman University, United Way of Greenville County and 2-1-1 have unveiled a community information map called imap. The goal of imap is to make it easier for residents to locate essential services like food, housing and health care in Greenville County.

As an example, services for the elderly in Greenville County are shown above.

The map was developed by Greenville County with help from students and professors at Furman University. Together, the team spent months meeting with local organizations to identify and plot 1,000+ services. This map also can be used to analyze distribution of community assets and service areas to gauge where services need to be enhanced.
**Practice Updates**

During FY 2017, GHS established or added locations to several practices, increasing patients’ access to primary or specialty care.

New or expanded GHS practices include the following:
- Carolina Cardiology Consultants–Clemson
- GHS Eye Institute–Easley
- GHS Family Medicine–Walhalla
- GHS Family & Internal Medicine–Boiling Springs
- GHS Surgical & Specialty Medicine–Spartanburg
- GHS Vascular Surgery–Seneca
- MD360® Convenient Care–Spartanburg
- Roger C. Peace Rehab Services–Patrick Square

Other expansions include adding more on-site clinics in upstate businesses, along with increasing the number of Upstate Pharmacy sites (and hours) and ATI physical therapy locations.

**New Centers and Clinics**

- Ambulatory Infusion Center–Simpsonville
- GHS Aortic Center
- GHS Medical Center–Boiling Springs
- Women’s Heart Center
- Muscular Dystrophy Clinic
- Rett Syndrome Clinic

**Latest Clinical Institute and Division Debut**

- The Division of Neuroscience enlarged its scope to become the Neuroscience Institute: It consists of the Brain Tumor Center, Neuroscience Associates, Stroke Center and Southeastern Neurosurgical & Spine Institute
- The Division of Pediatric Psychology was announced: Staff members serve five pediatric divisions

**New Providers**

In addition to expanding practices, centers and clinics, GHS has added new providers to enhance accessibility of care, particularly in high-demand specialties such as pulmonology and neurology.

For instance, GHS recruited pulmonologists to accommodate 1,200+ additional new patient visits, 4,800 more follow-up visits and 800 more bronchoscopies than in FY16. In neurology, GHS boosted the number of inpatient and outpatient visits from 19,316 in FY 2016 to 27,942 in FY 2017, thanks to the addition of four neurologists.

Overall, other significant provider gains occurred in FY17 with pediatric specialists, hospitalists, cardiologists, anesthesiologists and nurse practitioners. In all, more than 35 new specialty physicians were recruited, bringing the total to 745.
Please refer to Appendix page 57 for a list of GHS-employed providers, including their geographic locations.

**New Offerings: Spotlight on Cancer Care**

**Cold Cap Technology**
DigniCap Scalp Cooling System reduces the likelihood of chemotherapy-induced hair loss in patients with solid tumors, with many patients experiencing less than 10% loss. Nurses at the Eastside location of GHS’ Cancer Institute have received training in this new technology.

**Savvy Tool Fights Breast Cancer**
GHS is revolutionizing breast cancer care with SAVI SCOUT, which uses radar instead of wire to help surgeons pinpoint breast cancer tissue during lumpectomies. It is the world’s only non-radioactive, wire-free breast localization system.

With SAVI SCOUT, the radiologist places a tiny, highly sophisticated reflector at the tumor site up to 30 days before surgery. During surgery, the surgeon scans the breast using the SAVI SCOUT guide, which emits infrared light and a radar signal to detect the reflector in the target tissue.
The alternative is wire localization—inserting a wire into the breast to find the target tissue. With this approach, the wire might move before surgery, leading to re-excisions, an undesirable cosmetic result and discomfort. And with the wire, patients must undergo two procedures—wire insertion and surgery—on the same day. But with SAVI SCOUT, the patient undergoes only one procedure at a time several days or even weeks apart.

**New Offerings: Highlights of Pediatric Services**

**CuddleCot Compassion**
For families experiencing a stillbirth, the grieving process can be overshadowed by necessary medical procedures following delivery. A $3,000 device called CuddleCot gives some of this healing time back to families by extending the period in which a stillborn baby can remain in a hospital room.

The CuddleCot, placed into a bassinet in the Bereavement Nursery, circulates cool water under a baby’s body. The circulation can preserve a stillborn baby’s body for up to five days, allowing families more time to honor the life of the child and say goodbye at their own pace. CuddleCot is made possible through the generosity of an upstate mother who lost her first child through stillbirth.

**Go, Toddlers, Go!**
Children receiving therapy at GHS Kidnetics® (pediatric therapies) have a new way to move, thanks to a donation of two Go-Baby-Go cars. These retrofitted ride-on cars are driven by toddlers with mobility challenges. The modifications help toddlers gain independence at a younger age, allowing them to reach cognitive, social and motor developmental milestones at a faster pace.

**Relief for Pelvic Floor Disorders**
A new specialty program, also at Kidnetics, provides relief for young patients with pelvic floor dysfunction, such as bedwetting, pain when urinating, constipation and fecal incontinence. Treatment is provided by a physical therapist trained in pediatric pelvic floor disorders.

**Small Baby Unit**
The Small Baby Unit in the Bryan Neonatal Intensive Care Unit (NICU) is the first of its kind in the state. Most babies admitted are between 23-28 weeks’ gestation and typically spend a month or two. The unit includes 17 beds and is designed to help these fragile patients develop.

This unit features dim lighting and low noise levels. Developmental positioning aids allow for minimal handling and movement. Care is provided by specialized nurses who have experience working with very low-birthweight and extremely low-birthweight babies (1,000 grams or less at birth).

**Angel Eye Camera**
The Angel Eye camera system lets parents and families outside the NICU continue to bond with their baby inside the NICU through live video streaming and direct one-way audio at the bedside.

Parents receive a unique code to set up a password for their baby’s camera, which they can then share with family and friends. The camera runs except during nursing time or medical procedures. A total of 37 internet-based cameras have been installed, one for each newborn’s bassinet.

These cameras wield additional physical and psychological benefits, including assisting mothers with lactation, helping introduce the newborn to younger siblings who cannot be in the NICU, celebrating baby’s milestones and easing the family’s anxiety.
End-of-life Suite
The Bryan NICU now offers families a private, homelike space to spend time with their newborn and make memories when the baby’s death is imminent.

This suite provides a space where photographers can be brought in; baptisms can take place; parents can bathe, dress and hold their babies; and family and friends can gather. The suite serves as a “home within the hospital” and helps make a traumatic experience more bearable. Funds for the suite were provided by a family who had experienced infant loss.

Free Health Screenings
GHS hosts many free or low-cost community events each year, several of which include health screenings. Screenings follow National Comprehensive Cancer Network guidelines and best practices. Anyone with an abnormal result is offered follow-up treatment.

Major GHS-sponsored community events also host screenings. The Minority Health Summit, for example, performed 200 biometric screenings. At an ENT event, 34 screenings were logged. During Take a Loved One to the Doctor Day, attendees made use of Ask-a Doc and Ask-a Pharmacist stations (125 participants total), underwent screenings/exams for kidney (125), oral (125) and prostate (71) health; and had their cholesterol, blood glucose and blood pressure levels tested (300).

In addition, 4,024 Business Health participants were screened in FY16; that number escalated to 4,508 in FY17. Also, GHS employees and their covered spouses can undergo free health screenings to be part of the GHS Health Plan. In FY16, 10,600 screens were completed; in FY17, that number rose to 11,296.

<table>
<thead>
<tr>
<th>GHS Health Plan Members Receiving Free Screenings</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees...........................................................................................................</td>
<td>8,317</td>
<td>8,820</td>
</tr>
<tr>
<td>Spouses ...............................................................................................................</td>
<td>2,283</td>
<td>2,476</td>
</tr>
<tr>
<td>Total....................................................................................................................</td>
<td>10,600</td>
<td>11,296</td>
</tr>
</tbody>
</table>

Flu Shots
Each year, GHS administers flu shots for adults at multiple drive-thru and walk-in sites, including Greer, Simpsonville and Greenville. The shots are free to the public and available on a first-come, first-served basis.

Internally, GHS also dispenses influenza vaccines free of charge to employees and volunteers as a way to keep the community healthy. During last year’s flu season (October 2016-March 2017), 17,608 vaccines were administered.

Physician Champions for Access
Doctors on State Board Promote ER Availability
Matthew Bitner, MD, has been elected to serve on the board of the South Carolina chapter of the American College of Emergency Physicians (ACEP). The chapter advances the availability of high-quality emergency medical services to all patients within the Palmetto State. GHS’ Page Bridges, MD, already serves on the state ACEP board.

GHS Pediatrician Wins Award for Access Efforts
Nancy Powers, MD, Developmental-Behavioral Pediatrics, received the 2017 Richard Furman Baptist Heritage Award from Furman University for her work to launch the S.C. Medical-Legal Partnership, which seeks to coordinate and streamline access to non-medical assistance when a medical problem has roots in or is made worse by a social or legal problem. The program is a collaboration with South Carolina Legal Services, GHS and Furman University.
Advance Population Health
(Compliance with Lease Sections 4.10a, 4.10b, 4.10d)

Mobile Health Clinic

GHS is making care more accessible and convenient in communities across Greenville County with a mobile health clinic that is the first of its kind in the Upstate. In February 2016, the GHS Neighborhood Health Partners Mobile Health Clinic began making regular visits to the Belmont, Berea, Gantt and Parker communities, as well as neighborhoods in the city of Greenville. These underserved areas have the highest rates of emergency medical service use.

The mobile clinic, a 40-foot customized RV with three exam rooms, has reduced ER use through patient education as well by diagnosing and treating both acute and chronic illnesses. Spanish-speaking staff members also are on board.

<table>
<thead>
<tr>
<th># of Complete Visits</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>821</td>
<td>1,052</td>
</tr>
</tbody>
</table>

Medicare Shared Savings Program

For several years, GHS has worked with the Care Coordination Institute to better respond to shifts in healthcare reimbursement. One example is GHS’ participation with MyHealth First Network® in the Medicare Shared Savings Program (MSSP). Through this program, networks take accountability for the health of a population based on certain clinical measures, for instance, chronic disease management.

Networks that improve the population's health and spend less money in the process can share in those savings. In its first year of taking part in the MSSP in 2016, MyHealth First Network—of which about half of its physician participants are employed by GHS—cut Medicare costs by over $17 million among a population of 60,000 patients!

The results ranked the network No. 2 in the nation for a first-year participant, and the Centers for Medicare & Medicaid Services (CMS) recognized it as a “high achiever.”

The $17 million in savings was split with CMS, which means MyHealth First Network received approximately $8.4 million. In turn, GHS’ employed physician group, as a member of the network, received a portion of that $8.4 million, as did some GHS hospitals.

In 2017, the total savings surpassed $21 million, with MyHealth First Network receiving over $9 million and GHS’ employed physician group and some hospitals getting a portion of that amount.
EMS Nurse Triage Program

GHS partners with Greenville County Emergency Medical Services (EMS) to reduce avoidable EMS transports and emergency department (ED) visits. This innovative partnership provides alternate access to care at the point of 911 Dispatch before an ambulance is sent by coordinating patient care with the appropriate provider.

The EMS Nurse Triage program uses an adult triage call center that redirects non-emergent calls to a nurse to help patients receive the right level and quality of care—only a few places in the country have such a call center. Analysis of previous EMS transport to area EDs indicated that 65% of 911 ambulance calls were for non-emergency care. In South Carolina, however, EMS is required by law to transport patients to the ED regardless of call level unless a waiver is signed declining transport.

This program implemented a new method: When a patient calls 911, dispatchers transfer non-emergent calls to the EMS Nurse Triage call center. Specially trained nurses then ask a series of questions to determine the correct plan of care. Examples include providing a voucher for cab fare to a pharmacy or convenient care center or scheduling a primary care appointment. If the patient still wants to be routed back to EMS after talking with the nurse, there is no hesitation to do so.

Since its inception, 6,000+ calls have been transferred from 911 Dispatch to the EMS Nurse Triage program. This program has resulted in over 1,200 avoided ED visits and 3,300 EMS responses, leading to a reduction in ED visits by 20% and EMS transports by 54%.

Healthy Opportunity Greenville with BlueCross BlueShield

To improve the cost and quality of care to Medicaid beneficiaries, GHS has partnered with BlueCross BlueShield (BCBS) to create Healthy Opportunity Greenville, a care management program available to the county’s Medicaid recipients enrolled in the BlueChoice Health Plan. The program emphasizes reliance on primary care and coordination of care with a focus on the needs of Medicaid patients, many with complex medical conditions.

Since the program’s start, Shared Savings for GHS and BCBS has stemmed from a decrease in Total Inpatient Spend ($5,463,222, -35.2%), followed by a decrease in Total Professional Spend ($3,632,370, -21.8%).

Other improvements include the following:

• Prescriptions per member decreased from 10.6 to 8.7 (-17.9%) compared to South Carolina, which increased by 4.69%
• Inpatient spend per member per month (PMPM) decreased at 41.5% compared to South Carolina, which decreased by 13.4%
• Professional spend PMPM decreased at a rate of 29.5% compared to the state’s increased rate of 0.64%

Telehealth

With a healthcare environment facing unsustainable growth in medical costs, rising lack of access and increasing disparities in care, GHS looks to meet those challenges through innovative technologies such as telehealth. Telehealth is the delivery of health-related services using secure telecommunications and related technologies that support patient care and health education.

Telemedicine is a subset of telehealth focused on clinical services using video conferencing with specialty devices and diagnostic tools. Bringing these innovative technologies to patients addresses accessibility and quality of care. It also allows GHS to manage patient populations more effectively and efficiently, improve health outcomes, and decrease costs.
GHS has been delivering care via telemedicine for acute stroke, urology, nutrition counseling for children, infectious disease and maternal-fetal medicine. The system recently added a new telehealth option—SmartExam. This technology advances GHS’ commitment to providing convenient, affordable care by allowing patients, no matter where they are, to connect online with a GHS care provider to receive a timely diagnosis, treatment plan and prescription (if needed). In its first full year, SmartExam was used over 1,500 times.

Another addition is Delivery Buddy, used for newborns if the baby experiences complications during or just before delivery. Initially offered at Laurens County Memorial Hospital in FY 2016 as the first telehealth program of its kind in the Southeast for neonates, this option now is available at Patewood Memorial Hospital, which began delivery services in September 2017.

**Population Health in Action at GHS**

GHS believes that its most valuable asset is its people: a hard-working team of 15,500 committed clinicians. As a result, wellness goals have become a staple item in the system’s annual People Pillar goals. Here are a few examples of how GHS is helping improve the lives of those enrolled in the GHS Health Plan through wellness and prevention efforts.

In FY16, two wellness measures were set for covered employees and their covered spouses:
- Reduce LDL (bad cholesterol) by 3% in those enrolled in the plan whose LDL cholesterol exceeded 136
- Reduce A1c by 3% in those plan members with diabetes who were enrolled in Care Management services

As you can see in the People Pillar outcome below, both targets were achieved.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Measure: A1c</td>
<td>% Reduction</td>
<td>3%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Wellness Measure: LDL</td>
<td>% Reduction</td>
<td>3%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

In FY17, the identical A1c measure was again set—and met, with the actual reduction being 4.2%. Specific details appear below:

<table>
<thead>
<tr>
<th>People Goal</th>
<th># Covered Employees and Spouses in Cohort</th>
<th>Original Average A1c Value for 2016 Cohort</th>
<th>Average A1c Value for Original Cohort as of 9/29/2017</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>256</td>
<td>8.87</td>
<td>8.5</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Another example can be seen under the Finance Pillar both years: Per Member Per Month (PMPM) Spend. This measure involved medical and pharmacy claims submitted by the approximately 25,000 individuals enrolled in the GHS Health Plan. Goals were readily reached in FY16 and 17.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY16 Per Member Per Month Spend</td>
<td>Average Spend</td>
<td>&lt;$518</td>
<td>$486</td>
</tr>
<tr>
<td>FY17 Per Member Per Month Spend</td>
<td>Average Spend</td>
<td>&lt;$507</td>
<td>$496</td>
</tr>
</tbody>
</table>
Concerted population health efforts began in 2014 at GHS for those enrolled in the GHS Health Plan, with resultant savings first appearing in 2015. As shown below, medical costs rose between 2013 and 2014, but then declined from that peak figure of $385—a stark contrast to the national trend in healthcare costs. Thanks in large part to a system-wide focus on wellness and prevention plus cost-saving measures, decreases in actual costs were recorded for two years!

<table>
<thead>
<tr>
<th>Per Member Per Month Spend</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Claims$^1$</td>
<td>$362</td>
<td>$385</td>
<td>$367</td>
<td>$364</td>
<td>$374</td>
</tr>
<tr>
<td>% Increase/(Decrease)</td>
<td>-</td>
<td>6.1%</td>
<td>(4.5%)</td>
<td>(0.9%)</td>
<td>2.7%</td>
</tr>
<tr>
<td>Pharmacy Claims</td>
<td>$100</td>
<td>$112</td>
<td>$128</td>
<td>$126</td>
<td>$133</td>
</tr>
<tr>
<td>% Increase/(Decrease)</td>
<td>-</td>
<td>11.9%</td>
<td>14.2%</td>
<td>(1.7%)</td>
<td>5.0%</td>
</tr>
<tr>
<td>Total Net Claims</td>
<td>$463</td>
<td>$497</td>
<td>$506</td>
<td>$490</td>
<td>$506</td>
</tr>
<tr>
<td>% Increase/(Decrease)</td>
<td>-</td>
<td>7.4%</td>
<td>(0.3%)</td>
<td>(1.1%)</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

$ Medical Claims are net of stop loss

Note: Pillar outcomes are reported as of the end of the fiscal year and may not consider all final settlements or adjustments. Hence, they may not agree precisely with the amounts above.

**Regional Models Promote Healthier Communities: Two Examples**

**Seed Money for Healthier Living**
Growing, cooking and eating fresh fruits and vegetables received “seed money” from GHS as it joined with the Clinton Community Garden in a three-year partnership to expand access to fresh food.

Clinton Community Garden will use the money to finish its flagship garden and start a second community garden. The garden’s mission of promoting healthy eating complements the hospital system’s overall regional goal of a healthier population.

Produce raised in the garden goes to United Ministries. Last July through September, the garden donated 125 pounds of produce.

**Foodshare Program in West Greenville**
Children’s Hospital’s Center for Pediatric Medicine–West has launched a foodshare program in the West Greenville community it serves after providers at the clinic observed that there were few opportunities within the community to obtain fresh fruits and vegetables.

The program allows community members to purchase a box of fresh produce for $5 using an EBT card. All produce is donated by local farmers. The program is facilitated through Mill Village Community Ministries, also located in West Greenville.
Improve Quality and Safety  
(Compliance with Lease Sections 4.10a, 4.10b, 410d)

National Recognitions

Quality Star Rankings
The Centers for Medicare & Medicaid Services (CMS) has released its 2017 Overall Hospital Quality Star Ratings. This initiative uses 62 quality metrics to rate more than 4,000 U.S. hospitals on a 1-5 scale.

When the 2016 rankings were released, South Carolina had only four hospitals receiving the top 5-star rating—two were Patewood Memorial Hospital and Greer Memorial Hospital (and the only ones in the Upstate). Greenville Memorial Hospital (GMH) received 4 stars—only 8 percent of major teaching hospitals earn more than a 3-star rating! Our other facilities were rated 3 or 4 stars.

Again in 2017, these hospitals retained their star ratings.

Tops in Teaching
The Leapfrog Group tapped GMH as one of the Top Teaching Hospitals in 2016—one of just two in the Southeast and 29 hospitals nationwide to receive this honor!

2017-18 High Performers from U.S. News & World Report
Patewood Memorial Hospital was identified as “high performing” by U.S. News & World Report in orthopaedics overall and in adult hip and knee replacement specifically. Patewood also was noted for orthopaedics in 2016.

GMH was listed as high performing in colon cancer surgery and in lung cancer surgery.

Greer Memorial Hospital was lauded as high performing in heart failure and in hip and knee replacement. It also was named one of the best hospitals in the Upstate and tied for seventh for best hospital in the state.

<table>
<thead>
<tr>
<th>As noted in US News &amp; World Report</th>
<th>Hip/Knee Replacement</th>
<th>Orthopaedics</th>
<th>Colon Cancer Surgery</th>
<th>Lung Cancer Surgery</th>
<th>Heart Failure</th>
</tr>
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<tr>
<td>Greenville Memorial Hospital</td>
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<td>Greer Memorial Hospital</td>
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<td>Patewood Memorial Hospital</td>
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</table>

National Trauma Center Verifications
GMH has been verified as a Level I Adult Trauma Center and Level II Pediatric Trauma Center by the American College of Surgeons. This achievement recognizes dedication to providing optimal care for injured patients.

National verification is voluntary and a step above state designation; GMH has been a state-designated Level 1 Adult Trauma Center since 1998. In April, GMH became a state-designated Level II Pediatric Trauma Center.
GHS Physician Receives Safety Award
Daniel Smith Jr., MD, medical director of GHS’ Hospice of the Foothills and Cottingham Hospice House, received the Lewis Blackman Patient Safety Champion Award during April’s annual Transforming Health Symposium in Columbia.

The award honors patient safety champions in South Carolina who go above and beyond to ensure high-quality care. Dr. Smith was chosen for developing the first comprehensive inpatient and outpatient palliative care program in the region.

Women’s Choice Winners
The Women’s Choice Award identifies the country’s best healthcare institutions based on the most recent publicly available information from the CMS and accreditation information that consider female patient satisfaction and clinical excellence. Four GHS hospitals received a total of five awards.

Oconee Memorial Hospital earned an award for Best Patient Safety. Also honored: Patewood Memorial Hospital for Best Orthopaedics, GMH for Best Heart Care and Best Breast Center, and Greer Memorial Hospital for Best Obstetrics.

<table>
<thead>
<tr>
<th></th>
<th>Patient Safety</th>
<th>Orthopaedics</th>
<th>Heart Care</th>
<th>Breast Center</th>
<th>Obstetrics</th>
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<tr>
<td>Greenville Memorial Hospital</td>
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<td>Greer Memorial Hospital</td>
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<td>Oconee Memorial Hospital</td>
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<td>Patewood Memorial Hospital</td>
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Supply Chain Honor
GHS is one of just 11 organizations to earn ECRI Institute’s 2017 Healthcare Supply Chain Achievement Award. This award recognizes healthcare organizations that follow best practices to reduce costs without negatively affecting quality and patient outcomes. This year’s winners were selected from nearly 3,000 members nationwide. GHS also garnered this honor in 2016.

Oncologists Lauded at National Meeting
Over the last three years, the GHS Cancer Institute has emerged as one of the top enrollers in clinical trials funded by National Cancer Institute Community Oncology Research Programs (NCORP), a national network that brings cancer prevention clinical trials and cancer care delivery research to people in local communities.

During its annual meeting, NCORP recognized these GHS oncologists among those with the highest cumulative enrollments from August 2014-June 2017:
• Mark O’Rourke, MD: Third-highest Accruer
• Jeffrey Giguere, MD: Platinum Award
• Ross Michels, MD, and Britt Boleman, MD: Silver Award
• W. Jeffery Edenfield, MD; David Grisell, DO; Jeffrey Elder, MD; and Nichole Bryant, MD: Appreciation Award

In 2014, GHS was awarded a prestigious multi-million dollar NCORP grant to conduct clinical trials and research studies aimed at improving patient outcomes and reducing health disparities.
‘A’ for Safety
GMH, Greer Memorial Hospital and Hillcrest Memorial Hospital (HMH) received an “A” in the semi-annual 2017 Leapfrog Hospital Safety Grades, which reviews 27 measures of publicly available hospital safety data. Over 2,600 U.S. hospitals are reviewed each year. GMH, Greer and HMH are among 832 hospitals to earn the top grade for meeting the highest safety standards in keeping patients safe from preventable harm and medical errors. Grades are calculated by patient safety experts and peer reviews.

LCMH Receives Five Stars for Skilled Nursing and Rehab
GHS Skilled Nursing and Rehab at Laurens County Memorial Hospital (LCMH) received a top five-star rating from CMS. The rating is based on a health and fire safety inspection, staffing and quality measures.

Target: BP Recognition
The American Heart Association and the American Medical Association have tapped 27 GHS practices/facilities, with representation from all four regions, as part of the 2017 Target: BP Recognition Program. These practices/facilities are among only a few hundred in the nation reaching at least a 70% hypertension control rate.

ALS Clinic a Recognized Treatment Center
The system’s ALS Clinic recently achieved the ALS Association’s Recognized Treatment Center designation. This designation assures patients of the best standard of evidence-based, multidisciplinary ALS care and services in a supportive atmosphere with an emphasis on hope and quality of life.

Cancer Institute Earns FACT Accreditation
The GHS Cancer Institute has received FACT accreditation for allogeneic stem cell transplantation. The GHS Cancer Institute is one of only two programs in South Carolina and the only program in the Upstate to earn FACT accreditation for both allogeneic and autologous stem cell transplants.

Breast Health
In 2016, GHS’ Breast Health program was granted three-year/full accreditation designation from the National Accreditation for Breast Centers, which is administered by the American College of Surgeons. This marks the third time the system has received this designation. GHS was the first program in the Upstate to receive it in 2009.

Medicolegal Autopsy Facility Accreditation
GHS, Pathology Associates of Greenville (an exclusively contracted physician group) and the Greenville County Medical Examiner’s Office received accreditation in 2016 as a medicolegal autopsy facility for five years by the National Association of Medical Examiners—just the second facility in the nation to earn this status.

Primary Stroke Recertification
GMH received recertification in 2016 from the Joint Commission as a Primary Stroke Center. This certification validates the high standards met by the program and the excellent care provided to those who have had a stroke.

Joint Replacement Recertification in 2016
For the second time, Patewood Memorial Hospital earned two-year certification from The Joint Commission for program management of hip/knee/shoulder joint replacement surgery. The commission awarded certificates of distinction based on the hospital’s compliance with national standards, clinical guidelines and outcomes of care.
Capstone Experience for Patewood Patients

In 2016, Patewood Memorial Hospital was tapped as a Press Ganey Guardian of Excellence Award winner. The short-stay hospital earned this honor by reaching the 95th percentile for “patient experience” in HCAHPS. Just in: The hospital received this award again in February 2018. (Patewood also was named by Healthgrades as one of South Carolina’s “outstanding” hospitals for patient experience and safety.) As the graph shows, PMH far exceeded its own goal of 82% for both a hospital rating and recommended hospital in all four quarters.

Positive Press for Patewood Performance

Press Ganey Associates Inc., a national agency, requested a site visit in March 2017 of Patewood Memorial Campus to shadow staff in hopes of learning what makes the campus so successful. The agency wanted to share the findings with other clients through a best practice study in an upcoming Press Ganey publication.

Community Champion

GHS’ Pediatric Endocrinology division received the 2017 Community Champions award from the Greater Western Carolina chapter of the Juvenile Diabetes Research Foundation. This honor is typically bestowed to an individual or family—rarely to a medical unit—for exceptional work involving type 1 diabetes.

Also, the division’s research team was honored by the national Pediatric Diabetes Consortium with the Outstanding Performance award. This achievement acknowledged the team’s impressive recruitment and participation in type 2 diabetes clinical trials.

Zero Harm Accolades

Four GHS hospitals received the annual Certified Zero Harm Award by the S.C. Hospital Association: Greenville Memorial, Greer Memorial, Hillcrest Memorial and Laurens County Memorial. The awards are given when no preventable hospital-acquired infections of a specific nature are recorded during the reporting period. These same hospitals also earned this accolade in 2016.
**Magnet® Milestone**

Greer Memorial Hospital has been granted Magnet designation from the American Nurses Credentialing Center. Magnet is the highest level of recognition an organization can receive for high-quality nursing.

Greer Memorial is the first GHS hospital and the fourth in the state to achieve this recognition. Just 450 of over 6,300 U.S. healthcare systems have attained Magnet designation, with only a few dozen of those having fewer than 100 beds—Greer has 82.

**Palmetto Gold Winners**

Over the past two years, eight nurses from GHS have been named among the top 100 nurses in the state. Nurses are recognized with the Palmetto Gold Award for providing excellent patient care and demonstrating a strong commitment to the nursing profession. Since the program was introduced in 2002, 97 GHS nurses have been Palmetto Gold recipients.

**Baby-Friendly Update**

As part of its ongoing efforts to attain Baby-Friendly designation, The Family Birthplace–Greer is using a “second skin” baby wrap. The wrap promotes skin-to-skin bonding immediately after delivery and throughout the newborn’s hospital stay. It also can prevent infant falls if the mother becomes drowsy during feeding. Best of all, the wrap can be taken home to use. (Yes, dads use wraps, too.)

Both GMH and Oconee Memorial Hospital have earned Baby-Friendly designation—an international recognition for hospitals and birthing centers offering optimal care for infant feeding and mother/baby bonding. Just in: Greer achieved Baby-Friendly designation in February 2018.

**The Patient Experience**

A key measure of service quality is the ability to create a better experience for patients and their families. This experience includes interactions that patients may have with a health system as they seek and receive care, such as communication with care providers and staff, along with access to facilities and timely appointments.

In FY 2017, GHS created the Office of Patient Experience and hired its first director: Toni Land, MBA, BSN, RN, CPXP. Land works across the system to find innovative ways to address patient concerns in a timely manner and engage them with clinicians as equal partners in improving care.

To support her efforts, GHS established a Patient Experience and Culture Performance Team. Led by the dyad of Chip Wiper, MD, and Chief Nursing Officer (CNO) Michelle Taylor-Smith, the team develops best practices to improve the patient experience. Improvement is measured by the system’s progress in meeting national patient experience benchmarks, which are informed by patient surveys submitted after a visit at a GHS hospital, practice or emergency department.
This commitment to excellence is reflected in the system’s employee pillar goals for patient experience. These goals are aggressive and designed to drive long-term results. (Red indicates the target was not met.)

<table>
<thead>
<tr>
<th></th>
<th>FY16 Target</th>
<th>FY16 Actual</th>
<th>FY17 Target</th>
<th>FY17 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Satisfaction</td>
<td>73 %-ile</td>
<td>65 %-ile</td>
<td>75 %-ile</td>
<td>69 %-ile</td>
</tr>
<tr>
<td>Physician Practices</td>
<td>58 %-ile</td>
<td>45 %-ile</td>
<td>75 %-ile</td>
<td>54 %-ile</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>46 %-ile</td>
<td>16 %-ile</td>
<td>75 %-ile</td>
<td>17 %-ile</td>
</tr>
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</table>

A commitment to excellence has led to the piloting of innovative programs in 2017, such as iRound. This program allows GHS to address patient needs and concerns as they occur. At GMH, home of the pilot, clinicians regularly check in with patients and ask a series of questions. Concerns raised during the conversation are immediately addressed. A similar tool now is being investigated for GHS practices.

**Examples of Patient Satisfiers**

**Scribe Study Shows Patient Satisfaction**

A study recently appearing in *GHS Proceedings*, the system’s peer-reviewed medical journal, indicates that patient satisfaction increases with the use of scribes. The pilot study involved two GHS outpatient practices in which medically trained scribes were present during office visits to type the doctor’s examination notes.

Study results noted that 85% of participating patients were not concerned about loss of privacy when having a scribe present. These same survey respondents also felt doctors had more time to listen and communicate with them as a result. In fact, 74% indicated they would like scribes present during their other outpatient visits.

At present, GHS is studying ways to incorporate scribes into various outpatient practices. Scribes also can help increase provider productivity, patient access and work/life balance for physicians.

**Team Care Medicine®**

Scribes play an important role in the Team Care Medicine (TCM) approach in use at a handful of GHS practices. In this approach, a certified medical assistant (CMA) helps providers throughout the entire appointment in four ways:

1. Securing the workup/update of medical history before the provider arrives
2. Serving as scribe during the patient exam by the provider
3. Entering the resulting plan of care into the patient’s electronic medical record
4. Carrying out the provider’s orders, such as ordering tests or requesting prescriptions

Benefits of this approach are that patients spend more face-to-face time with providers, who can focus their full attention on patients—not the computer or administrative items. And because the office visit is being streamlined seamlessly with a CMA in the pre- and post-care phases as well as in the scribe role during the actual exam, practices have seen a 29% growth in visits and a 37% increase in wRVU (work Relative Value Unit) productivity. This approach also decreases provider burnout and enhances work/life balance.

A win-win for patients and providers, TCM is being deployed to more practices throughout the system.
Lab Results Released Quicker to MyChart
In May, GHS began releasing individual lab results to MyChart after one calendar day instead of three business days. For example, a lab result received Monday before 8 p.m. now is released Tuesday at 8 p.m. A lab result received Monday after 8 p.m. is released Wednesday at 8 p.m.

This change is aimed at enhancing the patient experience. Practices have revisited their lab results review process to address any potential concerns about patients receiving results before communication from the practice.

Note: CT, MRI, ultrasound, nuclear medicine, fluoroscopy and mammogram results will continue to be released within 10 days. Routine radiology results and all others will be released within three business days. Pathology results will not be released.

CT and MRI Schedules Streamlined
To help decompress CT and MRI schedules at GMH, the Patient Scheduling department is routing many routine outpatient imaging studies to ambulatory departments throughout GHS. This effort allows for more timely studies on GMH inpatients and ED patients, and it also avoids prolonged wait times for outpatients. Whenever possible, patients are scheduled at a convenient location that meets their imaging needs.

Babyscripts for Moms-to-be
Greer OB/GYN is piloting Babyscripts, which features a mobile app and a Mommy Kit containing a wireless weight scale and wireless blood pressure cuff. Using the Mommy Kit, patients can take their own vitals and then transmit the data to their provider using the app. This convenient program is for low-risk pregnancies only.

Quality and Safety Performance Team & Pillar Goals
GHS also established a Quality and Safety Performance Team in FY 2017. Led by GHS Chief Medical Officer Cathy Chang, MD, the team is charged with developing organizational quality and safety best practices that measurably advance progress against national quality benchmarks. The current focus aligns with the employee pillar goals: reducing catheter-associated urinary tract infections (CAUTI) and *Clostridium difficile* (C diff) infections. (Green indicates the target was achieved.)

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
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<tbody>
<tr>
<td>CAUTIs</td>
<td>20% Reduction</td>
<td>&lt;52</td>
<td>47</td>
</tr>
<tr>
<td>C-diff Cases</td>
<td>15% Reduction</td>
<td>&lt;205</td>
<td>169</td>
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</table>

For FY16, GHS set a Quality Pillar goal of reducing CAUTIs by 25%. By year’s end, the system had surpassed that goal through measures such as aggressive multidisciplinary efforts, electronic monitoring of hand hygiene and antimicrobial stewardship that educates staff about antibiotic use. The result reduced the previous rate of 2.82 cases per 1,000 urinary catheter days to 1.28 days.

According to system CNO Michelle Taylor-Smith, crucial to this decline is the frontline nurse who cares for patients with catheters and IVs, ensuring sterile insertion, regular monitoring and cleaning of those lines, and deciding when to remove those lines.

Other keys, she added, are hard-wiring the culture and philosophy of what’s needed, empowering nurses to use their critical thinking, and strengthening communication with physicians. At Laurens County Memorial Hospital, for instance, the Progressive Cardiac Care Unit has logged no CAUTI cases for three years.

In North Greenville Hospital, CAUTI incidence dropped 66% in 2016, in part to the creation of CAUTI Champions—seven bedside nurses who review best practice and serve as resources for other staff.
And Greer Memorial Hospital outperformed Nurse-sensitive Clinical Indicators for CAUTI in the Med-Surg Unit, The Family Birthplace and ICU when compared to the National Healthcare Safety Network mean—more than 50% of nursing units over 50% of the time. These three units reached 100% throughout the entire year (see chart).

As reported by Dr. Chang, GHS’ overall readmission rates, especially those for heart failure, are lower than the CMS assumes for a teaching hospital of its size. While the expected readmission rate is 9.8%, the overall rate for GHS hospitals was 8.4%. Patewood Memorial Hospital had the lowest rate at 2.3%, with all GHS hospitals outperforming the 9.8% mark. CLABSI rates also are lower than the national benchmark for the patient population of a teaching hospital this size.

Data appearing in the system’s latest Nursing Achievement Report show that GMH, for example, reduced CAUTI by 27%, patient falls with injury by 20% and CLABSI by 20% in 2016. Also see the charts below:
By comparison, here are the charts for FY 2017:

**FY 2017**

- **% of GMH/MIPH Inpatient Nursing Units with a Lower (better) Fall with Injury Rate than the National Mean**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1Q FY17</th>
<th>2Q FY17</th>
<th>3Q FY17</th>
<th>4Q FY17</th>
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<tbody>
<tr>
<td>%</td>
<td>75.9%</td>
<td>69.0%</td>
<td>71.0%</td>
<td>75.0%</td>
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<tr>
<td>Magnet Target</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
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**FY 2017**

- **% of GMH Inpatient Nursing Units with a Lower (better) CAUTI Rate than the National Mean**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>1Q FY17</th>
<th>2Q FY17</th>
<th>3Q FY17</th>
<th>4Q FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>72.7%</td>
<td>87.0%</td>
<td>80.8%</td>
<td>80.8%</td>
</tr>
<tr>
<td>Magnet Target</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
<td>&gt;50% the Majority of the time</td>
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</table>
Stopping Surgical Site Infections

Over the last three years, surgical site infections (SSIs) throughout the system have dropped 67%! In FY16, a concerted effort was put forth to reduce SSIs by 25%. At year’s end, the result fell just short of this pillar goal. However, that 25% reduction was realized in 2017, although not reflected on the Pillar Report Card.

Here are ways the system is continuing to reduce SSIs:

• A restructured perioperative performance improvement (PI) model adds “surgeon champions” as part of the review. These champions provide another perspective and foster communication among surgeons.

• A PI method prioritizing key drivers takes into account factors and conditions that support process improvement: Examples are the surgical environment, patients themselves and staff technique. Here are two ongoing projects:
  - Bathing/preparing skin: Patients are given a special soap to shower with the night before surgery. Because patients don’t always follow instructions, the team has begun cleaning patients right before surgery using the same product.
  - Limiting OR staff: It takes a team to ensure a successful, safe procedure, but GHS ORs also are clinical training sites. This project seeks to determine the minimum number of people needed in the OR to provide care and continue GHS’ academic mission, thereby reducing the risk of SSIs.

Technology Tools

Epic News
Epic is an electronic medical record (EMR) and billing system that began being piloted in GHS outpatient practices in 2015. This software combines GHS’ many different EMRs into one enterprise-wide medical record, reducing redundancy, saving costs and improving continuity of care for patients.

In February 2016, Epic go-live took place for most inpatient settings. Laurens and Oconee hospitals implemented Epic go-live in October 2016.

With Epic, clinical information, registration, patient scheduling and billing are on the same efficient system. Plus, clinical information can be shared effectively—and securely—with the entire health community.

EMR Landmark
Thanks to Epic, GHS was able to undergo a HIMSS Stage 7 site survey in September regarding its EMRs. The survey focused on five key areas: computer physician order entry and decision support; physician documentation; barcoded medication administration; patient portal capabilities; and population health capabilities.

Organizations like GHS work to complete multiple stages with the ultimate goal of achieving Stage 7, a near paperless environment that harnesses technology to support optimized patient care. Those that have attained HIMSS Stage 7 have been successful at not only improving patient outcomes but also reducing medical errors. In addition, they have also experienced significant savings in costs, time and resources.

Only 5.3 percent of U.S. hospitals have achieved Stage 7, and GHS has the first acute care facilities in South Carolina to reach this status! The system was notified of this rare achievement in October 2017.

An example of how this technology helps physicians is illustrated in treating patients with diabetes. These patients should have an annual eye exam. Physicians can look for exam results electronically during the visit; if an eye exam has not been performed, the doctor can emphasize the importance of going to an ophthalmologist.
Secure Text Messaging Available
GHS is implementing a secure text messaging application called TelmedIQ that allows providers to send texts with protected health information. It has many features, such as one-button responses and integration with on-call schedules. TelmedIQ is HIPAA compliant and was first piloted at Greer Memorial Hospital.

EMT Drills
The first in the country to do so, GHS and USC School of Medicine Greenville require first-year medical students to complete an emergency medical technician (EMT) training course. Students spend 12 hours each month serving the community as EMTs, working in an environment that requires skills in communication, focused patient assessment, documentation and patient safety.

In FY 2017, the program added 100 EMTs to serve the people of Greenville County.

Since 2012, GHS and the medical school have hosted an annual community emergency preparedness exercise. This event provides an opportunity for local emergency responders to test their disaster readiness through realistic simulations of life-threatening events. The drills, made possible by a grant from The Fluor Foundation, bring together law enforcement, fire and rescue, emergency medical services, hospital staff and medical students as they work together to assist patients and protect the community.

2017 EMT Drill Stats

<table>
<thead>
<tr>
<th>105 Students</th>
<th>185 Volunteers</th>
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Response Agencies

<table>
<thead>
<tr>
<th>Greenville County EMS</th>
<th>Greenville City Fire Department</th>
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</thead>
<tbody>
<tr>
<td>Greenville City Police Department</td>
<td>Greenville County Sheriff’s Department</td>
</tr>
<tr>
<td>Greenville County Emergency Management</td>
<td>GHS Police</td>
</tr>
</tbody>
</table>

Emergency Medicine Residency
GHS’ three-year Emergency Medicine Residency Program exposes residents to critical care, pediatrics and community emergency medicine. Residents also rotate through multiple medical and surgical subspecialties to gain experience in emergency medical services, ultrasound, toxicology and administration. The 10-person residency started in July and is the system’s 16th residency/fellowship.

One advantage of offering graduate medical education is that doctors often stay where they train. That means the nationwide provider shortage may not be as critical here as elsewhere.

Along the Path of Totality
Viewing a total solar eclipse is a once-in-a-lifetime opportunity for most people. That’s why the GHS Eye Institute made sure thousands along the path of totality on August 21 had safe covering to watch this rare celestial event. The institute gave away 34,000 NASA-approved eclipse-viewing glasses to those in the community! Glasses were distributed on a first-come, first-served basis.
Leadership Acknowledgments

Two Physicians Awarded Order of the Palmetto
GHS orthopaedic surgeon Richard Hawkins, MD, and vascular surgeon Bruce Snyder, MD, have received the Order of the Palmetto. The Order is the highest civilian honor presented by the Governor of South Carolina. It recognizes lifetime achievements and contributions to the state.

In addition, Dr. Snyder was named Physician of the Year by the South Carolina Medical Association. This award is presented to a doctor who gives back to the community and serves the state in an exemplary manner.

Dr. Taylor to Lead American Board of Surgery
GHS President Spencer Taylor, MD, serves in a leadership capacity for several professional groups. At present, he is vice chair of the American Board of Surgery and will serve as chair beginning mid-2018. He also is immediate past president and current council member for the Southern Surgical Association.

Dr. Ellis an Elite Team Leader
Then-Clinical Chief of Staff and VP of Clinical Affairs Jim Ellis, MD, has a renowned involvement in venue medicine, having then worked with the NFL, NCAA, MLB, NASCAR, LPGA, World Cup Soccer, and both Summer and Winter Olympics. Dr. Ellis has coordinated team medical care for the NFL at the Super Bowl with Medical Sports Group for over 25 years and participated 13 seasons as an associate team physician for the Atlanta Falcons. Recently, he was selected to co-chair a national committee on spine injury in sport.

Dr. Crockett Receives McNulty Award
Maternal-Fetal Medicine physician Amy Crockett, MD, MSPH, was named winner of the prestigious John P. McNulty Award for her leadership in reducing preterm births in South Carolina through the CenteringPregnancy Program. The award comes with a $100,000 prize that will be used to expand the CenteringPregnancy Program to rural areas of the state.

Dr. Eichelberger Named a Liberty Fellow
Kacey Eichelberger, MD, GHS Division of Maternal-Fetal Medicine, and assistant professor, USC School of Medicine Greenville, is GHS’ latest member to become a Liberty Fellow. The Liberty Fellowship program recruits diverse leaders and immerses them in a series of seminars in which they reflect on what makes a just society, thereby deepening knowledge, broadening perspectives and enhancing their ability to tackle issues.

Riley Fellows for Diversity Announced
Each spring, over 40 leaders from the area are selected to take part in The Riley Institute at Furman University’s Diversity Leaders Initiative. Recent physician participants from GHS include Scott Sasser, MD, chair, Department of Emergency Medicine, and Peter Tilkemeier, MD, MMM, chair, Department of Medicine.

Riordan Makes ‘100 Most Influential People’ List
GHS CEO Mike Riordan was named one of the 100 Most Influential People in Healthcare by Modern Healthcare. The magazine specifically noted the change in GHS’ organizational structure in applauding Riordan, who has since transitioned to the role of co-CEO of what is now called the S.C. Health Company.
Leadership Program Graduates
Seventeen GHS physicians recently completed a six-month program to receive a certificate in leadership development. The program is a collaboration between Furman University and the GHS Academy of Leadership and Professional Development. It includes courses to deepen knowledge of areas like healthcare policy, population health and finance, as well as interpersonal skills development and practice. Graduates are Drs. Gary Abrams, Vito Cancellaro, Bill Childers, William Cobb, Kacey Eichelberger, Jeff Elder, Bruce Hanlin, Amanda Hartke, Michael Jenkins, Steve Lowe, Mitch McClure, Naveen Parti, Sarah Payne-Poff, Cami Pfennig, David Schammel, Patrick Springhart and Michael Stewart.

Patient Recognitions

Best of the Best
Laurens County Memorial Hospital has been voted Best Hospital by readers of the *Clinton Chronicle*. 2017 marks the 12th year in a row that the hospital has amassed this honor from the Readers' Choice contests sponsored by the local newspaper.

*Greer Citizen* readers voted Greer Memorial Hospital as having the Best Emergency Department. Tapped for Best Pediatrician was GHS' Greer office of The Children's Clinic, with the Best Family Doctor honors going to Christina Cameron, MD, a GHS physician at Cypress Internal Medicine-Greer.

Additionally, MD360® Convenient Care was recognized by readers of the *Greenville News* as providing the Best Urgent Care.

Satisfaction Score Awards
Oconee's Hospice of the Foothills received the Strategic Healthcare Programs (SHP) Best Premier Performer award. This prestigious honor is given for achieving an overall CAHPS Hospice caregiver satisfaction score that ranked in the top 5% of all SHP clients during 2016.

According to Press Ganey scores that same year, Greer Memorial Hospital logged high patient satisfaction scores inCourtesy and Respect, Responsiveness, Patient Education and Safety for Ambulatory Surgery, Emergency Department, The Family Birthplace, Med-Surg Unit and ICU.

Consumer Choice Award
In 2016, Greenville Memorial Hospital received the National Research Corporation’s Consumer Choice Award for being one of the nation’s top hospitals that consumers choose for delivering high-quality care. GMH is the only hospital in the state to have won this prestigious award every year since the award's inception in 1996. The award was reconfigured during 2017 and will next be presented in 2018.
Be Responsible Stewards of Resources  
(Compliance with Lease Sections 1.8 and 4.10d, 4.10e)

Cost Efficiency Performance Team

GHS' Cost Efficiency Performance Team launched a multi-year supply chain data optimization project in FY17. The team, led by Terri Newsom, chief financial officer, and Jesse Stafford, MD, Southern Region chief clinical officer, focuses on enhancing the system's supply chain program through cost reduction and quality and outcomes improvement.

This team reviewed and cleansed 100% of GHS' item master, a record that includes information about all inventory items. A more precise item master includes consistent descriptions, units of measure and specific nomenclature. This effort is the first step in reducing inventory duplication, better aligning the supply chain with GHS' objectives and providing stronger confidence in reporting system data, such as cost per case metrics.

The item master review and cleanse was completed in September and supports the next step in the optimization project: FY18's supply expense reduction initiatives.

Insurance Coverage and Licensures

The ability to maintain insurance coverage and the appropriate licenses for our facilities and services highlights our dedication to quality as well as our commitment to protecting and maintaining our resources.

GHS spent $202,380 more in FY17 than in FY16 on property and casualty insurance coverage. The system spent an additional $338,034 to provide coverage for the Greenville Health Authority in its initial year.

| Please refer to Appendix page 79 for insurance coverage details; see especially coverage pages 6-8.

Before FY17, GHS facilities did not have a common license renewal date with the S.C. Department of Health & Environmental Control. As a result, GHS has begun the process of moving all licensure renewals to October 31.

| Please refer to Appendix “DHEC License Renewals” on page 93 for a list of licensures.

A Place for Extra-special Deliveries

Moms-to-be with low-risk pregnancies who are patients at GHS' Piedmont OB/GYN or Greenville Ob/Gyn Associates now can deliver at Patwood Memorial Hospital (PMH). An example of making good use of resources, The Family Birthplace-Patwood is located on what was a vacant floor of the hospital being held for future growth; this move simultaneously leaves more availability for complex deliveries to take place at GMH, the system’s bustling tertiary care center.

The spacious maternity unit at Patwood houses 10 labor and delivery rooms and another 30 postpartum rooms. Rooms also contain tubs to accommodate women desiring water therapy during labor.

Pediatric hospitalists trained in neonatology and newborn care are in-house around the clock. Lactation consultants and other support staff also are available on site. Even though low-risk deliveries are anticipated here, the unit features Delivery Buddy, a telehealth program that brings neonatologists to the bedside through secure video when needed.
While well-designed rooms and a peaceful community hospital setting are desirable features, the quality of care women receive has not been compromised. In its first quarter of operation, the unit posted an impressive Press Ganey overall patient satisfaction score of 85 out of 100.

The unit opened September 25, 2017. In its first four months, over 570 babies have been delivered there, with as many as 11 in one day!

**Sustainability Efforts**

Through its sustainability initiative, GHS is committed to protecting the environment, conserving natural resources and being a good community steward. GHS has a Sustainability Committee that meets quarterly. This multidisciplinary team discusses current projects throughout the system and opportunities to increase energy efficiency and reduce waste, such as those described below.

**Greenhouse Gas Emissions:** GHS energy reductions are equal to savings of greenhouse gas emissions from 8,544,118 miles driven by an average passenger vehicle or 1,215 tons of waste recycled.

**Kilowatts:** GHS energy reductions are equal to savings of CO$_2$ emissions from 3,454,861 pounds of coal burned or energy use for one year of 341 homes.

**Thermal:** Likewise, savings reflect 2,684,627 miles driven by an average passenger vehicle or 36,658 incandescent lamps switched to LEDs.

**Resource Recovery**

Solid waste has been diverted from landfills through creative measures that encourage reuse, recycling or composting of waste. Proper disposal of waste (waste management) relocates waste to areas where it can be left, incinerated or disposed of safely. Removing waste from public areas helps reduce risks to overall health, decrease exposure to biohazards and lower pest infestation.

**GHS Waste Reduction (in pounds)**

<table>
<thead>
<tr>
<th>Item</th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid waste diverted from landfills</td>
<td>6,326,725</td>
<td>6,203,559</td>
</tr>
<tr>
<td>Paper, plastic, aluminum and electronic waste recycled</td>
<td>4,785,177</td>
<td>4,275,041</td>
</tr>
<tr>
<td>Cardboard recycled</td>
<td>626,143</td>
<td>916,061</td>
</tr>
<tr>
<td>Compost recycled from the kitchens at GMH</td>
<td>113,693</td>
<td>202,408</td>
</tr>
</tbody>
</table>
Healthy Greenville 2036 Announces Initial Grants

In 2016, GHS launched Healthy Greenville 2036, a one-of-a-kind initiative that supports our commitment to making a difference in the health and wellness of our communities. Healthy Greenville is an $80 million, 20-year pledge to help make Greenville County the healthiest county in the nation by 2036.

The initiative is led by the Greenville Health Authority (GHA) Board of Trustees (formerly the GHS Board of Trustees), which announced the first grant recipients in September 2017. These nine grants amount to $12.4 million and target chronic issues such as diabetes, mental illness and obesity, as well as social determinants and other factors that impact access to care. Those areas were chosen because they were identified as top concerns in the 2016 Community Health Needs Assessment. Grant recipients estimate 21 new jobs will be created and 1,490 workforce development positions will be affected over the life of the grants.

GHS will provide $4 million a year to the GHA Board of Trustees for grants supporting health-related care, research and education benefiting Greenville County residents. Nearly 130 organizations submitted letters of intent for consideration during the initial grant cycle.

Please refer to Appendix page 95 for “Primary Data Results” (pages 16-20) of the 2016 Community Health Needs Assessment.

Project Rx Features Four Drop Boxes

Project Rx, a community collaborative dedicated to the proper disposal of unused and expired medication, installed permanent drug disposal boxes at Greer Memorial Hospital and at Hillcrest Memorial Hospital during FY17. Greenville Memorial Hospital and Oconee Memorial Hospital had permanent drop boxes placed on their campuses in FY16.

The GMH drop box debuted in spring 2016; by Thanksgiving that year, it had collected approximately 625 pounds of medication. Each box is sponsored by community partners committed to curbing drug abuse and water pollution in the Upstate.

The service is free and open to the public and available 24/7 for discarding unwanted or expired prescriptions, over-the-counter medications, vitamins, supplements and veterinary drugs. Needles and syringes are not accepted.

GHS, National Research Education Requirements Align

The GHS Office of Human Research Protection revised its policies to permit individuals conducting human-subject research or involved in human-research protection to recertify their C I T I training every three years. (C I T I stands for Collaborative Institutional Training Initiative.) The previous GHS policy had been every two years. This revision is consistent with federal research-training requirements and national standards.

Such an alignment reduces administrative burden on researchers, thus saving time and enhancing efficiency. It is important to note that this extension does NOT adversely affect protections for research subjects.
GHS Strives to Be a Value Leader

This graph illustrates the continuing multi-year trend of a downward trajectory in GHS reimbursement, or revenue, per adjusted discharge (represented by the blue line). The red line depicts the operating expense per adjusted discharge, which equates to the money it takes the system to take care of a patient.

While the red line continues to drop, GHS has successfully decreased its corresponding patient care cost as well, thus maintaining a positive margin—and one with minimal impact on patients. Efforts to further decrease the cost curve will be necessary as the downward pressure on revenues is expected to persist.

The system’s success in continuing to find ways to optimize and lower its own costs each year means that patients benefit as well by paying lower costs themselves. GHS’ financial acumen leads to a win-win situation for both the organization’s bottom line and community members served.
GHS Capital Spend

As you can see from the figures below, dollars spent on facilities and equipment were similar in 2017 and 2016, resulting in an investment of over $90 million in the Upstate.

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Spend</td>
<td>$127,019,000</td>
<td>$108,036,000</td>
</tr>
<tr>
<td>Less: Epic</td>
<td>$(36,165,000)</td>
<td>$(16,829,000)</td>
</tr>
<tr>
<td><strong>Capital Spend (excluding Epic)</strong></td>
<td>$90,854,000</td>
<td>$91,207,000</td>
</tr>
</tbody>
</table>

Investment Income Summary

Previous governmental restrictions on allowable investments placed GHS at a significant disadvantage versus regional and national healthcare peers. The transition of GHS to a private nonprofit entity has allowed for a more diversified portfolio of investments, one that is more consistent with asset allocations used by industry peers. This transition, along with more favorable market conditions, resulted in a $37 million increase in investment income in FY17 as compared to FY16.

GHS Financial Statements

| Please refer to Appendix page 101 for FY16 and FY17 financial statements. |
Remain the Area’s Employer of Choice

(Compliance with Lease Section 4.10e)

With 15,493 employees as of September 30, 2017, GHS ranks as the county's largest employer. As such, it is an economic driver for the region, responsible for creating or maintaining one of every 19 jobs in Greenville County—or one of every 36 jobs in the Upstate!

Size is not all that matters, however. For many, GHS is considered the employer of choice. For instance, GHS recently was voted Best Place to Work by readers of the Greenville News.

Here are examples from within the system:

Employee Incentive Reflects Commitment to Excellence

In FY 2017, GHS achieved target measures in our People, Quality, Engagement and Finance pillars. As in the past, these performance goals help determine the year’s employee incentive payment (assuming the system reaches financial targets and is met with board approval). In FY17, employees qualified for an incentive payment equal to 0.65% of their fiscal year earnings—up to a maximum payment of $1,000. (This percentage is based on the weight of the targets met.)

<table>
<thead>
<tr>
<th>People</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Employee Opinion Survey</td>
<td>% Participation</td>
<td>87%</td>
<td>89%</td>
</tr>
<tr>
<td>Wellness Measure: A1c</td>
<td>% Reduction</td>
<td>3%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTIs</td>
<td>20% Reduction</td>
<td>&lt;52</td>
<td>47</td>
</tr>
<tr>
<td>Magnet Journey</td>
<td>Desired Outcome Made at Greer &amp; GMH Toward Magnet Designation</td>
<td>Achieved</td>
<td></td>
</tr>
<tr>
<td>C-diff Cases</td>
<td>15% Reduction</td>
<td>&lt;205</td>
<td>169</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Engagement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>MyChart use</td>
<td>% Account Activation</td>
<td>25%</td>
<td>28%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Finance</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin*</td>
<td>Operating Margin*</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Per Member Per Month Spend</td>
<td>Average Spend</td>
<td>&lt;$507</td>
<td>$496</td>
</tr>
</tbody>
</table>

*Operating margin represents operating income divided by total revenue. Total revenue includes Net Patient Service Revenue and other revenue such as philanthropic contributions. Operating income includes total revenue less all expenses incurred to operate a hospital. A healthy operating margin is necessary for a hospital to invest in capital and technology and further position it to meet the needs of its constituents.

Additionally, GHS made an annual employer contribution of 3% of an employee’s eligible earnings to his or her 401(a) plan. These two actions reflect employees’ enduring commitment to patients, their families and upstate communities.

| Please refer to Appendix page 109 for a complete list of the final Pillar Report Card for 2017. |
Employee Opinion Survey

In March 2017, GHS conducted its 11th annual employee survey. The survey allows employees to share candid input and feedback anonymously online. Each year, the system strives to increase employee participation. An increase in survey response rate means that employees are engaged and believe providing feedback leads to positive organizational change. Enhancements resulting from feedback suggestions are listed in the employee newsletter every winter.

A sampling of enhancements resulting from feedback suggestions is listed in the employee newsletter every winter. One example from the latest survey is that GHS began providing reimbursement in March 2017 for nurses seeking specialty certifications, including formal exam preparation.

GHS increased employee participation in its annual survey by 2% between 2016 to 2017. Additionally, the employee engagement score continues to rise and remains above the national average for healthcare facilities.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>12,961</td>
<td>12,928</td>
</tr>
<tr>
<td>Response Rate</td>
<td>89%</td>
<td>87%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Greenville Health System</th>
<th>National Health Care Average</th>
<th>2016 GHS</th>
<th>2015 GHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.15 (of 5)</td>
<td></td>
<td>+.03</td>
<td>+.02</td>
<td>-.05</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>National HC Avg Engagement</th>
<th>Percentile Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>53rd</td>
<td>2016</td>
</tr>
<tr>
<td>2016</td>
<td>58th</td>
<td></td>
</tr>
</tbody>
</table>

Press Gainey’s benchmarks draw on a database of over 2,200 healthcare facilities and over a million respondents.

Several organizational strengths were highlighted through the survey. Here are three that many employees voiced:
• GHS provides quality care and services
• Their work is meaningful
• The person they report to cares about their job satisfaction

Nursing Pay Increase

Market adjustments were approved for approximately 3,225 clinical nurses in both the inpatient and outpatient setting system-wide during 2017. In addition, nurses in the ambulatory, physician practice and clinic setting received market adjustments at the start of FY17 (October 2016). An additional experience-based pay adjustment also was approved for a number of nurses at Laurens County Memorial Hospital and Oconee Memorial Hospital. These pay adjustments recognize the critical role nurses play in transforming health care, as well as GHS’ ongoing commitment to maintaining competitive pay for its employees. In the last quarter of FY17, this adjustment totaled $2.6 million. Retention has improved for all these positions following the wage adjustment.

In more good news about nurses, NDNQI (National Database of Nursing Quality Indicators) nurse engagement and satisfaction scores have increased significantly at GHS—signs of a participative leadership and practice environment. And GHS nurse-sensitive indicators improved measurably, meeting or exceeding Magnet program standards across the country for nursing-sensitive quality outcomes.
Physician Efficiency Improvement Team Established

In FY17, a Physician Efficiency Improvement Team was formed. Its goal is to reduce administrative burdens on doctors so that they can focus on patients. With more time to deliver direct patient-centered care should come an improvement in the overall patient experience along with less burnout and more work/life balance for physicians.

The team explores a variety of ways to achieve better physician and patient satisfaction, including non-clinical, clinical and technology avenues. One example is the implementation of a medication competency test for Certified Medical Assistants (CMAs).

CMA testing aligned with the RN test to ensure safe administration of medications. As a result, errors decreased from 113 in FY16 to 58 in FY17. A monthly audit also was enacted to ensure that other providers were not improperly delegating medication administration to CMAs.

Employee Benefits Enhance Workplace Culture

GHS is committed to being an employer of choice. As such, it seeks to provide a culture that respects all individuals and the role they play in serving the system’s mission, offers competitive salary and benefits, supports work/life balance, and actively listens and responds to employees’ suggestions or concerns. To help remain an employer of choice, GHS offers a plethora of services and benefits. Some offerings are targeted to GHS Health Plan members, but many are not; likewise, some extend to family members while others are employee-focused.

Here are 15 ways that GHS continued to attract and retain employees in 2017:

• Maintained premiums and employee cost-sharing on all health benefit plans from FY17 to the current FY18—with no premium or out-of-pocket increases or reduction in services
• Contributed over $25.5 million to employees’ retirement savings plans
• Provided a health insurance premium discount for employees and their covered spouses who completed a Health Risk Assessment, Wellness Screening, and attested that they do not use nicotine
• Offered GHS Health Plan participants 50% discounts on certain prescription medications if they have one or more of the following chronic conditions: asthma, congestive heart failure, chronic obstructive pulmonary disease, diabetes, or coronary artery disease
• Reimbursed over $1.4 million to employees pursuing advanced education
• Further increased patient and employee safety through UPLIFT (Use Portable Lifts in Facilitating Transfers): Since launching in 2008, UPLIFT has led to reduced clinical turnover, an 83% decrease in the number of employee injuries and a 97% decrease in system cost for such injuries
• Enrolled 42 frontline staff and 21 management staff in Emerging Leaders, a 12-month program that prepares a diverse group of high-performing GHS employees for future management and leadership roles
• Expanding leadership and professional development opportunities through internal offerings and through the Upstate AHEC consortium
• Expanded workplace flexibility initiatives when feasible to achieve better work/life balance
• Offered on-site Childcare Center
• Offered a discount on monthly dues for GHS Life Center® Health & Conditioning Club members
• Offered a discount for select vision, cosmetic and bariatric services provided within GHS
• Provided low-cost Employee Care Centers on-site to conveniently address common medical conditions
• Provided full coverage for diabetes education and for nutrition counseling
• Afforded prompt, low-cost treatment for neck, back, shoulder, hip and knee pain through the system’s MSK Program
Fast Facts About GHS (FY16)

**Facilities**
Medical Campuses ....................................................................................................................... 7
Acute Care Hospitals ....................................................................................................................... 6
Specialty Hospitals .......................................................................................................................... 2
Hospice Facilities ............................................................................................................................. 2
Long-term Care Facilities ............................................................................................................... 4
Wellness Centers (access to 6 additional through PATH Membership) ....................................... 1
Outpatient Facilities ......................................................................................................................... 11
Affiliated Practice Sites ................................................................................................................ 155
Licensed Beds .................................................................................................................................. 1,662
Licensed Neonatal Intensive Care Bassinets ................................................................................. 80

**Academics & Research**
Medical Students ........................................................................................................................... 331
Resident Physicians ......................................................................................................................... 228 (14 Fellows)
Residency Programs ....................................................................................................................... 8
Fellowship Programs ....................................................................................................................... 7
Peer-reviewed Presentations ........................................................................................................... 342
Peer-reviewed Publications ............................................................................................................. 304
Research Studies (includes clinical trials) ..................................................................................... 902
Clinical Trials .................................................................................................................................. 84
Clinical Inventions ......................................................................................................................... 49
External Research Funding (in millions) ......................................................................................... $8.3

**The GHS Team**
Employees ....................................................................................................................................... 14,787
Affiliated and Employed Medical Staff ......................................................................................... 1,627 (174 Honorary)
Employed Physicians (included in affiliated staff) ....................................................................... 997
Registered Nurses .......................................................................................................................... 4,185
Physician Assistants ....................................................................................................................... 99
Volunteers ....................................................................................................................................... 986

**Procedures & Surgeries**
Cardiac Catheterizations ............................................................................................................... 4,159
Cardiovascular Surgeries .............................................................................................................. 3,336
Echocardiogram Lab Procedures .................................................................................................. 34,179
Electrophysiology Procedures ..................................................................................................... 1,844
Inpatient Surgical Procedures (includes CV surgeries) ................................................................. 17,166
Outpatient Surgical Procedures .................................................................................................... 33,575
Laboratory Procedures .................................................................................................................. 4,278,873
Radiologic Procedures ................................................................................................................... 500,000 (approximate)
Vascular Lab Procedures .............................................................................................................. 18,933
Clinical Care Numbers
Hospital Discharges .................................................................................................................. 53,442
Average Inpatient Daily Census .................................................................................................. 979
Outpatient Visits (includes clinic, ER, MD360® and Home Health visits) .................................. 3,664,321
Medical Center Clinic Visits ........................................................................................................ 125,323
Emergency Services Visits ........................................................................................................ 267,019 (26,182 pediatric)
MD360 Visits (convenient care) .................................................................................................. 67,578
Home Health Visits ..................................................................................................................... 46,906
Babies Delivered .......................................................................................................................... 7,136
Air Transports ............................................................................................................................ 632

Fast Facts About GHS (FY17)

Facilities
Medical Campuses ......................................................................................................................... 7
Acute Care Hospitals ...................................................................................................................... 6
Specialty Hospitals ........................................................................................................................ 2
Long-term Care Facilities .............................................................................................................. 5
Wellness Centers (access to 6 additional through PATH Membership) ......................................... 1
Outpatient Facilities ..................................................................................................................... 9
Birthing Centers ........................................................................................................................... 1
Affiliated Practice Sites ................................................................................................................. 167
Licensed Beds (the 144-bed Cottages at Brushy Creek was sold 9/30/17) ...................................... 1,518
Licensed Neonatal Intensive Care Bassinets ............................................................................... 80

Academics & Research
Medical Students ........................................................................................................................... 385
Resident Physicians/Fellows ......................................................................................................... 222 (13 Fellows)
Residency Programs .................................................................................................................... 9
Fellowship Programs ................................................................................................................... 7
Research Presentations/Abstracts ................................................................................................. 316
Research Publications/Book Chapters ....................................................................................... 312
Research Studies Reviewed by GHS IRB .................................................................................... 1,324
Active Clinical Trials (included in research studies) ..................................................................... 413
Clinical Inventions ....................................................................................................................... 24
External Research Funding (in millions) ................................................................................... $11

The GHS Team
Employees ...................................................................................................................................... 15,493
Affiliated and Employed Medical Staff ....................................................................................... 1,652 (183 Honorary)
Employed Physicians (included in affiliated staff) ...................................................................... 1,058
Registered Nurses ....................................................................................................................... 4,198
Physician Assistants ................................................................................................................... 124
Volunteers .................................................................................................................................... 978
### Procedures & Surgeries

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Catheterizations</td>
<td>4,459</td>
</tr>
<tr>
<td>Cardiovascular Surgeries</td>
<td>3,691</td>
</tr>
<tr>
<td>Echocardiogram Lab Procedures</td>
<td>29,106</td>
</tr>
<tr>
<td>Electrophysiology Procedures</td>
<td>1,913</td>
</tr>
<tr>
<td>Inpatient Surgical Procedures (includes CV surgeries)</td>
<td>16,869</td>
</tr>
<tr>
<td>Outpatient Surgical Procedures</td>
<td>33,892</td>
</tr>
<tr>
<td>Laboratory Procedures</td>
<td>5,149,252</td>
</tr>
<tr>
<td>Radiologic Procedures</td>
<td>502,552</td>
</tr>
<tr>
<td>Vascular Lab Procedures</td>
<td>18,308</td>
</tr>
</tbody>
</table>

### Clinical Care Numbers

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Discharges</td>
<td>52,731</td>
</tr>
<tr>
<td>Average Inpatient Daily Census</td>
<td>813</td>
</tr>
<tr>
<td>Outpatient Visits (includes clinic, ER, MD360® and Home Health visits)</td>
<td>3,869,246</td>
</tr>
<tr>
<td>Medical Center Clinic Visits</td>
<td>132,928</td>
</tr>
<tr>
<td>Emergency Services Visits</td>
<td>256,483 (26,370 pediatric)</td>
</tr>
<tr>
<td>MD360 Visits (convenient care)</td>
<td>70,856</td>
</tr>
<tr>
<td>Home Health Visits</td>
<td>44,383</td>
</tr>
<tr>
<td>Babies Delivered</td>
<td>7,129</td>
</tr>
<tr>
<td>Air Transports</td>
<td>806</td>
</tr>
</tbody>
</table>
Rural Track Residency Program Approved

Development of a Rural Track Residency program recently was approved for the Greer and Oconee campuses. At Greer, for example, there will be a Family Medicine residency with 18 residents, a General Surgery residency with 15 residents, a Psychiatry residency with 24 residents, a Neurology residency with 8 residents, an EM residency with 3 residents and 2 Sports Medicine Fellows. The programs are slated to begin in 2020 and 2021 and reach full capacity by 2025.

A Residency Clinic will be constructed on campus across from the ED. A concerted effort also will be made to retain the graduating physicians, thus increasing timely access for patients and reducing doctor shortages for the Upstate.
Public Health School Adds Greenville Program
USC’s Arnold School of Public Health has added a satellite program in Greenville. Faculty will work alongside clinicians at GHS to get a real-world look at what issues are keeping patients from living healthier lives. This partnership will help GHS be more proactive about developing practical ways to address health issues such as stroke, diabetes, heart disease and obesity in the community.

Researchers will look at ways to engage patients in healthy behaviors, improve communication between patients and providers, and identify technological approaches that can make care more efficient and less costly, such as telehealth. They also will look at maximizing care by improving practice organization and management.

The expansion is a partnership with GHS’ new Health Sciences Center and the USC School of Medicine Greenville that will focus on research and eventually allow students to receive graduate degrees in public health fields and degrees that combine public health with other health disciplines.

Nursing Building Underway
Clemson University, in partnership with GHS, is expanding its nursing program in Greenville to help meet the growing need for nurses as well as bolster health innovation and research efforts. Through the expansion, Clemson’s Bachelor of Science in Nursing degree program can grow from 352 students to 800 over the next six years. The expansion also will increase the number of clinical placements within GHS.

The first students will begin coursework on Greenville Memorial Medical Campus (GMMC) in fall 2018, after completing their first two years at Clemson. The program will be housed in the new Clemson University Center for Nursing, Health Innovation and Research—a four-story clinical learning and research building at GMMC that offers a hospital-like environment with virtual reality IV simulators, high-fidelity human patient simulators and space for academic collaboration and interprofessional training.

Peer-reviewed Medical Journal
May 2016 saw the introduction of GHS Proceedings, the system’s peer-reviewed medical journal. The inaugural journal featured 15 articles containing some of the top academic and clinical research work being accomplished at GHS and around the world.

This semi-annual (spring and fall) publication appears primarily online and includes unpublished original research, review articles, case studies, editorials and book reviews. Its mission is to provide high-quality publications on healthcare innovation and delivery.

MAiN Model to Expand
A model of proactively caring for babies at risk for neonatal abstinence syndrome (NAS) in a low-acuity nursery setting—as opposed to care in a NICU—is slated to expand to 10 S.C. hospitals over the next five years.

The Managing Abstinence in Newborns (MAiN) program has been pioneered at GHS Children’s Hospital by Jennifer Hudson, MD, for more than a decade and is the only example in the country of standardized care being provided in a low-acuity nursery setting to prevent severe neonatal opioid withdrawal. The model has proven to be safe, effective and yields better outcomes than traditional care, according to Dr. Hudson. Plus, it saves money.

Here are three of the program’s outcomes:
• Average length of stay of 8.3 days compared to 15 days for NAS newborns in all S.C. hospitals
• Hospital charges for babies using the MAiN model averaged $11,000 compared with $45,000 for traditional care statewide
• Readmission rate within 30 days of discharge was 7%, with no baby having a primary diagnosis of withdrawal
Dr. Hudson will teach these 10 hospitals how to use this care model. The model was highlighted in a recent issue of the *American Journal of Perinatology*.

**Match Day Milestone**
For the second year in a row, the USC School of Medicine Greenville’s senior class celebrated a 100% residency placement rate during the school’s annual Match Day ceremony. The Class of 2017’s residency placements included an array of specialty programs, such as orthopaedic surgery, radiology, pediatrics and neurology.

**GHS Physician Wins Major Research Prize**
GHS’ Manuel Casanova, MD, along with researchers from Duke University and the University of Miami School of Medicine, won the first-ever Frontiers Spotlight Award for their study of brain augmentation and its impact on human super-intelligence. The research award comes with a $100,000 prize that will be used to facilitate an international scientific conference on brain augmentation in 2018.

**Clinical and Translational Research Program**
GHS and Clemson University’s Department of Public Health Sciences have partnered to offer a Clinical and Translational Research Certificate. The graduate-level program is designed to build research competency among GHS clinicians, research support staff and other health professionals. Physician graduates include Drs. Michael Cooter, Alan Leahey, Steven Ma, Brian McKinley and Phillip Moschella.

**With Organizational Equity**

**Organizational Equity Department Debuts**
Formerly called the Department of Diversity, Organizational Equity’s expanded focus is designed to assure high-quality medical services for all, address community health challenges in conjunction with other community partners, foster equity within GHS’ employee population, and ensure broad-based educational recruitment, support and administration. Supporting and enhancing targeted efforts in diabetes and mental health are key components of that focus.

**Model of Diversity**
For the sixth year in a row, *Diversity MBA Magazine* named GHS a top 50 company for diverse managers and women. Businesses included in this ranking have established programs that create access for women and people of color to move into leadership roles.

**Supplier Diversity Program**
The Supplier Diversity Program is part of GHS’ commitment to make supplier diversity part of the system’s culture and the way it conducts business. GHS realizes it is important to have suppliers who mirror the diverse workforce and patient base served by the state’s largest nonprofit healthcare organization.

For FY 2017, GHS focused on advancing supplier diversity and increasing Tier II spending with a goal to exceed $2 million. (Suppliers are grouped into tiers: Tier I suppliers are direct minority, veteran or woman-owned businesses; Tier II suppliers are diversity vendors, typically smaller companies subcontracted as part of a larger project). Tier I spend was approximately $28 million, while Tier II spend was approximately $2.8 million.

GHS collaborates with the Greenville Chamber Diversity and Inclusion Program as well as the Minority Economic Development Institute to maximize exposure for minority businesses through supplier matchmaking sessions and business expositions. Additionally, GHS participates in the Carolinas-Virginia Minority Supplier Development Council to identify new suppliers, share best practices and create opportunities for minority businesses to take part in the bid process.
In FY17, the GHS Purchasing Department also participated in a Minority Business Accelerator (MBA) program through the Greenville Chamber of Commerce. The program provides opportunities for students to present business plans, receive feedback and access resources for continuing the development of that plan. The MBA students are established entrepreneurs hoping to take their business to the next level.

**LGBT Patient Care Collaborative**
GHS established the LGBT Patient Care Collaborative in 2016, which consists of providers from a variety of clinical specialties, with the goal of improving the healthcare experience for LGBT patients and their families while decreasing disparities. Its focus is to develop a patient-centered medical home for LGBT patients as well as equip providers with the tools and education necessary to meet the unique healthcare needs of this population. The collaborative, which is expanding, offers professional development opportunities and holds quarterly meetings.

**Health Equity Task Force**
In 2016, the Diversity Department (now Organizational Equity) created GHS’ first Health Equity Task Force. Now completing its first year, the task force focuses on systemwide solutions to health equity issues within GHS.

**Via Innovation**

**USC, GHS Expand Partnership**
USC and GHS are expanding their partnership to include commercialization of innovative research and technologies that could improve the health of residents in South Carolina and beyond.

Under the agreement, USC’s Office of Economic Engagement will identify opportunities for clinicians and others at GHS’ Health Sciences Center and the USC School of Medicine Greenville to connect with industry partners, bridging the gap between leading-edge health research and development of new patient treatments.

**Pilot Program Embeds Mental Health Counselors**
The Department of Psychiatry & Behavioral Medicine, GHS Family & Internal Medicine–Simpsonville, and Travelers Rest Family Medicine are piloting an integrated care program in which patients with mild-to-moderate mental health issues can receive care from a behavioral healthcare manager in the primary care practice where they currently receive care, thus enhancing access and patient convenience. It is the only pilot of its kind in the state and is based on the national Collaborative Care model.

**PulsePoint Benefits Community**
Greenville County, Bon Secours St. Francis Health System and GHS have partnered to introduce PulsePoint, a smartphone app that engages everyday citizens in providing lifesaving assistance to victims of sudden cardiac arrest. Generous support from Bon Secours St. Francis Health System and GHS has made the app available for free.

Citizens who know CPR, off-duty first responders and healthcare professionals can download the PulsePoint app. Then, when Greenville County EMS personnel get an emergency 911 call that involves cardiac arrest in a public forum, they activate the location-based technology of the app, alerting those citizens nearby who can start CPR right away.

**Community Health Institute Debuts**
In partnership with GHS, Furman University has launched the Institute for the Advancement of Community Health. The institute will expand Furman’s research into the health of the community and allow students to pursue more internships as well as research and mentorship opportunities. Read on to learn about two innovative components of the institute.
**Partnership Breaks Barriers, Creates Access**

GHS, Furman University and S.C. Legal Services have formed the state’s first Medical-Legal Partnership (MLP)—and the first of nearly 300 in the country that partners with an undergraduate institution. This collaboration focuses on reducing health-harming problems that have legal remedies while educating clinicians, attorneys and students about those issues facing vulnerable populations. An example is families living in substandard housing with mold, insects or rodents that may be affecting health, such as asthma.

The MLP received 210 patient referrals in its first year. Attorney’s fees are free.

**Direct Entry Program Launches**

Five freshmen at Furman University who are considering medical school have an opportunity to receive support and guaranteed admission to USC Carolina School of Medicine Greenville thanks to the new Direct Entry Program. The pipeline program helps accepted Furman students chart a pathway to medical school and allows the medical school to identify talented South Carolina students interested in health care.

USC School of Medicine Greenville enrolls 300 students—about 10 percent are Furman graduates. Students accepted into the Direct Entry Program must maintain a 3.5 grade point average, take courses in biology, chemistry, physics and the humanities and meet additional academic requirements.

This program is part of Furman’s Institute for the Advancement of Community Health, which launched in October 2016 and unites experts in academia, health care and the nonprofit sector in a shared goal of improving community health. Furman is GHS’ academic undergraduate partner.

**GHS Physician Named to Economic Development Board**

Gene Langan, MD, has been elected to serve a three-year term on the Greenville Area Development Corporation (GADC) Board of Directors. The GADC works with businesses, community leaders and government agencies to accelerate economic growth and further critical objectives such as generating new business, jobs and investment in Greenville County.

**Language Services**

GHS is committed to bridging communication and cultures compassionately and innovatively for the patients, families and communities it serves. That’s why Language Services offers interpretation and translation services for free to patients who need them.

The department’s team of qualified medical interpreters provides services in person, over the phone or by video—totaling over 80,000 encounters this year. These highly trained interpreters serve GHS hospitals, outpatient facilities and physician practices and are stationed on-site at several locations.

GHS is one of the few health systems in the nation with a team of in-house translators. This team translates a variety of GHS documents to ensure that patients with limited or no English proficiency have access to print materials. In FY17, the team translated more than 581,000 words.

This year as well, interpreters ...

- Facilitated 43,307 in-person interpreting encounters
- Were involved in 27,636 phone interpretations
- Participated in over 9,200 video interpretations

The team provides access to more than 200 languages. In addition to Spanish, commonly requested languages include Vietnamese, American Sign Language, Arabic and Chinese.
Health Sciences Center
Since its start as a teaching hospital in 1912, GHS has evolved into a major healthcare delivery system and academic health center that provides clinical education to more than 5,000 students annually. As a result of this growth, GHS has established a limited liability company—Health Sciences Center (HSC)—to oversee and manage all GHS teaching, workforce development, research and entrepreneurial activities.

HSC has three areas of focus:
• Oversee planning for and assign all academic programming in the GHS clinical learning environment
• Sponsor graduate medical education
• Oversee business development, funds flow, financial operations and economic development for GHS in partnership with Clemson University, Furman University, University of South Carolina and others

HSC is a unique opportunity for GHS to lead the transformation in health care, higher education, philanthropy and economic development. It also will help develop future healthcare providers, improve patient care and meet the healthcare needs of our region.

Through Time, Talent and Treasure
Bradshaw Family Gives Largest Legacy Gift in GHS History
In 2016, William and Annette Bradshaw provided the single largest legacy gift in GHS history to establish the Bradshaw Institute for Community Child Health & Advocacy. One of just a handful of similar efforts in the country, the Bradshaw Institute is set to pave the way for national changes in pediatric care.

The Bradshaw Institute will further the pursuit and promotion of children’s health through research, programs, services, advocacy and continuing education. Removing disparities in healthcare delivery for at-risk youth, reducing obesity and injuries, and promoting healthy child development are just a few services that will be emphasized.

| Please refer to Appendix page 111 for the inaugural Bradshaw Institute annual report.

Stone Chair of Surgery Announced
Retired physician H. Harlan Stone, MD, and his late wife, Jean Martin Stone, have made a $2 million donation to create the Stone Chair of Surgery, a first-of-its-kind endowment for the system. The endowment will play an important role in the development, growth and stature of the GHS Department of Surgery, including the support of clinical research.

Dr. Stone held faculty positions at several teaching hospitals, including GHS and USC School of Medicine. Widely recognized for his contributions to teaching and research, Dr. Stone has published many scientific works and been involved in all major national and international surgical societies.
McCrary Blood and Marrow Transplant Unit Expands
April 11, 2017, marked the debut of the newly expanded McCrary Blood and Marrow Transplant (BMT) Unit at Greenville Memorial Hospital. Made possible by a seed gift from Bill and the late Esta McCrary (for whom the unit is named) and an outpouring of community support, the expansion includes eight patient rooms, a nourishment station, and wellness suite.

Additionally, the BMT Unit boasts an isolation room, up-to-99-percent purified air system, music therapy and the opportunity for patients to receive life-saving cancer care close to home.

The GHS Cancer Institute is the state’s only collection site for the National Marrow Donor Program. Since its inception, the donor collection program has received over 150 donor referrals. These collections have been sent regionally as well as nationally to support patients with life-threatening diseases.

Dr. Cary E. Stroud Camper Care Center Opens
Pleasant Ridge Camp & Retreat Center introduced the Dr. Cary E. Stroud Camper Care Center in August 2017. The center provides medical care for school-age children with chronic illness, cancer and blood disorders so that they can enjoy a full camp experience when not receiving treatment.

This center was made possible through philanthropic support from Clement’s Kindness Fund for the Children and named in honor of Cary Stroud, MD—now part of Children’s Hospital’s Supportive Care Team, which he helped start—for his lifelong commitment to serving children and families facing challenging medical circumstances.


2016 Dragon Boat Breaks World Record
A new fundraising record was set for Dragon Boat racing during the 10th Annual Dragon Boat Upstate Festival—$580,235.77!

Proceeds from the Dragon Boat Festival benefit cancer research and survivorship programs at the GHS Cancer Institute, Winn the Fight and South Carolina Ovarian Cancer Foundation. To date, Dragon Boat Upstate Festival has raised approximately $1.8 million for local cancer research and rehabilitation.

Academic Scholarship Snippets About GHS
• 47 percent of matriculating medical students received academic scholarships in FY17. Donor-funded scholarships such as the Gilpin Scholarship, Christopher McManus Scholarship, Charles D. Walters Family Foundation Scholarship and others offer support for these students.
• 184 high school, college and university students took part in GHS’ innovative pipeline program, Medical Experience (MedEx) Academy, in 2017. Many received stipends and scholarships provided by way of philanthropic support. Donors have provided an opportunity for many students to explore a career in health care who may not have attended this unique program because of financial hardship.
Oconee Foundation Highlights
Support for Oconee Memorial Hospital (OMH) and its many campus services has long been a priority for a generous upstate community, demonstrated by the donations highlighted below for FY17:

- Over $1.1 million was contributed in pledges, cash and in-kind donations.
- OMH Foundation donors and the OMH Foundation Hospice Advisory Board presented GHS Hospice of the Foothills and Cottingham Hospice House with $140,000 to purchase a Hill-Rom Navicare Call System. This state-of-the-art system enhances communication and safety for both staff and patients.
- The 10th Anniversary OMH Foundation Golf Classic raised an impressive $81,602, with proceeds split among GHS Safe Kids™ Oconee County, OMH Breast Care Center and the Mountain Lakes AccessHealth Dental Clinic.
- The 14th Christmas Tree Festival, which benefits GHS Hospice of the Foothills, enjoyed its most successful event ever—raising more than $177,000. The 2017 festival broke several records: highest ticket sales, most money earned from the Pass the Purse event and most profit from the Gala Auction.

Please refer to Appendix page 123 for Oconee Foundation’s annual report.
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The Southern Region consists of 4 Acute Care Hospitals (LCMH, Abbeville Area Medical Center, Self, NCMH)

There are 103 practices
11 of those are GHS

36% Primary Care (FM & IM)
59% Specialty Care
5% Primary Pediatrics
The Eastern Region consists of 6 Acute Care Hospitals (GrMH, PMC, SRMC, Mary Black Memorial, Mary Black Gaffney, and UMC).

There are 257 practices, 42 of those are GHS.

29% Primary Care (FM & IM)
66% Specialty Care
5% Primary Pediatrics
Western Region Health Care Facilities

The Western Region consists of 5 Acute Care Hospitals (AnMed, AnMed W&C, OMH, BEH, and Cannon)

There are 246 practices
45 of those are GHS
11 of those are BEH

33% Primary Care (FM & IM)
60% Specialty Care
7% Primary Pediatrics
The Central Region consists of 5 Acute Care Hospitals (BSSF-Downtown, BSSF-Eastside, GMH, PMH, and HMH) and 1 Long Term Acute Care Hospital (NGLTACH)

There are 330 practices
127 of those are GHS

23% Primary Care (FM & IM)
71% Specialty Care
6% Primary Pediatrics
The physicians listed here are part of GHS Partners in Health, Inc.*
To view an introductory video on any of our physicians, go to ghs.org/providers. * Items in red indicate newly added information.

For Acute Hospital Transfer:
PATIENT REFERRAL
AND TRANSFER CENTER

701 Grove Rd., 29605
455-0000 or 1-877-599-8867

James M. Ellis Jr., MD, is VP of Clinical Affairs and is Clinical Chief of Staff at GHS.

For the latest pdf version of this directory, go to ghs.org/employee (under Downloads).
To search this document electronically, press Control + F together and enter your query.

ANESTHESIOLOGY

Anesthesia

Greenville Anesthesiology
76 Creekside Park Ct., 29615
522-3700 • F522-3705
Kimberly M. Balogh, MD
Chris G. Boukedes, MD
Carlos L. Bracale, MD (Peds)
Vito A. Cancellaro, MD
Mark E. Carithers, MD
R. Alan Carithers, MD
Jeffrey L. Childes, MD
A. Brett Cook, MD
Michael G. Danekas, MD (Peds)
Lauren H. Doar, MD (Peds)
Rhett A. Dodge, MD
Paul B. Eclavea, MD
J. Michael Evans, MD
Elizabeth S. Faucher, MD
Jake Freely, MD (Peds)
Wayne M. Gabriel, MD
David M. Hall, MD
John W. Hall, MD
William R. Hand, MD
C. Wendell James III, MD
J. Canon Johnson, MD
Eugene J. Kim, MD
John P. Kim, MD (Peds)
Richard F. Knox, MD (Peds)
Stephen E. Lane, MD
Stuart P. Lane, MD
Laura H. Leduc, MD (Peds)
Wesley Liao, MD
Lannon E. Lucas, MD
Steven Z. Lysak, MD
Mark D. Mathis, MD
Caroline C. McKillop, MD
William E. McKinney, MD
Vernon E. Merchant, MD
Margaret M. Miller, MD
Robert R. Morgan Jr., MD, MBA
Jarod R. Motley, MD
L. Ashley Mullinax, MD
Andrea B. Nisonson, MD
Richard J. Oester, MD
Keith H. Permie, MD
Mark C. Pruitt, MD
Steven H. Pusker, MD
Suzanne D. Renfro, MD
Theodore E. Rothman, MD
Steven W. Samoya, MD (Peds)
Andrew W. Scharf, MD
Keith A. Schiff, MD
Harry C. Sherman Jr., MD
Alan W. Smith, MD
P. Joshua Smith, MD
Trevor K. Smith, MD
Robert C. Timmerman Jr., MD
Matthew R. Vana, MD (Peds)
Kevin B. Walker, MD
W.M. (Trey) Warren III, MD
Randall D. Wilhoit III, MD (Peds)
Patrick F. Williams, MD
Jonathan P. Wright, MD
Ineke Tolbert, NP

Baptist Easley Anesthesiology
200 Fleetwood Dr., Easley, 29640
522-3700 • F522-3705
Lee D. Meeder, MD
Malcom M. Rogers, MD
Mitchell A. Starnes, MD

Pain Management

GHS Pain Management
GHS Pain Management–Boiling Springs
2400 Boiling Springs Rd.
Spartanburg, 29316
599-0731 • F599-0791
Referral Scheduling: 797-7032 • F797-7034
Edward S. Delorey, MD

GHS Pain Management–Spartanburg
333 S. Pine St., Spartanburg, 29302
515-7500 • F515-7501
Referral Scheduling: 797-7032 • F797-7034
Edward S. Delorey, MD

Inpatient Pain Management
701 Grove Rd., 29605
David M. Hall, MD
L. Ashley Mullinax, MD
Keith A. Schiff, MD
P. Joshua Smith, MD
Kevin B. Walker, MD
Meredith Purgason, FNP-BC

Interventional Pain Management
Associates
21 Brendan Way, 29615
522-5030 • F522-5035
Referral Scheduling: 797-7032 • F797-7034
Jyoti K. Math, MD
Keith A. Schiff, MD
P. Joshua Smith, MD
Kevin B. Walker, MD
Shonda Thrift, PA-C

Oconee Center for Comprehensive Pain Management
102 Omni Dr., Ste. B, Seneca, 29672
885-7971 • F885-7860
Michael T. Drake, MD
Gregory L. Enders, MD
John W. Martin, MD
Michael J. Tebalt III, MD
David M. von Clef, MD
Candace Schutt, PA-C
Upstate Medical Rehabilitation
109 Doctors Dr., 29605/797-7100 - F797-7105
Referral Scheduling: 797-7032 - F797-7034

111 Doctors Dr., 29605/797-7100 - F797-7105
Referral Scheduling: 797-7032 - F797-7034

David M. Hall, MD
Rebecca E. Holdren, MD
Robert E. LeBlond, MD
Jyoti K. Math, MD
L. Ashley Mullinax, MD
David Goldsmith, PA-C
Theresa Little, PA-C
Christina Randall, PA-C

Hong Zhang (Diplomate in Acupuncture)

Physical Medicine & Rehabilitation
Roger C. Peace Rehabilitation Hospital
Inpatient: 701 Grove Rd., 29605
797-7100 - F797-7105

Outpatient: 111 Doctors Dr., 29605
797-7100 - F797-7105
Referral Scheduling: 797-7032 - F797-7034

M. Andrew Donlan III, MD
Alan R. Hippensteel, MD
Kevin W. Kopera, MD, MPH
Angelica M. Soberon, MD

EMERGENCY MEDICINE
701 Grove Rd., 29605
Adults: 455-6029 - F455-5474
Pediatrics: 455-6016 - F455-6199

Stephanie N. Bailey, MD
W. Rayne Barrett, MD
Matthew D. Bitner, MD, MEd
Thomas H. Blackwell, MD
Lauren B. Blake, MD
Martin C. Blake, MD
Whitney E. Bogart, MD
E. Page Bridges, MD
Aubrey A. Bryant, MD
Zachary T. Burroughs, MD (Peds)
Wyman W. Cabaniss, MD
Christopher W. Carey, MD
Megan S. Cifuni, MD
Larisa D. Coldebella, MD
Tara L. Connelly, MD
Bradley J. Courter, MD
Paul W. Courtwright, MD
Daniel L. Cranston, DO
J. Benjamin Crumpler, MD
Brandon W. Dawson, MD
Timothy B. Depp, MD
Ryan C. Duhe, MD, MHA, MS
Michele L. Dupuis, MD
John J. Eicken, MD, EdM
Sarah E. Fabiano, MD
Sarah R. Farris, MD
Elizabeth L. Foxworth, MD (Peds)
H. Chris Gaafary, MD
Alex D. Gleason, MD, RDMS
Jacqueline J. Granger, MD (Peds)
Joshua D. Gray, MD
Kevin J. Gregg, MD
W. Blake Haren, MD (Psych)
Timothy C. Hargrove, DO
Emily L. Hirsh, MD
Jessica E. Hobbs, DO
George M. Jacob, MD (Psych)
Melissa C. Janse, MD
Kelly M. Johnson, MD
Alison M. Jones, MD (Peds)
Zachary P. Kahler, MD
Christine E. Keys, MD, DTIM&H
Gregory J. Koch, MD
Tracy L. Lance, MD
Ronald P. Laskowski, MD
Charlotte C. Lawson, MD
Jeffrey S. Leshman, MD
Justine C. Liptak, MD
Karen M. Lommel, DO, MHA, MS
Cate T. Lounsbury, MD
Martin E. Lutz, MD
Melissa P. Maceda, MD (Psych)
Joseph P. Mahoney, MD
Laurie L. Malmstrom, MD
Miles D. McGuff, MD
Prasun H. Mehta, MD
Dustin S. Morrow, MD, RDMS
Phillip C. Moschella, MD, PhD
Keith S. Nall, MD
Matthew B. Neal, MD (Peds)
John H. Neuffer, MD
Zane P. Osborne, MD
Eric W. Ossmann, MD
James A. Panter, MD
Anthony J. Pappas, MD
Angelo P. Perino Jr., MD
Camiron L. Pfennig, MD, MHPE
Ronald G. Pirralla, MD, MHSa
Mark A. Pittman, MD
Kevin A. Polley, MD (Peds)
Amy C. Ramsay, MD
Michael P. Ramsay, MD
Richard L. Randol, MD
James G. Rau, MD
Angela A. Rochester, MD
Benjamin S. Roth, MD
Nadim H. Salmon, MD
Scott M. Sasser, MD
Stephen R. Schwab, MD
Daniel L. Schwerin, MD
Mallory E. Shasteen, MD
Jimme J. Sierakowski, DO, MPH (Peds)
Trevor L. Slone, DO
Jeremiah D. Smith, MD (Peds)
Beverly G. Stigall, MD
Lindsay R. Tijattas-Saleski, DO, MBA
Wayne R. Triner, DO, MPH
John D. Wilson Jr., MD (Peds)
Scott H. Witt, MD
David Ebert, PA-C
Rebekah Burr, PA-C
Danielle Eison, PA-C
Almira Gandhi, PA-C
Morgan Gregg, PA-C
Jackie Henry, PA-C
Brien Hollingsworth, PA-C
Christine Holly, PA-C
Kimberly Jacobs, PA-C
Christopher Kelly, PA-C
Karisa Kindy, PA-C
Bethany Leiton, PA-C
Danielle Miller, PA-C
Natalie Miller, PA-C
Jay Mitchell, PA-C
Dean Muscarella, PA-C
Anisha Patel, PA-C
Elizabeth Penfield, PA-C
Anthony Ramicone, PA-C
Zachary Riddle, PA-C
Katelyn Sell, PA-C
Río Spagnola, PA-C
Philip Benetatos, NP
Elizabeth Boggs, NP
Gabrielle Bramblett, NP
Ashley Casey, FNP-BC
Jason Collins, NP
Nanndee Constantin, NP
Katelyn Craig, NP
Faustenia Evans, NP
Amy Garner, FNP-C
Nanette Godbee-Stephens, NP
Kendra Head, NP
Robert Horner, FNP
Lisa Leonard, NP
Clare Ludwig, NP
Stefanie Martinez, NP
Helen Mitchem, NP
Lizanne Olyarchuk, NP
Bradley Reeder, NP
Joseph Stokes, NP
Mary Strassner, NP

EM staff physicians available 24-7 at Laurens County Memorial Hospital
22725 Hwy. 76E., Clinton, 29325
833-9111 • F833-9493

Kevin M. Gilroy, MD
Paul D. Moore, MD
Jittin Muljibhai, DO
Stephen W. Orville, MD
Ravikumar Patel, DO, MPH
Randall R. Reinhardt, MD
Jerrett D. Tozzi, MD
Brian W. Weaver, MD
Rebekah Burr, PA-C
Will S. Godfrey, PA-C
Erin Herendeen, PA-C
T. Paul Himes, PA-C
Justin Kryak, PA-C
Heather Greear, FNP-BC
Rachael Steward, PA-C

EM staff physicians available 24-7 at Oconee Memorial Hospital
298 Memorial Dr., Seneca, 29672
885-7101 • F885-7384
Whitney E. Bogart, MD
Bill R. Chiles, MD
Gregory E. Cromer, MD
Kevin P. Docyk, MD
John E. Worthington, MD
Jed Saltz, MD
Hayli Evans, PA-C
Joshua Padgett, PA-C
Michael Wechter, PA-C
B. Kelly McCormick, FNP-C
Patricia Zelano, FNP-C

MEDICINE

Allergy/Immunology
Acadia Allergy & Immunology
• ghs.org/allergy
10 Halton Green Way, 29607
675-5000 • F675-5005
Erin M. Mullaney, MD
John M. Pulcini, MD
Caroline Raymond, PA-C
Ashley Ekman, FNP-BC

Cardiology
Carolina Cardiology Consultants
• carolinacardio.com
877 W. Faris Rd., Ste. B, 29605
455-6900, 1-877-611-9965 • F255-5619
101 Chapman Hill Rd., Clemson, 29631
455-6900, 1-877-611-9965 • F255-5619
101 Richard St., Easley, 29640
455-6900, 1-877-611-9965 • F255-5619
315 Medical Pkwy., Ste. 200, Greer, 29650
455-6900, 1-877-611-9965 • F255-5619
704 N. Pine St., Seneca, 29678
(office of SC Cardiology Consultants)
455-6900, 1-877-611-9965 • F255-5619
727 S.E. Main St., Ste. 100
Simpsonville, 29681
455-6900, 1-877-611-9965 • F255-5619

Jim R. Baucum, MD
Harold P. Blanks III, MD
Eric L. Bonno, MD
Andrea C. Bryan, MD
A.H. (Trey) Chandler III, MD
Jeffrey M. Dendy, MD
Josh R. Doll, MD
Arthur L. Eberly III, MD
Jay P. Gaucher, MD
Zachary H. George, MD
Jason L. Guichard, MD, PhD
Joseph H. Henderson, MD
Craig M. Hudak, MD
Jessie P. Jorgensen, MD
Joseph M. Kmonicek, MD
Timothy R. Malinowski, MD
David E. McNeely III, MD
H. Graham Parker II, MD
Chetan A. Patel, MD
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Adult Congenital Cardiology Center
• ghs.org/heart
315 Medical Pkwy., Ste. 200, Greer, 29650
797-9912 • F797-9930
Manisha S. Patel, MD

Sports Cardiology Program
• ghs.org/sportscardiology.org
877 W. Faris Rd., Ste. B, 29605
455-6977 • F455-6970
315 Medical Pkwy., Ste. 200, Greer, 29650
455-6977 • F455-6970
Harold P. Blanks III, MD
A.H. (Trey) Chandler III, MD

Women’s Heart Center
• ghs.org/womensheartcenter
3 Butternut Dr., 29605/455-6977
Andrea C. Bryan, MD
Eveleen R. Randall, MD
Jennifer Walton, FNP-C

HeartLife® Cardiac Rehabilitation
875 W. Faris Rd., 29605 (Life Center®)
455-4755 • F455-5205
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SC Cardiology Consultants
• ghs.org/sccc
772 N. Townville St., Seneca, 29678
(same location, but different address)
886-9300 • F886-9399
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Congestive Heart Failure Clinic
• ghs.org/CHFclinic
701 Grove Rd., 29605/455-2432 • F455-5350
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Dev G. Vaz, MD
Patricia Konstant, NP

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Carolina Dermatology of Greenville
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920 Woodruff Rd., 29607
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Elizabeth Lewis, NP
Carolyn Sironen, FNP-C

GHS Gastroenterology & Liver Center
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455-2888 • F455-2885
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Steve B. Clayton, MD
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Endocrinology
Endocrinology Consultants of Internal Medicine Associates of Greenville
• imagreenville.com/endocrinology
1025 Verdae Blvd., Ste. A, 29607
240-5029 • F240-5028
Mojgan Rahmani, MD
Sheri Morris, ANP

Endocrinology Specialists and Thyroid Center
• ghs.org/endocrinology
877 W. Faris Rd., Ste. D, 29605
455-9031 • F455-9014
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Bruce B. Latham, MD
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Gastroenterology
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255-5609 • F 240-5028
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Hematology (see Oncology, Page 10)

Hospitalist Services
• ghs.org/hospitalist
IM staff physicians available 24/7 at BE, GMH, Greer, HMD, LCMH, NGH, OMH, PMH

Oconee Geriatric Medicine
• ghs.org/oconeegeriatric
101 Lila Doyle Dr., Seneca, 29672
885-7678 • F885-7688
Natalia Abramovich, MD
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Geriatric Medicine
GHS Geriatric Medicine/Center for Success in Aging
• ghs.org/geriatrics
255 Enterprise Blvd., Ste. 101, 29615
454-8120 • F454-8125
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Ann C. Shalley, MD
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Elena Blas, NP (Neurology)  
Sarina Brown, NP (Neurology)  
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Sarah Denes, NP (Neurology)  
Lauren Hays, NP (Neurology)  
Sarah Hierholzer, NP (Neurology)  
Patricia Konstant, NP (Neurology)  
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Priscilla Massey, NP (Neurology)  
Sarah McNight, NP (Neurology)  
Elizabeth Orr, NP (Neurology)  
Lauren Scarborough, MSN, FNP-C (Neurology)  
Elena Blas, NP (Neurology)  
Sarina Brown, NP (Neurology)  
Suzette Combs, FNP-BC, CCRN, CEN (Neurology)  
Jessica Crane, NP (Neurology)  
Annette Davis, ACNP-BC (Neurology)  
Sarah Denes, NP (Neurology)  
Lauren Hays, NP (Neurology)  
Sarah Hierholzer, NP (Neurology)  
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Priscilla Massey, NP (Neurology)  
Sarah McNight, NP (Neurology)  
Elizabeth Orr, NP (Neurology)  
Lauren Scarborough, MSN, FNP-C (Neurology)  

John R. Absher, MD (Neurology)  
Swaroop A. Pawar, MD (Vascular Neurology)  
Mahmoud Rayes, MD (Interventional Neurology)  
Neel N. Shah, MD (Vascular Neurology)  
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Elena Blas, NP (Neurology)  
Sarina Brown, NP (Neurology)  
Suzette Combs, FNP-BC, CCRN, CEN (Neurology)  
Jessica Crane, NP (Neurology)  
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Sarah Denes, NP (Neurology)  
Lauren Hays, NP (Neurology)  
Sarah Hierholzer, NP (Neurology)  
Patricia Konstant, NP (Neurology)  
Iheoma Madubuike, NP (Neurology)  
Priscilla Massey, NP (Neurology)  
Sarah McNight, NP (Neurology)  
Elizabeth Orr, NP (Neurology)  
Lauren Scarborough, MSN, FNP-C (Neurology)  

Swaroop A. Pawar, MD (Vascular Neurology)  
Mahmoud Rayes, MD (Interventional Neurology)  
Neel N. Shah, MD (Vascular Neurology)  
Sharon W. Webb, MD (Neurosurgery)  
Elena Blas, NP (Neurology)  
Sarina Brown, NP (Neurology)  
Suzette Combs, FNP-BC, CCRN, CEN (Neurology)  
Jessica Crane, NP (Neurology)  
Annette Davis, ACNP-BC (Neurology)  
Sarah Denes, NP (Neurology)  
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Sarah Hierholzer, NP (Neurology)  
Patricia Konstant, NP (Neurology)  
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Priscilla Massey, NP (Neurology)  
Sarah McNight, NP (Neurology)  
Elizabeth Orr, NP (Neurology)  
Lauren Scarborough, MSN, FNP-C (Neurology)  

Southeastern Neurosurgical & Spine Institute  
- ghs.org/spine, seneurosurgical.com  
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Stephen R. Gardner, MD (Neurosurgery)  
Mahmoud Rayes, MD (Interventional Neurology)  
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Katie B. Hanna, MD
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Katie E. Wittwer, MD
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Katie B. Hanna, MD
Teny Henry Gomez, MD, MBBS
Anson L. Pham, MD
Katie E. Wittwer, MD

Rheumatology
• ghs.org/rheumatology
Rheumatology Consultants (Oconee)
107 Omni Dr., Ste. A, Seneca, 29672
885-7886 • F885-7890
Allison S. Lipshey, MD
Sarah Fulaytar, NP-C
Rheumatology Consultants of Internal Medicine Associates of Greenville
• imagreenville.com/rheumatology
1025 Verdae Blvd., Ste. A, 29607
240-5054 • F240-5055
Ana G. Funaria, MD
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Rheumatology Specialists
155-B Halton Village Circle, 29607
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FAMILY MEDICINE
• ghs.org/familymedicine
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• ghs.org/hillcrestfp
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Laurens Family Medicine
• laurensfm.com
106 Parkview Dr., Laurens, 29360
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9100 Hwy. 14, Gray Court, 29645
876-4888 • F876-4900

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• ghs.org/mlfm
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• ghs.org/simpsonvillefm
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Anne Perrin, RN, CNM

Blue Ridge Women's Center–East
10110 Clemson Blvd., Seneca, 29678
985-1799 • F482-0505
Carol W. Shuler, MD (GYN)

Carolina Women's Center
102 Medical Park Ct., Clinton, 29325
938-0087 • F938-0229
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Timothy J. Harkins, MD

Greenville Midwifery Care & Birth Center
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Miranda Flowers, MSN, CNM
Samantha Twymann, MSN, CNM

Greenville Ob/Gyn Associates
• greenvilleobgyn.com
2 Memorial Medical Dr., 29605
295-4210 • F295-0615
1025 Verdae Blvd., Ste. F, 29607
286-7500 • 286-7510
727 S.E. Main St., Ste. 120
Simpsonville, 29681/454-6500 • F454-6505
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Pedimont OB/GYN
• piedmontobgyn.org
890 W. Faris Rd., Ste. 330, 29605
455-1270 • F233-1204
3917 S. Hwy. 14, 29615/522-1360 • F522-1365
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• premierwomenscare.com
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ITOR Clinical Research Unit 455-3600
Fax for sites above is 672-7852.

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Transplant 370-1393 • F672-7852

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938-2879 or 1-844-651-1233 • F938-2880

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(Med Onc only) 855-2780 • F672-7852

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Britt H. Bolonm, MD
Soeada Chowdhury, MD
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Ki Young Chung, MD
Elizabeth H. Cull, MD
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Carla W. Jorgensen, MD
Sharmila P. Mehta, MD
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Carrie Marquet, NP
Julie Martin, DNP, AOCN, NP
Michelle Reid, NP
Melissa Saxon, FNP
Devon Sharkey, NP
Ellen Slater, APRN

Adolescent & Young Adult Oncology Program
900 W. Faris Rd., 2nd floor, 29605
455-8898 • F455-5164 (ATTN Dr. Saha)
Alan R. Anderson, MD
Elizabeth H. Cull, MD
Aniket Saha, MD, MS, MSCI
Heather Bowers, APRN

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120 Dillon Dr., Spartanburg, 29307
699-5700 • F672-7802

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65 International Dr., 29615
370-1393 • F370-1396
Soeada Chowdhury, MD
Elizabeth H. Cull, MD
Suzanne R. Fanning, DO, Medical Director

Brain Tumor Center (see also Page 5)
890 W. Faris Rd., Ste. 320, 29605
455-6200 • F455-1209
W. Jeffery Edenfield, MD
David L. Grissel, DO
Philip J. Hodge, MD
Charles C. Kanos, MD
Michael Lynn, MD

Cancer Genetics
900 W. Faris Rd., 1st Floor, 29605 (at CIOS)
455-5836 • F455-5950

120 Dillon Dr., Spartanburg, 29307
699-5700 • F672-7802

Carla W. Jorgensen, MD, Medical Director
Kara Bui, MS, CGC
Lindsay Metzalf, MS, CGC
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Center for Integrative Oncology and Survivorship
• ghs.org/CIOS
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Mark A. O’Rourke, MD
Pam Cloys, ANP-C
Regina Franco, MSN, ANP-C
LeAnn Perkins, MD, APRN-C
Beth Alexander, PT, DPT, CNS, CLT
Kathie Beldon, PT, CLT
Elisa Mays, PTA, LMT

Hemostasis and Thrombosis Clinic
3 Butternut Dr., Ste. B, 29605
298-2807, emergency 987-7000
F672-7852

Institute for Translational Oncology Research (ITOR) Phase I Clinical Research Unit (CRU)
900 W. Faris Rd., 29605/455-3600 • F455-3618
Ki Young Chung, MD
Elizabeth H. Cull, MD
W. Jeffery Edenfield, MD
W. Larry Gluck, MD
Mark A. O’Rourke, MD
Heather Bowers, APRN
Julie Martin, DNP, NP, AOCN

ITOR Biorepository and Rare Tumor Center
900 W. Faris Rd., 29605/455-3740 • F455-9819
Ki Young Chung, MD
W. Jeffery Edenfield, MD
Julie Martin, NP, AOCN, NP

Endocrine Surgical Oncology
(see Endocrine Surgery, Page 17)

Gynecologic Surgical Oncology
(see Gynecologic Oncology, Page 8)

Orthopaedic Surgical Oncology
(see Oncology and Thoracic Surgery, Page 18)

Surgical Oncology
(see Oncology and Thoracic Surgery, Page 18)
Oncology Multidisciplinary Centers
900 W. Faris Rd., 2nd floor, 29605
455-5300 • F455-5353

Head & Neck MDC
Robert O. Brown III, MD (ENT oncology)
Paul L. Davis III, MD (ENT oncology)
LeeAnne Grumelot, PA-C

11 Park Creek Dr., 29605
797-7450 • F797-7460

Urology MDC
J. Erik Busby, MD
William F. Flanagan, MD
Kelly E. Maloney, MD
Charles G. Marguet, MD
W. Patrick Springhart, MD

890 W. Faris Rd., Ste. 320, 29605
455-1200 • F455-1209

Breast Multidisciplinary Center (MDC)
Wendy R. Cornett, MD
Eric S. McGill, MD
Brian P. McKinley, MD
John M. Rinkliff, MD
Thomas O. Young, MD

Gastrointestinal MDC
Wesley B. Jones, MD
Brian P. McKinley, MD
Alexander A. Parikh, MD, MPH
Steven D. Trocha, MD

Melanoma/Sarcoma MDC
Brian P. McKinley, MD
Steven D. Trocha, MD

Neurosurgery MDC
Philip J. Hodge, MD
Charles C. Kanos, MD
Michael Lynn, MD

Thoracic MDC
Sharon Ben-Or, MD
William D. Bolton, MD
James E. Stephenson, MD

MDC Medical Oncologists
Britt H. Bolemon, MD
Kathy L. Christman, MD
W. Jeffery Edenfield, MD
W. Larry Gluck, MD
Kim O. Gacoco, MD
Carla W. Jorgensen, MD
Mark A. O'Rourke, MD
Joe J. Stephenson Jr., MD

MDC Radiation Oncologists
Dale L. Duncan, MD
Michael P. Greenbaum, MD, PhD
David L. Grissel, DO
Teresé L. Howes, MD
Shirrnitt M. Matthews, MD
Michael D. Zurenko, MD

MDC Nurse Manager
Julia Yates, MSN, RN, OCN

Nurse Navigators
Cheryl Jones, BSN, RN, OCN
Sonja McGatha, BSN, RN, OCN
Kathy Padilla, BSN, RN, OCN
Patricia Schuman, BSN, RN, OCN

ORTHOPAEDICS

Blue Ridge Orthopaedics
100 Healthy Way, Ste. 1200, Anderson, 29621
260-9910 • F260-0209

Michael L. Beckish, MD (Pediatric Ortho Surg)
Chris B. Clemow, MD (Sports Medicine)
J. Kirk Hensarling, MD (Sports Med, Genl Ortho, Jt)
James C. Mills, MD (Sports Med, Genl Ortho, Jt)
John H. Murray, MD (Sports Med, Genl Ortho, Jt)
Mark A. Pierce, MD (Sports Med, Genl Ortho, Jt)
Andrea R. Pitts, MD (Sports Medicine)
W. Bruce Richmond, MD (Sports Med, Foot/Ankle, Jt)
Jamin Parnell, PA-C
Stephanie Senger, PA-C

112 John St., Ste. 202, Easley, 29640
522-5780 • F522-5785

Larry S. Bowman, MD (Sports Med, Genl Ortho)
D. Michael Boyer, MD (Sports Med)
W. Chad Hembree, MD (Sports, Genl, Trauma, Jt)
Brian J. Redmond, MD (Sports Med, Genl, Jt Replcmnt)

10630 Clemson Blvd., Ste. 100, Seneca, 29678
482-6000 • F482-7000

Larry S. Bowman, MD (Sports Med, Genl Ortho)
W. Scott Brown, MD (Sports Med, Jt Replcmnt)
Brian G. Burnikel, MD (Arthritis, Jt Replcmnt)

continued
Steadman Hawkins Clinic of the Carolinas (SHCC)  
• steadmanhawkinscc.com

200 Patewood Dr., Ste. C100, 29615  
454-SHCC (7422) • F454-8265

111 Doctors Dr., 29605/797-7150 • F797-7155

11402 Anderson Rd., Ste. C, 29611  
in collaboration with Baptist Easley  
631-2799 • F631-2795

315 Medical Pkwy., Ste. 100, Greer, 29650  
454-SHCC (7422) • F797-9701

727 S.E. Main St., Ste. 220, Simpsonville, 29681  
773-7150 • F797-7155

333 S. Pine St., Spartanburg, 29302  
515-7500 • F515-7501

PATHOLOGY
Pathology Associates of Greenville  
(exclusively contracted physician group)  
455-7735 • F455-8926
Remy J. Adams, MD  
Richard G. Braun, DPM  
Renee Reddy, MD  
Luminita Rezoanu, MD  
Nancy M. Robinson, MD  
David P. Schammel, MD  
Diane W., MD  
Christopher M. Simons, MD  
Jesse R. Stafford, MD  
Philip C. Van Hale, MD  
William P. Huntington, MD  
C. Michael Wolff, MD  
Allison M. Young, MD

PEDiatrics
• ghschildrens.org

After-hours/Convenient Care  
Children’s Hospital After-hours Care  
890 S. Pleasantburg Dr., 29607  
271-3861 • F271-3914
Staffed by current GHS pediatricians and advanced practice providers

Children’s Hospital Spartanburg Night Clinic  
201 E. Broad St., Ste. 210  
Spartanburg, 29306  
804-6998 • F596-5164
Staffed by current GHS pediatricians and advanced practice providers

Adolescent Medicine  
20 Medical Ridge Dr., 29605  
220-7270 • F241-9211
Sarah B.G. Hinton, MD (Med-Peds)

Allergy/Immunology  
• ghs.org/allergy

Acadia Allergy & Immunology  
10 Halton Green Way, 29607  
675-5000 • F675-5005
John M. Pulcini, MD  
Caroline Raymond, PA-C  
Ashley Ekman, FNP-BC

Bradshaw Institute for Community Child Health & Advocacy  
255 Enterprise Blvd., Ste. 100, 29615  
454-1100 • F454-1114
Kerry K. Sease, MD, MPH  
Holly Bryan, PA-P

PEDIATRICS

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890 S. Pleasantburg Dr., 29607  
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201 E. Broad St., Ste. 210  
Spartanburg, 29306  
804-6998 • F596-5164
Staffed by current GHS pediatricians and advanced practice providers

Adolescent Medicine  
20 Medical Ridge Dr., 29605  
220-7270 • F241-9211
Sarah B.G. Hinton, MD (Med-Peds)

Allergy/Immunology  
• ghs.org/allergy

Acadia Allergy & Immunology  
10 Halton Green Way, 29607  
675-5000 • F675-5005
John M. Pulcini, MD  
Caroline Raymond, PA-C  
Ashley Ekman, FNP-BC

Bradshaw Institute for Community Child Health & Advocacy  
255 Enterprise Blvd., Ste. 100, 29615  
454-1100 • F454-1114
Kerry K. Sease, MD, MPH  
Holly Bryan, PA-P

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Children’s Hospital After-hours Care  
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Children’s Hospital Spartanburg Night Clinic  
201 E. Broad St., Ste. 210  
Spartanburg, 29306  
804-6998 • F596-5164
Staffed by current GHS pediatricians and advanced practice providers

Adolescent Medicine  
20 Medical Ridge Dr., 29605  
220-7270 • F241-9211
Sarah B.G. Hinton, MD (Med-Peds)

Allergy/Immunology  
• ghs.org/allergy

Acadia Allergy & Immunology  
10 Halton Green Way, 29607  
675-5000 • F675-5005
John M. Pulcini, MD  
Caroline Raymond, PA-C  
Ashley Ekman, FNP-BC
Steven H. Ma, MD
Darla H. McCain, MD
Nancy R. Powers, MD
Victoria L. Sheppard-LaBrecque, MD
Kristina M. Kania, PhD
Julie M. Kellett, PhD
Anne M. Kinsman, PhD
Frederick P. List, PhD
Jane A. Ford, PsyD
Ermindo J. Natale, PsyD
Beth Alexander, PNP
Kathy Burnett, NP
Sarah Fraser, NP
Leslie Helms, NP
Katherine Konchalski, NP
Christina Ossner, NP

Pediatric Emergency Medicine
(see Page 2)

Pediatric Endocrinology
200 Patewood Dr., Ste. A320, 29615
454-5100 • F241-9238

2000 E. Greenville St., Ste. 3500
Anderson, 29621/716-6490 • F241-9238

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9238

James A. Amrhein, MD
Elaine M. Apperson, MD
Melissa D. Garganta, MD
Bryce A. Nelson, MD, PhD
Mary Gwyn Roper, MD
Beth Weir, FNP
Andrew Smith, MSN, CPNP
Lori Wise, CPNP

Ferlauto Center for Complex Pediatric Care
57 Cross Park Ct., 29605
220-8907 • F241-9211

W. Kent Jones, MD
Cady F. Williams, MD

Pediatric Gastroenterology
200 Patewood Dr., Ste. A140, 29615
454-5125 • F241-9201

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9201

Liz D. Dancel, MD
Michael J. Dougherty, DO
Jonathan E. Markowitz, MD, MSCE
Colston F. McEvoy, MD
Benjamin A. Jones, PsyD
Donna Wade, PNP
Janet Williams, MEd, RD, LD

Pediatric Hematology/Oncology (BL-LO® Charities Children’s Cancer Center)
• ghschildrens.org/bi-lo-charities-childrens-cancer-center

900 W. Faris Rd., 2nd floor, 29605
455-8898 • F241-9237

2000 E. Greenville St., Ste. 3500
Anderson, 29621/716-6490 • F716-6492

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9237

Alan R. Anderson, MD
Nichole L. Bryant, MD
Rebecca P. Cook, MD
Cristina E. Fernandez, MD
Leslie E. Gilbert, MD, MSCI
Aniket Saha, MD, MS, MSCI
Arun L. Singh, MD (Supportive Care)
Courtney V. Rieck, PsyD
Beth Fisher, PNP
Denise Reisner, CPNP

Adolescent & Young Adult Oncology Program
(see Oncology, Page 10)

Pediatric Infectious Disease
200 Patewood Dr., Ste. A200, 29615
454-5130 • F241-9202

Joshua W. Brownlee, MD
Sue J. Jue, MD
Robin N. LaCroix, MD

Inpatient Pediatrics
701 Grove Rd., 29605/455-8401 • F455-3884

April O. Buchanan, MD
Gretchen A. Coady, MD (Med-Peds)
Karen Eastburn, DO, MS
Jeffrey A. Gerac, MD (Med-Peds)
Matthew P. Grisham, MD
Amanda G. Hartke, MD, PhD
Russ C. Kolarik, MD (Med-Peds)
Elizabeth S. Tyson, MD
Teresa A.W. Williams, MD (Med-Peds)

2000 E. Greenville St., Anderson, 29621
(at AnMed Women’s & Children’s Hospital)
454-5612 • F454-5121

Sara M. Clark, MD
Liz G. Dewald, MD (Med-Peds)
Senthuran Ravindran, MD
Silvia Y. Rho, MD
Elizabeth A. Shirley, MD
Teresa A.W. Williams, MD (Med-Peds)

2000 E. Greenville St., Anderson, 29621
455-4411 • F455-4480
Matthew N. Hindman, MD (Med-Peds)

Pediatric Intensive Care
701 Grove Rd., 29605/455-7146 • F455-5380
Michael G. Avant, MD
Eric L. Berning, MD
Christina M. Goben, MD
Darryl R. Gwyn, MD
Robert S. Seigler, MD

Neonatology/Bryan Neonatal Intensive Care Unit
Pediatrics Medical Group
(exclusively contracted physician group)
455-7939 • F455-3685
Indra C. Chandler, MD
Benton E. Cofer, MD
Nicole A. Cuthran, MD
J. Thomas Cox, MD
Amber E. Fort, DO
Matthew F. Halliday, MD
R. Catrinel Marinescu, MD
Bryan L. Ohning, MD, PhD
Jeffrey M. Ruggieri, MD
Michael S. Stewart, MD
M. Whiston Walker, MD, MS

Pediatric Nephrology & Hypertension
200 Patewood Dr., Ste. A115, 29615
454-5105 • F241-9200

2000 E. Greenville St., Ste. 3500
Anderson, 29621/716-6490 • F241-9200

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9200

T. Matthew Eison, MD
Sudha Garimella, MD
Scott W. Walters, MD

Pediatric Neurology
200 Patewood Dr., Ste. A350, 29615
454-5110 • F241-9206

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9206

Michael A. Babcock, MD
Emily T. Foster, MD
Addie S. Hunnicutt, MD
Augusto Morales, MD
Sunjay R. Nunley, MD
William C. Taft, MD, PhD
Jessica Cauble, FNP-C
Amber Walston, NP

continued
Pediatric Neurosurgery
48 Cross Park Ct., 29605
797-7440 • F797-7469

2000 E. Greenville St., Ste. 3500
Anderson, 29621/716-6490 • F716-6492

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9206

E. Christopher Troup, MD
Sharon Haire, CPNP
Brittany Buchanan, NP
Katie Lichte, NP

New Impact Healthy Lifestyle
(see Weight Management Program, Page 14)

Newborn Services
701 Grove Rd., 29605/455-8401 • F455-3884
Jessica P. Boyd, MD
Jennifer A. Hudson, MD

175 Patewood Dr., 29615
797-1403 • F455-3884
Holly M. Dawson, MD
George C. Haddad, MD
Carley M. Howard Draddy, MD
Ann Marie Patterson Ravindran, MD
Sara K. Sheehan, MD
Rebecca P. Wright, MD

Pediatric Ophthalmology
(see also Ophthalmology, Page 18)
200 Patewood Dr., Ste. A200, 29615
454-5540 • F241-9276
Keith L. McCormick, MD
Janette E. White, MD

Pediatric Otolaryngology
Greenville Ear, Nose & Throat
• ghs.org/ent
200 Patewood Dr., Ste. B400, 29615
454-4368 • F241-9232
Nathan S. Alexander, MD
Eddie B. Penn Jr., MD

Plastic/Craniofacial Surgery
• ghsplasticsurgery.com
200 Patewood Dr., Ste. B480, 29615
454-4570 • F454-4575
J. Cart de Brux Jr., MD

Pediatric Pulmonology
200 Patewood Dr., Ste. A300, 29615
454-5530 • F241-9246

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9246

Michael J. Fields, MD, PhD
Sterling W. Simpson, MD
Steven M. Snodgrass, MD
Lisa Dubose, NP
Carmen Quintero, CPNP

Pediatric Psychology
(see also Developmental-Behavioral
Peds and Peds Hem/Onc, Page 12; Peds
Gastroenterology, Page 13; Supportive Care
Team and Weight Management Program,
Page 14)

Pediatric Rheumatology
200 Patewood Dr., Ste. A300, 29615
454-5004 • F241-9202
Lara H. Huber, MD, MSCR
Sarah B. Payne-Poff, MD

Pediatric Sleep Medicine/Center for
Pediatric Sleep Disorders
200 Patewood Dr., Ste. A200, 29615
454-5660 • F241-9233

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9233

Dominic B. Gauld, MD
Jonathan F. Hintze, MD
Ron Socher, MD
Megan Hiott, NP
Jennifer MacLean, NP

Supportive Care Team
701 Grove Rd., 29605/546-8955, 455-5149,
455-5129 • F455-6769, 455-5075
Arun L. Singh, MD
Cary E. Stroud, MD
Julie S. Jones, PsyD
Abigail Rishow, DNP

Pediatric Surgery
48 Cross Park Ct., 29605
797-7400 • F797-7405

501 Epting Ave., Greenwood, 29646
797-7400 • F797-7405

249 N. Grove Medical Park Dr., Ste. 200
Spartanburg, 29303/573-8732 • F241-9205

John C. Chandler, MD
Robert L. Gates, MD
James F. Green Jr., MD

Pediatric Urology
200 Patewood Dr., Ste. A115, 29615
454-5135 • F241-9200

2000 E. Greenville St., Ste. 3500
Anderson, 29621/716-6490 • F241-9200

Regina D. Monroe, MD
J. Lynn Teague, MD, MHA
Anthony J. Tracey, MD, MPH
Melissa Hulbert, PA-C
Terri Dean, FNP

Weight Management Program
(New Impact Healthy Lifestyle)
ghs.org/newimpact
1350 Cleveland St., 29607
675-FITT (3488) • F627-9131
Erin L. Brackbill, MD
Laure E. Utecht, MD
Cara Reeves, PhD
### Primary Care

**Carolina Pediatrics of Greenville**
- [ghschildrens.org/cpg](http://ghschildrens.org/cpg)
- 200 Patewood Dr., Ste. A120, 29615
- 454-2670 • F454-2679
- Tracey E. Butcher, MD
- Emily M. Cole, MD
- Bronwen S. Greene, MD
- Gretchen W. Mathias, MD
- Hae Kyong Nelson, MD
- Doreen P. Patterson, MD
- Debra L. Schwiets, MD
- S. Nancy Song, MD

**Center for Pediatric Medicine**
- [ghschildrens.org/cpm](http://ghschildrens.org/cpm)
- 20 Medical Ridge Dr., 29605
- 220-7270 • F241-9211
- 5 W. Main St., 29611 (Center for Pediatric Medicine–West)/220-7270 • F241-9211

**The Children’s Clinic**
- [ghschildrens.org/childrens-clinic](http://ghschildrens.org/childrens-clinic)
- 890 S. Pleasantburg Dr., 29607
- 271-1450 • F271-3914
- 415 Duncan Chapel Rd., 29617
- 522-2600 • F522-2605
- 325 Medical Pkwy., Ste. 150, Greer, 29650
- 797-9300 • F797-9302

**Christie Pediatric Group**
- [ghschildrens.org/christiepeds](http://ghschildrens.org/christiepeds)
- [christiepediatricgroup.com](http://christiepediatricgroup.com)
- 9 Mills Ave., 29605/242-4840 • F241-9209
- 3911 S. Hwy. 14, 29615
- 522-1340 • F241-9209

**Clemson Primary Care**
- (a practice of Baptist Easley)
- 101 Chapman Hil Rd., Ste. 201
- 855-0001 • F241-9251

**GHS Pediatrics & Internal Medicine–Wade Hampton**
- [ghs.org/gpim](http://ghs.org/gpim)
- 1809 Wade Hampton Blvd., Ste. 120, 29609
- 522-5000 • F241-9275

**Heritage Pediatrics & Internal Medicine–Simpsonville**
- [heritagemedpeds.com](http://heritagemedpeds.com)
- 727 S.E. Main St., Ste. 320
- Simpsonville, 29681/454-6440 • F454-6445

**Heritage Pediatrics & Internal Medicine–Wren**
- [heritagewren.com](http://heritagewren.com)
- 1115 Wren School Rd.
- Piedmont, SC 29673/859-0740 • F859-9008

**Pediatric Associates–Easley**
- [ghschildrens.org/pae](http://ghschildrens.org/pae)
- 800 N. A St., Easley, 29640
- 855-0001 • F241-9251

**Pediatric Associates–Greer**
- [ghschildrens.org/pag](http://ghschildrens.org/pag)
- 318 Memorial Dr., Greer, 29650
- 879-3883 • F241-9239

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J. Blakely Amati, MD
Ryan D. Bromm, DO
Elizabeth W. Burton, MD
Anthony E. Delgado, MD
Kym N. Do, MD
Meredith Eicken, MD, MPH (Med-Peds)
Sara R. Emerson, MD
Janelle E. Godlewski, MD
Gary M. Goudelock, MD
Lochrane Grant, MD
Matthew P. Grisham, MD
Sarah B.G. Hinton, MD (Med-Peds)
Mark B. Krom, DO
Cristina M. Lopez, MD
Andrea D. Nesbit, MD
James B. Nichols Jr., MD
Joseph D. Pool, MD
Jeffrey E. Stoeber, MD
William L. Wylie Jr., MD

**Clemson-Seneca Pediatrics**
- [ghs.org/cspeds](http://ghs.org/cspeds)
- 208 Frontage Rd., Ste. 1, Clemson, 29631
- 654-6034 • F654-0352

**Heritage Pediatrics & Internal Medicine–Wren**
- [heritagewren.com](http://heritagewren.com)
- 1115 Wren School Rd.
- Piedmont, SC 29673/859-0740 • F859-9008

**Pediatric Associates–Easley**
- [ghschildrens.org/pae](http://ghschildrens.org/pae)
- 800 N. A St., Easley, 29640
- 855-0001 • F241-9251

**Pediatric Associates–Greer**
- [ghschildrens.org/pag](http://ghschildrens.org/pag)
- 318 Memorial Dr., Greer, 29650
- 879-3883 • F241-9239

---

Antoinette M. Bannister, MD
Lorraine A. Bruce, MD
Elizabeth A. Chea, MD
Jordan A. Dean Jr., MD
Atieno A. Ragwar, MD
Haley Cannady, CPNP
Beth Dickerson, CPNP

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2017 Report to the Greenville Health Authority | 71
Pediatric Associates–Powdersville
  • ghschildrens.org/pa-powdersville  
  207 Three Bridges Rd., 29611  
  220-1110 • F241-9251
K. Leigh Bragg, MD  
Ashley T. Flesher, MD  
William R. Wilson, MD

Pediatric Associates–Simpsonville
  • ghschildrens.org/pa-simpsonville  
  1409 W. Georgia Rd., Ste. A  
  Simpsonville, 29680/454-5062 • F241-9209
O. Perry Earle IV, MD  
Stephen E. Lookadoo Jr., MD  
Kevin A. Springle, MD  
Meghann Glenn, NP

Pediatric Associates–Spartanburg
  • ghschildrens.org/pas  
  500 Squires Pte., Ste. A, Duncan, 29334  
  582-8135 • F573-9757
Troy L. Beavers, MD  
E. Lee Belvin II, MD  
S. David Blake, MD  
Jennifer S. Colburn, MD  
Ann Marie H. Edwards, MD  
Lizbeth A. McLeod, MD  
Michelle E. Frigge, MD  
Agil E. Surka, MD  
Jenny Thomas, MD  
Rebecca Saul, ACNP, PNP

Spartanburg Pediatric Health Center
  201 E. Broad St., Ste. 210  
  Spartanburg, 29306/707-2135 • F707-2136
Shana F. Egge, MD  
Dennis G. Jurs, MD  
Nicholas O. Kelley, MD  
Shyla Nuguri, MD, PhD  
Michele Byrd, NP  
Charlotte Hall, CPNP-PC

PSYCHIATRY & BEHAVIORAL MEDICINE

GHS Psychiatry
  701 Grove Rd., 29605/522-5550 • F455-8981
10 Patewood Dr., Ste. 130, Bldg. 6, 29615  
522-5550 • F522-5555
1409 W. Georgia Rd., Ste. D  
Simpsonville, 29680/522-5550 • F544-5067
Frank A. Clark, MD (Hospitalist)  
Deborah R. Davis, MD (Peds)  
Louis J. Dolinar, MD  
Julius R. Earle Jr., MD  
Jim E. Edwards, MD, MA Ed (Peds)  
Lance Feldman, BSN, MD, MBA (Peds Hospitalist)  
Eve Fields, MD  
Benjamin T. Griffith, MD (Hospitalist)  
Wade A. Harris, MD (ECT)  
Vina B. Jain, MD  
Anusuiya Nagar, MD (Hospitalist)  
Edmund C. Parsons, MD (Hospitalist)  
Eunice R. Peterson, MD (Peds)

Linda L. Thomas, MD, PhD
Millard C. Trott, MD  
Cynetta L. Wade, DO  
Calvert G. Warren, MD (Hospitalist)  
Jennifer Clark, DNP, PMHNP-BC  
Helene E. Cook, PhD  
Bonnie L. Kessler, PhD  
Keith Plowden, PhD, PMHNP-BC  
Lucinda S. Quick, PhD  
Heike M. Minhich, PsyD  
J. Belinda Robarge, PA-C  
Stephanie Dutch, NP (Hospital Medicine)  
Brandy Dillon, LPC  
Aja Duncan, LPC  
Tina Ehles, CNS  
Randi Grant, LSW-CP  
Pauline (Poppie) Dyre, LSW-CP (formerly Lundgren)  
Monica McDowell, LPC (Peds)  
Jim Moran, LSW-CP  
Jim Nagi, LSW-CP  
Laurie Pinckney, LPC (Peds)  
Anneke Warren Nave, LSW-CP

RADIOLOGY

GHS Radiology
  • ghs.org/radiology  
  1210W. Faris Rd., 29605/522-1800 • F522-1806
L. Chase Allen Jr., MD  
T. Claire Alleyne, MD  
Bonnin L. Anderson, MD  
Michael H. Brannon, MD  
John A. Cooper, MD  
A. Ronald Cowley, MD, PhD (Neuroradiology)  
Hamer E. “Rhett” David, MD  
William T. Deeter III, MD (Interventional)  
A. Michael Devane, MD (Interventional)  
Drew Epling, MD (Breast)  
Michael B. Evert, MD  
S. Eric Farnsworth, MD (Nuclear Medicine)  
Penny J. Galbraith, MD (Musculoskeletal)  
Barbara A. Garner, MD (Breast)  
John W. Gilpin, MD  
Lewis B. Gilpin, MD  
M. Ryan Gossage, MD (Interventional)  
Linda M. Gray, MD (Breast)  
Jeffrey W. Hanna, MD  
Jonathan R. Hinshelwood, MD (Interventional)  
Joseph C. Holladay III, MD (Neuroradiology)  
Erin M. Horsley, DO (Peds)  
Charles G. Hood, MD  
Richard B. Lawdahl, MD (Interventional)  
Sylvester Lee, MD  
Steven C. Lowe, MD  
Ervin L. Lowther, MD (Neuroradiology)  
Lee A. Madeline, MD (Neuroradiology)  
Richard A. Mamrick, MD  
Bernard "Tripp" Masters III, MD (Nuclear Med)  
Steven G. Milam, MD  
Jessica L. Millsap, MD (Musculoskeletal)  
Naveen N. Parti, MD (Neuroradiology)  
Blake C. Poleynard, MD  
Stephen J. Reinarz, MD (Neuroradiology)  
J. Mark Rogers, MD  
Todd S. Rushe, MD  
H. Stuart Saunders, MD  
Amanda L. Scopevuelo, MD (Breast)  
Adrian C. Terry, MD  
D. Mack Thomason, MD  
Michael A. Thomason, MD (Peds)  
Krista D. Timmerman, MD  
John B. Udall, MD  
Jeffrey R. Wienke, MD (Musculoskeletal)  
C. David Williams III, MD (Breast)  
Natalya Tarasevich, PA-C  
Julia Urban, PA-C
### SURGERY

- [ghssurgery.org](http://ghssurgery.org)

**Urgent Surgical Evaluation Center**

<table>
<thead>
<tr>
<th>Number</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
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</thead>
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**Bariatric Surgery (adolescent & adult)**

<table>
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<tr>
<th>Number</th>
<th>Address</th>
<th>Phone</th>
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</tr>
</thead>
<tbody>
<tr>
<td>676-1072 - F676-0729</td>
<td>2104 Woodruff Rd., 29607</td>
<td>766-2260 - F226-5345</td>
<td>226-2290 - F226-8973</td>
</tr>
<tr>
<td>Patricia L. Eichhorn, MD</td>
<td>Edward J. Rapp II, MD</td>
<td>John D. Scott, MD</td>
<td>Christine Powers-Koop, PA-C</td>
</tr>
<tr>
<td>Richard E. Moretz, MD</td>
<td>John M. Rinkliff, MD</td>
<td>John D. Cull, MD</td>
<td>Brian W. Davis, MD</td>
</tr>
<tr>
<td>Joseph A. Camunas, MD</td>
<td>Wendy R. Cornett, MD</td>
<td>Dr. Eric N. Lokey, MD</td>
<td>Dr. Timothy L. Dersch, MD</td>
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**Breast Health Center**

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<tbody>
<tr>
<td>Wendy R. Cornett, MD</td>
<td>John D. Cull, MD</td>
<td>Brian W. Dach, DO</td>
<td>Benjamin M. Manning, MD</td>
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<tr>
<td>Brian P. McKinley, MD</td>
<td>John M. Rinkliff, MD</td>
<td>Eric N. Lokey, MD</td>
<td>Dr. erst. L. Dersch, MD</td>
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<tr>
<td>Rebecca A. Snyder, MD</td>
<td>John M. Rinkliff, MD</td>
<td>Joshua B. Shoneouda, MD</td>
<td>Joshua B. Simpson, MD</td>
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<tr>
<td>Thomas O. Young, MD</td>
<td>Joshua B. Simpson, MD</td>
<td>Danielle E. Smith, MD</td>
<td>Bradley R. Snow, MD</td>
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<tr>
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<td></td>
<td>Melisa Wiese, NP-C</td>
<td>Kimberly Yost, PA-C</td>
<td>Sierra Williams, ACNP</td>
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**Cardiothoracic Surgery**

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<th>Number</th>
<th>Address</th>
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<tbody>
<tr>
<td>Gautam Bhatia, MD</td>
<td>John D. Cull, MD</td>
<td>Brian W. Dach, DO</td>
<td>Benjamin M. Manning, MD</td>
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<tr>
<td>Barry R. Davis, MD</td>
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<td>Eric N. Lokey, MD</td>
<td>Dr. G. L. Dersch, MD</td>
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<tr>
<td>Scott H. Johnson, MD</td>
<td>John M. Rinkliff, MD</td>
<td>Joshua B. Simpson, MD</td>
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<tr>
<td>Christopher C. Wright, MD</td>
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<tr>
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**Colon & Rectal Surgery**


<table>
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<tr>
<th>Number</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
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</thead>
<tbody>
<tr>
<td>60 Bear Dr., 29605/522-1600 - F522-1618</td>
<td>340 Medical Pkwy., Ste. 200, Greer, 29650</td>
<td>797-9400 - F797-9402</td>
<td>797-9400 - F797-9402</td>
</tr>
<tr>
<td>George A. Blesl Jr., MD</td>
<td>Cedrek L. Mcdadden, MD</td>
<td>James C. Rex, MD</td>
<td>Yuliya Y. Yurko, MD</td>
</tr>
<tr>
<td>Jay A. Crockett, MD</td>
<td>Cedrek L. Mcdadden, MD</td>
<td>James C. Rex, MD</td>
<td>Yuliya Y. Yurko, MD</td>
</tr>
<tr>
<td>Patrick J. Culumovic, MD</td>
<td>Cedrek L. Mcdadden, MD</td>
<td>James C. Rex, MD</td>
<td>Yuliya Y. Yurko, MD</td>
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**Endocrine Surgery**

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<td>Eric N. Lokey, MD</td>
<td>Joshua B. Simpson, MD</td>
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<tr>
<td>John O. York, MD</td>
<td>Brooke Fisher, PA-C</td>
<td>Derek S. Watson, MD</td>
<td>Thomas O. Young, MD</td>
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<tr>
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</table>

**The Hernia Center**

- [ghs.org/hernia](http://ghs.org/hernia)

<table>
<thead>
<tr>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>2104 Woodruff Rd., 29607</td>
<td>2104 Woodruff Rd., 29607</td>
<td>234-7540 - F676-0729</td>
<td>676-1072 - F676-0729</td>
</tr>
<tr>
<td>Alfredo M. Carbonell II, DO</td>
<td>William S. Cobb IV, MD</td>
<td>Jeremy A. Warren, MD</td>
<td>Melissa Wiese, NP-C</td>
</tr>
<tr>
<td>Melisa Wiese, NP-C</td>
<td>Wilson &amp; McCormack Surgical Services</td>
<td>1012 Medical Ridge Rd., Clinton, 29325</td>
<td>833-3852 - F938-0501</td>
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**Minimal Access Surgery**

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<td>Jeremy A. Warren, MD</td>
<td>Melissa Wiese, NP-C</td>
</tr>
</tbody>
</table>

2017 Report to the Greenville Health Authority | 73
Oncology and Thoracic Surgery
890 W. Faris Rd., Ste. 320, 29605
455-1200 • F455-1209
Sharon Ben-Or, MD (Thoracic)
William D. Bolton, MD (Thoracic)
Wesley B. Jones, MD (Hepatobiliary)
Brian P. McKinley, MD (Surgical Oncology)
Alexander A. Parikh, MD, MPH (Surgical Oncology)
Rebecca A. Snyder, MD, MPH (Surgical Oncology)
James E. Stephenson, MD (Thoracic)
Steven D. Trocha, MD (Surgical Oncology)

Pediatric Ophthalmology (also see Page 14)
200 Patee Road, Ste. A200, 29615
454-5540 • F241-9276
Keith L. McCormick, MD
Janette E. White, MD

Orthopaedic Oncology Surgery
890 W. Faris Rd., Ste. S10, 29605
455-6030 • F455-6680
Timothy P. McHenry, MD (Ortho Spine Surg)
Scott E. Porter, MD, MBA (Orthopaedic Onc)

Otolaryngology
Greenville Ear, Nose & Throat
• ghs.org/ent
200 Patee Road, Ste. B400, 29615
454-4368 • F241-9232
Nathan S. Alexander, MD
Michael S. Cooter, MD
Robert L. Eiler, MD
William D. Frazier, MD
Ross M. Germani, MD
Patrick W. McLean, MD
Eddie B. Penn Jr., MD
John G. Phillips, MD
Andrew M. Rampey, MD
Charles E. Smith, MD, DMD
Amber Henderson, PA-C
Kelly Hughes, PA-C
Mary Knight Stucky, PA-C
Lisa Ramos, AuD
Courtney Russo, AuD
Susan Valenti, AuD
Angela Zuerndt, AuD
Lisa Banksdale, CCC-SLP
Christa Liles, MSR, CCC-SLP
Alissa Yeragin, CCC-SLP

325 Medical Pkwy., Ste. 250, Greer, 29650
797-9080 • F797-9085
Michael S. Cooter, MD
William D. Frazier, MD
Ross M. Germani, MD
Charles E. Smith, MD, DMD
Sarah Tellier, AuD (formerly Draper)

Greenville ENT–Head & Neck Surgery
900 W. Faris Rd., 2nd floor
455-5300 • F455-5353
Robert O. Brown, III, MD (Head/Neck Reconstr Surg)
Paul L. Davis III, MD (Head/Neck Onc Surg)
Robert L. Eiler, MD (Laryngology/Voice Disorders)
LeeAnne Grumlet, PA-C

Medical Center Powdersville
11402 Anderson Rd., Ste. D, 29611
(in collaboration with Baptist Easley)
631-2799 • F522-1215
Arthur P. Wood, MD
Heather Strader, AuD

Mountain Lakes ENT, Allergy & Hearing Center
• ghs.org/mountainlakesent
105 Carter Park Dr., Ste. B, Seneca, 29678
482-3122 • F482-3152
Daniel F. Boxwell, DO
Drew V. Collins, MD
Ronald Gooden, AuD

Pediatric Surgery (see Page 14)

Plastic Surgery & Aesthetics
Carolina Plastic Surgery & Aesthetics–Patewood
• ghsplasticsurgery.com
200 Patee Road, Ste. B480, 29615
454-4570 • F454-4575
Brian N. Boland, MD
J. Cart de Brux Jr., MD
J. Wesley Culpepper Jr., MD
James L. Fowler III, MD
Nina Kate Jackson, PA-C
Renee Cato, LMA, CAC
Noelle Monteine, LMA, CAC

103 Omni Dr., Ste. A, Seneca, 29672
(located at GHS Surgical Specialists–Seneca)
482-3243 • F482-3249
Brian N. Boland, MD (Breast Reconstruction)

Carolina Plastic Surgery & Aesthetics–Woodruff Road
920 Woodruff Rd., 29607/233-8088 (no fax)
Renee Cato, LMA, CAC
Maggie Kittredge, LMA, CAC
Noelle Monteine, LMA, CAC
Melissa Owens, LMA, CAC
Jessica Swayingham, LMA, CAC
Brian W. Boland, MD
J. Cart de Brux Jr., MD
J. Wesley Culpepper Jr., MD
James L. Fowler III, MD

Robotic Surgery
• ghs.org/roboticsurgery
To contact a robotic-trained doctor, refer to the home department listed in parentheses.

Sharon Ben-Or, MD (Onc & Thoracic Surg)
George A. Blesi Jr., MD (Colon & Rectal)
William D. Bolton, MD (Onc & Thoracic Surg)
Kimberly L. Burgess, MD (Urology)
J. Erik Busby, MD (Urology)
Alfredo M. Carbonell II, DO (Mini Access Surg)
Patrick J. Culumovic, MD (Colon & Rectal)
J. Wesley Culpepper Jr., MD
Jeffrey W. Elder, MD (OB/GYN)
Kristen L. MacClenahan, MD (OB/GYN)
Charles G. Marguet, MD (Urology)
Cedrek L. McFadden, MD (Colon & Rectal)
Regina M. Monroe, MD (Pediatric Urology)
Mark T. Moore, MD (OB/GYN)
Larry E. Pul, MD (OB/GYN)
EMLOYEE CARE CENTERS

Greer Memorial Hospital, 455-2455
Hillcrest Hospital, 455-2455
Oconee Memorial Hospital, 885-7656
Patewood Center, Ste. 102, 455-2455
Roger C. Peace Hospital, 455-2455

Ronni Ayala, FNP-BC
Patricia Brewer, FNP-BC
Brittney Brown, APRN, FNP-BC
Meg Burton, APRN, FNP-BC
Lai Chaim, DNP, NP-C
Britta Chapman, FNP (Oconee)
Susan Curtis, FNP (Oconee)
Tamika Elliott, FNP
Leslie Hellenga, ANP-BC
Valerie Karash, MSN, FNP-C
Kristine Lepo, FNP-BC
Robyn Liu, FNP-C
Ashley Long, MSN, ANP-C
Rachel Montjoy, FNP-BC
Dawn Scholl, MSN, ANP-C
Stacy Stokes, FNP-BC
Dawn Stoudemayer, FNP-C
Jennifer Thompson, FNP-BC
Jennifer Vaughn, NP-C
Terry Williams, FNP

CENTER FOR HEALTH AND OCCUPATIONAL SERVICES

• ghs.org/occupationalhealth
1020 Grove Rd., 29605
455-2300 • F455-2399

Otis Cosby Jr., MD, MBA, MSPH
Sajidkhan S. Pathan, MD, MPH
Gwen Sechrist, FNP-BC

RESIDENCY PROGRAM SITES

Family Medicine, 877 W. Faris Rd., 29605
455-7800 • F455-9016
Vincent E. Green, MD, Program Director

Rural Family Medicine
11082 N. Radio Station Rd., Seneca, 29672
822-2134 • F822-3677
T. Edwin Evans, MD, Program Director
Jennifer L. Hanke, DO, Associate Program Director

Internal Medicine, 876 W. Faris Rd., 29605
455-5648 • F455-4331
J. Michael Fuller, MD, Program Director
Meenu Jindal, MD, Medical Director

Medicine-Pediatrics, 701 Grove Rd., 29605
455-7844
Russ C. Kolarik, MD, Program Director

OB/GYN, 890 W. Faris Rd., Ste. 470, 29605
455-7887 • F455-6875
Sharon D. Keiser, MD, Program Director
Jeffrey W. Elder, MD, Associate Program Director
Adam B. Tyson, MD, Academic Generalist

Orthopaedics, 13 Edgewood Dr., 29605
455-7861
Scott E. Porter, MD, Program Director

Pediatrics, 701 Grove Rd., 29605/455-7895
Matthew P. Grisham, MD, Program Director
Jennifer A. Hudson, MD, Associate Program Director
Amanda G. O’Kelly, MD, Associate Program Director

Surgery/Vascular, 13 Edgewood Dr., 29605
455-7861
Joseph A. Camunas, MD, Program Director

NEIGHBORHOOD HEALTH PARTNERS MOBILE HEALTH CLINIC

Info line: 455-9349
Chuck Arnold, MSN, FNP-BC

GEORAPHIC INDEX

ANDERSON

OB/GYN
Female Pelvic Medicine & Reconstructive Surgery
GHS Maternal-Fetal Medicine
Reproductive Endocrinology & Infertility/Fertility Center of the Carolinas

Orthopaedics
Blue Ridge Orthopaedics
The Hand Center

Pediatrics
Pediatric Cardiology
Pediatric Endocrinology
Pediatric Hematology/Oncology / BI-LO Charities Children’s Cancer Center
Inpatient Pediatrics
Pediatric Nephrology & Hypertension
Pediatric Neurosurgery
Pediatric Urgent Care
Pediatric Urology

Surgery
Bariatric Surgery

CLEMSON

Medicine
Cardiac Electrophysiology–Carolina Cardiology Consultants
Cardiology–Carolina Cardiology Consultants
Primary Care–Internal Medicine
Clemson Primary Care (a Baptist Easley practice)

Primary Care–Pediatrics
Clemson-Seneca Pediatrics
Clemson Primary Care (a Baptist Easley practice)

CLINTON
Medicine
Endocrinology (at GHS Internal Medicine–Laurens)
Hospitalist Services

Oncology & Hematology
Cancer Institute

Primary Care–Family Medicine
Advanced Family Medicine

Primary Care–Internal Medicine
GHS Internal Medicine–Laurens

Primary Care–OB/GYN
Carolina Women's Center

Surgery
General Surgery–Wilson & McCormack
Surgical Services

Wound Care
Upstate Wound Healing and Hyperbaric Medicine Center

GRAY COURT
Primary Care–Family Medicine
Laurens Family Medicine

GREENVILLE
(See main directory)

GREENWOOD
OB/GYN
GHS Maternal-Fetal Medicine

Pediatrics
Pediatric Cardiology
Pediatric Surgery

Surgery
Bariatric Surgery
General Surgery
Pediatric Surgery

GREER
Convenient Care
MD360*

Medicine
Cardiac Electrophysiology–Carolina Cardiology Consultants
Cardiology–Carolina Cardiology Consultants
Gastroenterology–Gastroenterology Consultants of Internal Medicine
Consultants of Internal Medicine–Greenville
Hospitalist Services
Lung Center

Oncology & Hematology
Cancer Institute

Orthopaedics
Steadman Hawkins Clinic of the Carolinas

Pediatrics
Inpatient Pediatrics

Primary Care–Family Medicine
Cypress Internal Medicine–Greer
Family Medicine–Mountview
Greer Family Medicine

Primary Care–OB/GYN
Greer OB/GYN

Primary Care–Pediatrics
The Children's Clinic
Pediatric Associates–Greer

Surgery
Colon & Rectal Surgery
General Surgery
Otolaryngology–Greenville ENT
Urology–Regional Urology–Greer
Vascular Surgery

LAURENS
Medicine
Endocrinology–Endocrinology Specialists and Thyroid Center

Primary Care–Family Medicine
Laurens Family Medicine

PIEDMONT/POWDERSVILLE
Convenient Care
MD360* (in collaboration with Baptist Easley)

Orthopaedics
Steadman Hawkins Clinic of the Carolinas (in collaboration with Baptist Easley)

Primary Care–Internal Medicine
Heritage Pediatrics & Internal Medicine–Wren

Primary Care–OB/GYN
Premier Women's Care

Primary Care–Pediatrics
Pediatric Associates–Powdersville
Heritage Pediatrics & Internal Medicine–Wren

Surgery
Medical Center Powdersville–Otolaryngology
(in collaboration with Baptist Easley)

SENeca
Anesthesiology
Oconee Anesthesiology

Medicine
Cardiology–Carolina Cardiology Consultants
SC Cardiology Consultants
Geriatric Medicine–Oconee Geriatric Medicine
Hospitalist Services
Palliative Care–Oconee Palliative Medicine
Rheumatology–Rheumatology Consultants

Oncology & Hematology
Cancer Institute

Orthopaedics
Blue Ridge Orthopaedics
The Hand Center

continued
Primary Care–Family Medicine
Mountain Lakes Family Medicine
Dr. Timothy Sanders Family Medicine
Seneca Medical Associates
Upstate Family Medicine

Primary Care–OB/GYN
Blue Ridge Women's Center

Primary Care–Pediatrics
Clemson-Seneca Pediatrics

Surgery
ENT–Mountain Lakes ENT, Allergy & Hearing Center
General Surgery–Upstate Surgical Associates
Plastic Surgery (Breast Reconstruction)–Carolina Plastic Surgery & Aesthetics
(offered at GHS Surgical Specialists–Seneca)
Vascular Surgery–Vascular Health Alliance
(offered at GHS Surgical Specialists–Seneca)

Urology
Oconee Urology

Wound Care
Wound Care and Hyperbaric Medicine–Oconee

SIMPSONVILLE

Convenient Care
MD360*

Medicine
Cardiology–Carolina Cardiology Consultants
Hospitalist Services

Orthopaedics
Steadman Hawkins Clinic of the Carolinas

Primary Care–Family Medicine
Hillcrest Family Practice
Keystone Family Medicine
Simpsonville Family Medicine

Primary Care–Internal Medicine
GHS Internal Medicine–Simpsonville
Heritage Pediatrics & Internal Medicine–Simpsonville

Primary Care–OB/GYN
Greenville Ob Gyn Associates

Primary Care–Pediatrics
Heritage Pediatrics & Internal Medicine–Simpsonville
Pediatric Associates–Simpsonville

Psychiatry & Behavioral Health
GHS Psychiatry

Surgery
General Surgery

SPARTANBURG

Anesthesiology
GHS Pain Management–Boiling Springs
GHS Pain Management–Spartanburg

Convenient Care
MD360*

Medicine
Gastroenterology

OB/GYN
Female Pelvic Medicine & Reconstructive Surgery
Reproductive Endocrinology & Infertility/Fertility Center of the Carolinas

Oncology & Hematology
Cancer Institute

Orthopaedics
The Hand Center
Steadman Hawkins Clinic of the Carolinas

Pediatrics
After-hours/Convenient Care
(Children's Hospital Spartanburg Night Clinic)
Child Advocacy Medical Program
Pediatric Cardiology
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology/Oncology / BI-LO Charities Children's Cancer Center
Pediatric Nephrology & Hypertension
Pediatric Neurology
Pediatric Neurosurgery
Pediatric Pulmonology
Pediatric Sleep Medicine/Center for Pediatric Sleep Disorders
Pediatric Surgery
Pediatric Urology

Primary Care–Family Medicine
GHS Family & Internal Medicine–Boiling Springs
Skylyn Medical Associates

Primary Care–Pediatrics
Pediatric Associates–Boiling Springs
Spartanburg Pediatric Health Center

Surgery
General Surgery
Ophthalmology

TAYLORS

Primary Care–Family Medicine
Palmetto Family Medicine

TRAVELERS REST

Medicine
Hospitalist Services

Primary Care–Family Medicine
Travelers Rest Family Medicine

Primary Care–Pediatrics
Center for Pediatric Medicine
The Children's Clinic–Duncan Chapel

WALHALLA

Primary Care–Family Medicine
GHS Family Medicine–Walhalla

130990 revised 2/18
UPSTATE AFFILIATE ORGANIZATION dba GREENVILLE HEALTH SYSTEM
GENERAL SUMMARY OF INSURANCE COVERAGES
INCLUDING GHS GOVERNMENTAL
INCLUDING CARE COORDINATION INSTITUTE

Prepared by:

Marsh USA Inc.
Greenville, SC

February 8, 2017
1. **Umbrella Liability**

- Includes Excess GL, Hospital Professional, & GHC, Excess of Underlying $1,200,000 SIR
- National Fire & Marine
- 10/01/16- 10/01/17 (includes 6% SL Taxes)
- $25,000,000
- 42-UHC-301867-02
- $466,665

2. **Comprehensive All Risk Property**

- Real & Personal Property, Business Interruption and
- Boiler & Machinery Coverage
- "All Risk" Coverage including Flood and Earthquake subject to policy exclusions.
- Deductibles:
  - Flood & Earthquake $100,000
  - Flood (100 yr) $500,000 Bldg. / $500,000 PP
  - Physician Offices $25,000
- Policy Limit $1,500,000,000*
- American Home Assurance
- 084146354
- 10/01/16- 10/01/17
- $909,792
- $10,000

*Total Insured Values: $3,467,810,352

- Sublimts Applicable to:
  - Flood (Per Occurrence / Annual Aggregate) - $250,000,000 except $10,000,000 – 100 Yr Flood Zone
  - Earth Movement (Per Occurrence / Annual Aggregate) - $250,000,000
  - Extra Expense - $10,000,000
  - Valuable Papers & Records and Records & Accounts Receivable - $10,000,000
  - Debris Removal (Excluding Pollution) - $25,000,000 or 25% of PD loss whichever is Less
  - Demolition & Increased Cost of Construction - $100,000,000
  - Pollutant Clean-Up - $1,000,000
  - Transit - $2,000,000
  - Unnamed (Unscheduled) Locations - $25,000,000
  - Newly Acquired Property (1st 120 Days) - $25,000,000
  - Off Premises Power Interruption - $25,000,000
  - Boiler & Machinery – Policy Limit
  - Mobile Medical Equipment - $5,000,000

---

*As of 2/12/2018*
### 3. Business Automobile (Marsh acts as consultant)

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Liability for Owned and Non-Owned Autos</td>
<td>Cincinnati Ins. Co.</td>
<td>10/01/16-10/01/17</td>
<td>$262,303</td>
</tr>
<tr>
<td>Bodily Injury and/or Property Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured/Underinsured Motorsans Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,000,000 Per Acc</td>
<td>$10,000 Per Person</td>
<td>$1,000,000 Per Acc.</td>
<td></td>
</tr>
<tr>
<td>b. Automobile Physical Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive &amp; Collision on all Owned Vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hired Auto Limit</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Towing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Reimbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Cash Value</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500 Comp./$500 Coll.</td>
<td>$50,000 Per Auto</td>
<td>$50 Per Event</td>
<td></td>
</tr>
<tr>
<td>$100 Per Day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Automobile Physical Damage for Autos in Custody of Hospital (Garagekeepers Legal Liability) at Grove Road, Greer, Simpsonville and Patewood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive &amp; Collision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Emergency Vehicles (Oconee) (Marsh acts as consultant)

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Liability for Scheduled Vehicles</td>
<td>American Alternative (VFIS)</td>
<td>10/01/16-10/01/17</td>
<td>$51,126</td>
</tr>
<tr>
<td>Bodily Injury and/or Property Damage</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Medical Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured/Underinsured Motorsans Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$1,000,000 Each Acc</td>
<td>$10,000 Per Person</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>b. Physical Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Various Per Vehicle</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. Directors & Officers Liability / EPL

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Liability for Scheduled Vehicles</td>
<td>AIG</td>
<td>10/01/16-10/01/17</td>
<td>$141,327.20</td>
</tr>
<tr>
<td>Bodily Injury and/or Property Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Payments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured/Underinsured Motorsans Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5,000,000</td>
<td>$250,000</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>b. Physical Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual or Alleged Error, Misstatement, Wrongful Act, or Neglect or Breach of Duty excluding Dishonesty or Liability as Defined by ERISA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes: Entity Coverage, Employment Practices Liability, Punitive Damages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention: Insured Persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entity/Corporate Reimbursement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Practices Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punitive Damages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0</td>
<td>$250,000</td>
<td>$1,000,000</td>
<td></td>
</tr>
<tr>
<td>6. Excess Directors &amp; Officers Liability / EPL</td>
<td>ACE American</td>
<td>10/01/16-10/01/17</td>
<td>$98,687.20</td>
</tr>
<tr>
<td>Excess of $5,000,000 / $250k SIR</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Excess Directors &amp; Officers Liability / EPL</td>
<td>Endurance American</td>
<td>10/01/16-10/01/17</td>
<td>$73,525</td>
</tr>
<tr>
<td>Excess of $10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$5,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Excess Directors &amp; Officers Liability / EPL</td>
<td>Beazley Insurance</td>
<td>10/01/16-10/01/17</td>
<td>$51,467.50</td>
</tr>
<tr>
<td>Excess of $15,000,000</td>
<td></td>
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</tr>
<tr>
<td>$5,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. Fiduciary Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breach of Fiduciary Liability or Administrative Error or Omission in Connection with Benefit Plans</td>
<td>$5,000,000</td>
<td>AIG 02-140-82-71</td>
<td>10/01/16-10/01/17</td>
<td>$28,060</td>
</tr>
<tr>
<td>Retention: $100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Excess Fiduciary Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of $5,000,000 / $100k SIR</td>
<td>$5,000,000</td>
<td>ACE American G2872941901</td>
<td>10/01/16-10/01/17</td>
<td>$19,548</td>
</tr>
</tbody>
</table>

11. Excess Fiduciary Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of $10,000,000</td>
<td>$5,000,000</td>
<td>Endurance American FLX10010006500</td>
<td>10/01/16-10/01/17</td>
<td>$14,490</td>
</tr>
</tbody>
</table>

12. Excess Fiduciary Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of $15,000,000</td>
<td>$5,000,000</td>
<td>Beazley Insurance V1CC5C160101</td>
<td>10/01/16-10/01/17</td>
<td>$14,450</td>
</tr>
</tbody>
</table>

13. Commercial Crime

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Employee Theft Coverage</td>
<td>$10,000,000</td>
<td>AIG 02-140-82-71</td>
<td>10/01/16-10/01/17</td>
<td>$35,001.60</td>
</tr>
<tr>
<td>C. Transit Coverage</td>
<td>$10,000,000</td>
<td>HCC Specialty U711-85887</td>
<td>10/01/14-10/01/17</td>
<td>$8,250 (3 Yr. Prem)</td>
</tr>
<tr>
<td>D. Depositors Forgery Coverage</td>
<td>$10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Counterfeit Money Orders &amp; Currency</td>
<td>$10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible: $100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Special Crime

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidnap/Ransom</td>
<td>$10,000,000</td>
<td>HCC Specialty U711-85887</td>
<td>10/01/14-10/01/17</td>
<td>$8,250 (3 Yr. Prem)</td>
</tr>
<tr>
<td>Deductible: $0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Advertisers Liability Policy

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising Injury Liability</td>
<td>$3,000,000</td>
<td>AXIS Insurance Co. MCN743516/01/2016</td>
<td>10/01/16-10/01/17</td>
<td>$6,012</td>
</tr>
<tr>
<td>Self-Insured Retention</td>
<td>$3,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000 Each Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Blanket Accident

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate Limit</td>
<td>$500,000</td>
<td>Federal Ins. Co 9995-98-58</td>
<td>10/01/15-10/01/18</td>
<td>$7,044 (3 Yr. Prem)</td>
</tr>
<tr>
<td>Medical Expense – Volunteers Deductible</td>
<td>$100,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Pollution Legal Liability

<table>
<thead>
<tr>
<th>Description</th>
<th>Coverage Amount</th>
<th>Insurer</th>
<th>Effective Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cov. A On-site Clean-up of Pollution Conditions</td>
<td>$10,000,000</td>
<td>Illinois Union HPI G277413912</td>
<td>10/01/14-10/01/19</td>
<td>$164,937.06 (5 Yr.Prem)</td>
</tr>
<tr>
<td>Cov. B Legal Liability for Pollution Conditions</td>
<td>$10,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible – Each Incident</td>
<td>$50,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As of 2/12/2018
| 18. Employed Lawyers Professional Liability | Limit of Liability | $3,000,000 | Federal Ins. Co. 8207-7731 | 10/01/16 | $13,273 |
|   | Retention | $10,000 | | 10/01/17 |

| 19. Privacy Liability and Network Risk | Policy Aggregate Limit | $10,000,000 | Allied World Assurance Co. 0304-9906 | 10/01/16-10/01/17 | $161,014 |
|   | Retention | $250,000 | | Incl. 6% S/L Tax |

| 20. Non-Owned Aviation with Premises Liability | Aggregate Limit | $10,000,000 | Federal Insurance Co. 100226341-01 | 10/01/16-10/01/17 | $9,492 |

| 21. Underground Storage Tank (Laurens) | Per Storage Tank | $1,000,000 | ACE American 024773644004 | 11/05/16-11/05/17 | $1,096.42 |
|   | Aggregate | $1,000,000 | | |
|   | Deductible | $25,000 | | |
### Property and Casualty Insurance Expense Comparison

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Projected FY 2017</th>
<th>Actual FY 2016</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broker Fee ¹</td>
<td>$250,000</td>
<td>$250,000</td>
<td>-0-</td>
</tr>
<tr>
<td>Excess / Umbrella Liability</td>
<td>466,665</td>
<td>466,665</td>
<td>-0-</td>
</tr>
<tr>
<td>Property</td>
<td>919,792</td>
<td>902,281</td>
<td>17,511</td>
</tr>
<tr>
<td>Business Auto</td>
<td>262,303</td>
<td>235,498</td>
<td>26,805</td>
</tr>
<tr>
<td>Emergency Vehicles (Oconee)</td>
<td>51,126</td>
<td>41,954</td>
<td>9,172</td>
</tr>
<tr>
<td>Directors’ &amp; Officers/EPL</td>
<td>365,007</td>
<td>295,086</td>
<td>69,921</td>
</tr>
<tr>
<td>Fiduciary Liability</td>
<td>76,548</td>
<td>14,957</td>
<td>61,591</td>
</tr>
<tr>
<td>Commercial Crime</td>
<td>35,002</td>
<td>24,816</td>
<td>10,186</td>
</tr>
<tr>
<td>Employed Lawyers Liability</td>
<td>13,273</td>
<td>13,260</td>
<td>13</td>
</tr>
<tr>
<td>Special Crime ²</td>
<td>2,750</td>
<td>2,750</td>
<td>-0-</td>
</tr>
<tr>
<td>Advertisers Liability</td>
<td>5,012</td>
<td>5,012</td>
<td>-0-</td>
</tr>
<tr>
<td>Helipad and Non-Owned Aircraft Liability</td>
<td>9,492</td>
<td>9,492</td>
<td>-0-</td>
</tr>
<tr>
<td>Auxiliary Accident Policy ²</td>
<td>2,348</td>
<td>2,348</td>
<td>-0-</td>
</tr>
<tr>
<td>Privacy Liability and Network Risk</td>
<td>161,014</td>
<td>153,700</td>
<td>7,314</td>
</tr>
<tr>
<td>Pollution Legal Liability ²</td>
<td>32,987</td>
<td>32,987</td>
<td>-0-</td>
</tr>
<tr>
<td>Underground Storage Tank</td>
<td>1,096</td>
<td>1,229</td>
<td>(133)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,654,415</strong></td>
<td><strong>$2,452,035</strong></td>
<td><strong>$202,380</strong></td>
</tr>
</tbody>
</table>

¹ Broker Fee applies to all lines of coverage except auto.
² Annual Premium for Multi-Year Policies
<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Limit</th>
<th>Carrier</th>
<th>生效日期</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directors &amp; Officers Liability / EPL</td>
<td>$5,000,000</td>
<td>Allied World</td>
<td>12/30/16</td>
<td>$9,815</td>
</tr>
<tr>
<td>Employment Practices Liability</td>
<td>$5,000,000</td>
<td>0202-6528</td>
<td>10/01/17</td>
<td>(Incl. 6% SL Taxes)</td>
</tr>
<tr>
<td>Policy Aggregate</td>
<td>$5,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retentions:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directors &amp; Officers Liability</td>
<td>$25,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EPL</td>
<td>$50,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Police Professional Liability                       | $1,000,000           | Allied World          | 10/01/16 | $33,819.30 |
| Policy Aggregate                                    | $1,000,000           | 0202-6421             | 10/01/17 | (Incl. 6% SL Taxes) |
| Retention                                           | $10,000              |                       |         |          |

| Directors & Officers including Employment Practices Liability (Run-Off) | $5,000,000 | Landmark American | 12/30/16 | $254,400 |
| Retention – Each Loss | $0                     | LHP670659          | 12/30/19 | (Incl. 6% SL Taxes) |
| Insuring Agreement A | $250,000             |                       |         |          |
| Insuring Agreement B | $250,000             |                       |         |          |
| Insuring Agreement C | $250,000             |                       |         |          |
| Employment Practices | $250,000             |                       |         |          |
### GHS Governmental (Authority)

**Property and Casualty Insurance Expense Comparison**

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Projected FY 2017</th>
<th>Actual FY 2016</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broker Fee</td>
<td>$40,000</td>
<td>$0</td>
<td>$40,000</td>
</tr>
<tr>
<td>Directors' &amp; Officers/EPL</td>
<td>$9,815</td>
<td>$0</td>
<td>$9,815</td>
</tr>
<tr>
<td>Police Professional</td>
<td>$33,819</td>
<td>$0</td>
<td>$33,819</td>
</tr>
<tr>
<td>Directors &amp; Officers/EPL (Run-Off)</td>
<td>$254,400</td>
<td>$0</td>
<td>$254,400</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$338,034</strong></td>
<td><strong>$0</strong></td>
<td><strong>$338,034</strong></td>
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</tbody>
</table>
### Care Coordination Institute

<table>
<thead>
<tr>
<th>Property</th>
<th>Location</th>
<th>Insurance</th>
<th>Start Date</th>
<th>End Date</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loc. 1 – 301 E McBee Ave.</td>
<td>Greenville, SC</td>
<td>Personal Property</td>
<td>$25,000</td>
<td>10/01/16 - 10/01/17</td>
<td>$457</td>
</tr>
<tr>
<td>Loc. 2 – 1401 Main St., Suite 300</td>
<td>Columbia, SC</td>
<td>Personal Property</td>
<td>$25,000</td>
<td>10/01/16 - 10/01/17</td>
<td>$250</td>
</tr>
</tbody>
</table>

| General Liability | | | | | |
|-------------------|-----------|-------------|----------|----------|
| Each Occurrence | Hartford | 10/01/16 - 10/01/17 | $1,000,000 | $3,023 |
| Medical Expenses – Any One Person | | | $10,000 | |
| Personal & Adv. Injury Excluded | | | | |
| Damages to Premises Rented to You | | | $1,000,000 | |
| Products / Completed Ops Aggregate | | | $2,000,000 | |
| General Aggregate | | | $2,000,000 | |

<table>
<thead>
<tr>
<th>Hired &amp; Non-Owned Automobile Liability</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Single Limit</td>
<td>Hartford</td>
<td>10/01/16 - 10/01/17</td>
<td>$1,000,000</td>
<td>$737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workers Compensation</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage A</td>
<td>Statutory</td>
<td>Hartford</td>
<td>10/01/16 - 10/01/17</td>
<td>$18,070</td>
</tr>
<tr>
<td>Coverage B</td>
<td></td>
<td></td>
<td></td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>
### Umbrella Liability

<table>
<thead>
<tr>
<th>Each Occurrence</th>
<th>Hartford</th>
<th>10/01/16 - 10/01/17</th>
<th>$1,344</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Aggregate</td>
<td>$3,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention</td>
<td>$10,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Tech E&O / Cyber

<table>
<thead>
<tr>
<th>Specialty Professional Liability</th>
<th>AIG</th>
<th>10/01/16 - 10/01/17</th>
<th>$105,042</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media Content Insurance</td>
<td>$10,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security &amp; Privacy Liability</td>
<td>$10,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Action Sublimit</td>
<td>$10,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Network Interruption</td>
<td>$10,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Management</td>
<td>$10,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retention</td>
<td>$100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting Period – Network Interruption</td>
<td>12 Hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Directors & Officers Liability incl.

#### Employment Practices Liability

<table>
<thead>
<tr>
<th>Shared Limit of Liability</th>
<th>$3,000,000</th>
<th>10/01/16 - 10/01/17</th>
<th>$16,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Party Liability Coverage</td>
<td>Included</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dedicated Side A Excess</td>
<td>$500,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-Trust Claims (D&amp;O)</td>
<td>$3,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Claims (D&amp;O)</td>
<td>$100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPAA Fine &amp; Penalties (D&amp;O)</td>
<td>$50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Event Response Costs (D&amp;O)</td>
<td>$25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMTALA (D&amp;O)</td>
<td>$50,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRS Actions, Defense Only (D&amp;O)</td>
<td>$50,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Retentions:                |            |                      |        |
| Directors & Officers       | $50,000    |                      |        |
| Employment Practices Liability | $25,000 |                      |        |
| Antitrust Claim             | $100,000   |                      |        |
| Regulatory Claim            | $100,000   |                      |        |

### Fiduciary Liability

<table>
<thead>
<tr>
<th>Limit of Liability</th>
<th>$1,000,000</th>
<th>10/01/16 - 10/01/17</th>
<th>$900</th>
</tr>
</thead>
</table>

<p>| Retention | $0 | | |</p>
<table>
<thead>
<tr>
<th>Crime</th>
<th>Amount</th>
<th>Company</th>
<th>Start Date</th>
<th>End Date</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Theft</td>
<td>$1,000,000</td>
<td>Allied World</td>
<td>10/01/16</td>
<td>10/01/17</td>
<td>$3,000</td>
</tr>
<tr>
<td>Forgery or Alteration</td>
<td>$1,000,000</td>
<td></td>
<td>0310-3825</td>
<td>10/01/17</td>
<td></td>
</tr>
<tr>
<td>Inside the Premises</td>
<td>$1,000,000</td>
<td></td>
<td>10/01/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Transit</td>
<td>$1,000,000</td>
<td></td>
<td>10/01/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Fraud</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds Transfer Fraud</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money Orders and Counterfeit Currency</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card Fraud</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$5,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Property and Casualty Insurance Expense Comparison

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Projected FY 2017</th>
<th>Actual FY 2016</th>
<th>Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
<td>$457</td>
<td>$0</td>
<td>$457</td>
</tr>
<tr>
<td>General Liability</td>
<td>$3,023</td>
<td>$0</td>
<td>$3,023</td>
</tr>
<tr>
<td>Non-Owned &amp; Hired Automobile</td>
<td>$737</td>
<td>$0</td>
<td>$737</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>$18,070</td>
<td>$0</td>
<td>$18,070</td>
</tr>
<tr>
<td>Umbrella</td>
<td>$1,344</td>
<td>$0</td>
<td>$1,344</td>
</tr>
<tr>
<td>Tech E&amp;O / Cyber</td>
<td>$105,042</td>
<td>$0</td>
<td>$105,042</td>
</tr>
<tr>
<td>Directors &amp; Officers / EPL</td>
<td>$16,000</td>
<td>$0</td>
<td>$16,000</td>
</tr>
<tr>
<td>Fiduciary Liability</td>
<td>$900</td>
<td>$0</td>
<td>$900</td>
</tr>
<tr>
<td>Crime</td>
<td>$3,000</td>
<td>$0</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$148,573</strong></td>
<td><strong>$0</strong></td>
<td><strong>$148,573</strong></td>
</tr>
<tr>
<td>FACILITY/PROGRAM</td>
<td>License Number</td>
<td># Beds</td>
<td>Expiration Date</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>----------------</td>
<td>--------</td>
<td>-----------------</td>
</tr>
<tr>
<td>GHS Greenville Memorial Hospital</td>
<td>HTL-0936</td>
<td>884</td>
<td>10/31/18</td>
</tr>
<tr>
<td>NICU (not included in the 845 count)</td>
<td></td>
<td>80</td>
<td></td>
</tr>
<tr>
<td>Roger C. Peace Rehabilitation Hospital</td>
<td></td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Marshall I. Pickens Hospital</td>
<td></td>
<td>65</td>
<td></td>
</tr>
<tr>
<td>GHS Cross Creek Ambulatory Surgery</td>
<td>ASF-0132</td>
<td>4 OR's</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Greenville Memorial Hospital - Subacute</td>
<td>NCF - 0989</td>
<td>15</td>
<td>10/31/18</td>
</tr>
<tr>
<td>Residential Treatment Center for Children &amp; Adolescents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHS Senior Care</td>
<td>ADC-0431</td>
<td>140 Participants</td>
<td>8/31/18</td>
</tr>
<tr>
<td>GHS Surgery Center - Spartanburg</td>
<td>ASF-0134</td>
<td>2 OR'S</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Patewood Outpatient Surgery Center</td>
<td>ASF-0133</td>
<td>6 Gen OR's / 2 GI Rms</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Patewood Memorial Hospital</td>
<td>HTL-0933</td>
<td>72</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Home Health Agency</td>
<td>HHA-0323</td>
<td>0</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Laurens County Memorial Hospital - Subacute Unit</td>
<td>NCF - 0991</td>
<td>14</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Laurens County Memorial Hospital</td>
<td>HTL-0932</td>
<td>76</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Greenville Birth Center</td>
<td>BC-0012</td>
<td>3 Rooms</td>
<td>9/30/18</td>
</tr>
<tr>
<td>GHS Greer Memorial Hospital</td>
<td>HTL-0934</td>
<td>82</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS North Greenville Long Term Acute Care Hospital</td>
<td>HTL-0935</td>
<td>45</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Hillcrest Memorial Hospital</td>
<td>HTL-0931</td>
<td>43</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Cottingham House</td>
<td>HPF-0030</td>
<td>15</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Hospice of the Foothills</td>
<td>HPC-0212</td>
<td></td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Occonee Memorial Hospital</td>
<td>HTL-0937</td>
<td>149</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Lila Doyle</td>
<td>NCF-0990</td>
<td>120</td>
<td>10/31/18</td>
</tr>
<tr>
<td>GHS Total Licensed Beds</td>
<td></td>
<td>1537</td>
<td></td>
</tr>
</tbody>
</table>
Primary Data Results

Greenville County Survey Primary Findings:

- Access to health care appears to be good for most in the county. For example, 92% have health insurance, 85% have had a physical in the past two years, and 74% said they could always go to a doctor when they need to.
- However, almost a quarter (24%) said they could visit a doctor only sometimes. Lack of insurance or the ability to pay is the primary reason why. Further, 32% say they know of someone who has had trouble getting health care for financial reasons.
- Latinos appear to have less access to basic health screenings like hypertension, vision, and dental. Among Latinos, 47% reported having a dental cleaning, compared to 59% of Blacks and 69% of Whites.
- Obesity is the leading health concern identified in the study with 22% of respondents saying they had been told by a health professional that they are obese or overweight.
- Alcohol abuse was picked as one of the top five community concerns. Among men, 17% said they drink more than two alcoholic beverages per day, and 20% said they have consumed more than five on a single occasion in the past 30 days.
- 21% reported there are days when they are feeling so sad or worried they cannot go about their normal business. Those under 35 and those earning less than $25,000 are most likely to feel this way.
- Only 31% of Greenville children eat at least five servings of fresh fruits and vegetables daily, compared to 48% of children across the region. Most parents (55%) believe their children need to know more about nutrition.

Greenville County Focus Group’s Primary Findings:

Three focus groups were held in Greenville County, organized and hosted by BSSFHS and Greenville Health System. Two of the groups consisted of representatives of social service and allied health organizations that provide community services, particularly to low-income, uninsured, homeless and other at-risk citizens. The third group was a larger gathering of neighborhood leaders and community advocates representing inner city Greenville.

Similar to the findings of the quantitative research, the primary concerns of those in the focus groups focused more on social and cultural issues, rather than disease or health system performance.

Based on facilitated discussion and prioritization from all the three groups, the five priority issues for Greenville County are:

1. Mental health care
2. Affordable housing
3. Obesity, including increased awareness and access to healthier foods
4. Access to health care
5. Transportation
List of Organizations Attending the Greenville County Focus Groups:

- Greer Relief
- New Horizon Family Health Services
- Greenville Literacy Association
- Sullivan Center
- Foothills Family Resources
- Shriners Hospital for Children
- South Carolina Department of Health & Environmental Control (DHEC)
- Center for Developmental Services
- American Cancer Society
- Loaves and Fishes
- Meals on Wheels
- SC Institute of Medicine and Public Health
- LiveWell Greenville
- American Diabetes Association
- Greenville Free Medical Clinic

Laurens County Survey Primary Findings:

- Most of those in the research reported high access to health services. 91% have health insurance and 81% can always go to a doctor when they need to. 82% reported a physical in the last two years.
- However, 30% said they know of someone who has had trouble getting health care for financial or insurance reasons, and 18% said they could only go to the doctor sometimes.
- 35% reported their health is either very good or excellent. This was far lower than the regional measure of 44%.
- After cancer, obesity is the largest community health concern. Among respondents, 22% said they had been told by a health professional that they are obese or overweight. Further, 20% never exercise and 32% said they eat only one serving of fruits or vegetables daily.
- The rates of exercise for children are higher than regional averages, with 72% of parents saying their children get 60 minutes of exercise five days a week or more.
- 33% of men said they drink more than two alcoholic beverages per day and 28% said they have consumed more than five drinks on a single occasion in the past 30 days. Both of these measures were far higher than regional averages.
Laurens County Focus Group’s Primary Findings:

The top priorities from both research methods overlap in several areas:

<table>
<thead>
<tr>
<th>Ranked Priorities From Consumer Interviews*</th>
<th>Ranked Priorities From Focus Group Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cancer (32%)</td>
<td>1. Obesity</td>
</tr>
<tr>
<td>2. Obesity (24%)</td>
<td>2. Family Violence/Dysfunction</td>
</tr>
<tr>
<td>3. Drug Abuse (20%)</td>
<td>3. Access to Health Care</td>
</tr>
<tr>
<td>3. Alcohol Abuse (20%)</td>
<td>4. Mental Health Issues</td>
</tr>
<tr>
<td>5. Diabetes (19%)</td>
<td>5. Tobacco Use</td>
</tr>
<tr>
<td>6. Alzheimer’s/Dementia (18%)</td>
<td>6. Teen Pregnancy</td>
</tr>
<tr>
<td>7. Heart disease and stroke (15%)</td>
<td>7. Diabetes</td>
</tr>
<tr>
<td>8. Arthritis (13%)</td>
<td>8. Drug &amp; Alcohol Abuse</td>
</tr>
<tr>
<td>9. Domestic/Family Violence (10%)</td>
<td>9. Transportation</td>
</tr>
<tr>
<td>10. Tobacco use (9%)</td>
<td></td>
</tr>
</tbody>
</table>

* (%) Shows percentage of those interviewed who picked each issue.

The issues of greatest importance as identified by both sources in approximate rank order are:

1. Obesity, among adults and children.
2. Family violence and dysfunction, which links to a number of related issues, such as teen pregnancy and substance abuse.
3. Access to health care, including issues of insurance and physician access.
4. Diabetes, which relates to obesity as well.
5. Alcohol and drug abuse, which is connected to mental health issues, as well as dysfunctional families.
6. Tobacco use.

List of Organizations Attending the Laurens County Focus Groups:

- Laurens County Economic Development Board
- Beckman Center on Mental Health
- Laurens County Vocational Rehabilitation
- School District #56
- Laurens County Special Needs & Disabilities
- Safe Home
- School of Pharmacy
- School District #55
- United Way
- Laurens YMCA
- Clinton YMCA
- LC4, Carolina Health Centers
- South Carolina Department of Health & Environmental Control (DHEC)
- Good Shepherd Free Medical Clinic
• GHS Laurens County Memorial Hospital

Oconee County Survey Primary Findings:

• Access to health care is good for most in the county. 83% have had a physical in the past two years. 83% said they could always go to a doctor when they need to. Even lower-income families can obtain basic health services most of the time, though not always in the most appropriate setting.

• 86% report having health insurance, but one-third (33%) report that either they or someone they know has faced trouble accessing health care due to insurance or financial barriers.

• Self-reported rates of obesity (28%) and diabetes (18%) are higher than other counties in the region. Rates of those who never exercise (28%) are also far higher.

• Self-reported rates for women getting mammograms (31%) and Pap smears (41%) are significantly lower than the regional sample.

• Drug and alcohol abuse are among the top health concerns among research participants.

Oconee County Focus Group’s Primary Findings:

Community leaders and those polled by telephone identify similar lists of community health concerns. The top priorities from both research methods overlap in several areas:

<table>
<thead>
<tr>
<th>Ranked Priorities From Consumer Interviews*</th>
<th>Ranked Priorities From Focus Group Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cancer (31%)</td>
<td>1. Obesity</td>
</tr>
<tr>
<td>2. Drug Abuse (29%)</td>
<td>2. Access to mental health care</td>
</tr>
<tr>
<td>3. Alcohol Abuse (28%)</td>
<td>3. Transportation from rural areas</td>
</tr>
<tr>
<td>3. Obesity (26%)</td>
<td>3. Diabetes</td>
</tr>
<tr>
<td>5. Heart disease and stroke (18%)</td>
<td>4. Heart disease and stroke</td>
</tr>
<tr>
<td>6. Diabetes (12%)</td>
<td>5. Access to health care</td>
</tr>
<tr>
<td>7. Alzheimer’s/Dementia (12%)</td>
<td>6. Drug Abuse</td>
</tr>
<tr>
<td>8. Arthritis (13%)</td>
<td>7. Access to dental care for low income</td>
</tr>
<tr>
<td>9. Domestic/Family Violence (12%)</td>
<td></td>
</tr>
<tr>
<td>10. Tobacco use (9%)</td>
<td></td>
</tr>
</tbody>
</table>

* (%) Shows percentage of those interviewed who picked each issue.

The priority issues in rank order as informed by the research and then discussed and prioritized by community leaders are:

1. **Obesity**, especially disengaged parents who contribute to obesity in children.
2. **Drug abuse**, including abuse of prescription medicines.
3. **Heart disease and stroke**.
4. **Diabetes**, especially increasing awareness of nutrition in preventing it.
5. **Mental health**, especially the lack of counselors and psychiatrists who treat Medicaid patients.
6. **Transportation**
7. **Access to health care**, including dental care.
List of Organizations Attending the Oconee County Focus Groups:

- South Carolina Vocational Rehab
- Ripple of One
- Mountain Lakes AccessHealth
- Oconee Department of Social Services
- Golden Corner Food Pantry
- Collins Children’s Home
- Birthright of Clemson
- SC Department of Health & Environmental Control
- Oconee County School District
- Oconee Disabilities & Special Needs
- Our Daily Rest
- Family Friends
- Department of Social Services
- United Way
- Oconee Mental Health
- Seneca Health and Rehabilitation
- Rosa Clark Free Medical Center
THE OBLIGATED GROUP
STATEMENT OF NET POSITION (UNAUDITED)
As of September 30, 2016 (In Thousands)

ASSETS AND DEFERRED OUTFLOWS OF RESOURCES

CURRENT ASSETS:
- Cash and cash equivalents: $141,184
- Patient accounts receivable, net: 271,739
- Inventories of drugs and supplies: 29,170
- Other current assets: 31,850
- Due from affiliates: 5,980
- Estimated third-party payor settlements: 3,823
- Current portion of assets with limited use: 3,633
- Total current assets: 487,379

ASSETS WITH LIMITED USE:
- Internally designated: 253,882
- Held by trustee for debt service: 867
- Donor restricted: 25,542
- Less current portion: (3,633)
- Assets with limited use, net: 276,658

OTHER INVESTMENTS: 490,685
CAPITAL ASSETS-Net: 880,437
OTHER ASSETS: 6,599
TOTAL ASSETS: 2,141,758
### Deferred Outflows of Resources

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess consideration provided for acquisition</td>
<td>9,914</td>
</tr>
<tr>
<td>Loss on refunding of debt, net</td>
<td>4,774</td>
</tr>
<tr>
<td>Pension deferrals</td>
<td>22,829</td>
</tr>
<tr>
<td><strong>Total Deferred Outflows of Resources</strong></td>
<td><strong>37,517</strong></td>
</tr>
</tbody>
</table>

| **Total Assets and Deferred Outflows of Resources**              | **$ 2,179,275** |

### Liabilities, Deferred Inflows of Resources, and Net Position

#### Current Liabilities:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$ 33,249</td>
</tr>
<tr>
<td>Accrued liabilities</td>
<td>214,180</td>
</tr>
<tr>
<td>Current portion of obligations under capital leases</td>
<td>1,224</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>17,804</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>266,457</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term debt - Less current portion</td>
<td>613,711</td>
</tr>
<tr>
<td>Obligations under capital leases - Less current portion</td>
<td>3,009</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,079,860</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred gain on real estate monetization and sale leasebacks</td>
<td>39,167</td>
</tr>
<tr>
<td><strong>Total Liabilities and Deferred Inflows of Resources</strong></td>
<td><strong>1,119,027</strong></td>
</tr>
</tbody>
</table>

#### Net Position:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>784,376</td>
</tr>
<tr>
<td>Net investment in capital assets</td>
<td>249,463</td>
</tr>
<tr>
<td><strong>Restricted</strong></td>
<td><strong>867</strong></td>
</tr>
<tr>
<td>For debt service</td>
<td></td>
</tr>
<tr>
<td>For specific operating purposes</td>
<td>25,542</td>
</tr>
<tr>
<td><strong>Total Net Position</strong></td>
<td><strong>1,060,248</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Liabilities, Deferred Inflows of Resources, and Net Position</strong></td>
<td><strong>$ 2,179,275</strong></td>
</tr>
</tbody>
</table>
# THE OBLIGATED GROUP
## STATEMENT OF REVENUES, EXPENSES AND CHANGES IN NET POSITION (UNAUDITED)
For the year ended September 30, 2016 (In Thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount (in Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Service Revenues</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$2,278,810</td>
</tr>
<tr>
<td>Outpatient</td>
<td>3,657,044</td>
</tr>
<tr>
<td><strong>Total Patient Service Revenues</strong></td>
<td>5,935,854</td>
</tr>
<tr>
<td><strong>Adjustments to Revenues</strong></td>
<td></td>
</tr>
<tr>
<td>Bad Debt</td>
<td>320,599</td>
</tr>
<tr>
<td>Charity</td>
<td>215,469</td>
</tr>
<tr>
<td>Contractual Allowances</td>
<td>3,339,224</td>
</tr>
<tr>
<td><strong>Total Adjustments to Revenues</strong></td>
<td>3,875,292</td>
</tr>
<tr>
<td><strong>Net patient Services Revenues</strong></td>
<td>2,060,562</td>
</tr>
<tr>
<td><strong>Other Operating Revenues</strong></td>
<td>73,759</td>
</tr>
<tr>
<td><strong>Total Operating Revenues</strong></td>
<td>2,134,321</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries and Wages</td>
<td>1,053,917</td>
</tr>
<tr>
<td>Temporary and Contract Labor</td>
<td>31,232</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>241,620</td>
</tr>
<tr>
<td>Supplies</td>
<td>330,518</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>31,762</td>
</tr>
<tr>
<td>Other Purchased Services</td>
<td>263,788</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>35,620</td>
</tr>
<tr>
<td>Depreciation</td>
<td>107,553</td>
</tr>
<tr>
<td>Interest</td>
<td>14,701</td>
</tr>
<tr>
<td>Amortization</td>
<td>137</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>2,110,848</td>
</tr>
</tbody>
</table>
Operating Income  
Non-operating Gains (Losses)  
   Investment Income  24,257  
   Other non-operating (15,439)  
Net non-operating gains (losses)  8,818  

Excess of Revenues Over Expenses Before Capital Contributions, Transfers, and Restricted Funds and Other Activity  32,291  
Capital Contributions  1,547  
Loss on Sale-The Cottages at Brushy Creek (4,110)  
Transfers from (to) Greenville Health Corporation and Affiliates  242  
Restricted Funds, Sundry Receipts and Disbursements, net (5,387)  
CHANGE IN NET POSITION  24,583  

NET POSITION-Beginning of year  1,035,665  
NET POSITION-End of year  $ 1,060,248
## STRATEGIC COORDINATING ORGANIZATION AND SUBSIDIARIES
### CONSOLIDATED BALANCE SHEET
As of September 30, 2017
(in thousands)

### ASSETS
#### CURRENT ASSETS:
- Cash and cash equivalents: $103,039
- Net patient accounts receivable: $278,485
- Inventories of drugs and supplies: $34,980
- Other current assets: $71,188
- Estimated third-party payor settlements: $23,127
- Current portion of assets with limited use: $2,902

#### Total current assets: $513,721

#### ASSETS WITH LIMITED USE:
- Internally designated: $257,508
- Held by trustee for debt service: $236
- Donor restricted: $17,864
  - Less current portion: $(2,902)

#### Assets with limited use - less current portion: $272,706

#### PROPERTY, PLANT AND EQUIPMENT - Net: $866,815

#### INVESTMENTS IN JOINT VENTURES: $58,303

#### INVESTMENTS: $589,504

#### OTHER ASSETS: $22,265

#### TOTAL ASSETS: $2,323,314

### LIABILITIES AND NET ASSETS
#### CURRENT LIABILITIES:
- Accounts payable: $43,450
- Accrued liabilities: $253,660
- Current portion of obligations under capital leases: $497
- Current portion of long-term debt: $18,159

#### Total current liabilities: $315,766

#### LONG-TERM DEBT - Less current portion: $594,558

#### OBLIGATIONS UNDER CAPITAL LEASES - Less current portion: $2,512

#### OTHER LONG-TERM LIABILITIES: $406,588

#### Total Liabilities: $1,319,424

#### NET ASSETS:
- Unrestricted: $967,188
- Temporarily Restricted: $36,702

#### Total Net Assets: $1,003,890

#### TOTAL LIABILITIES AND NET ASSETS: $2,323,314
### Strategic Coordinating Organization and Subsidiaries

**CONSOLIDATED STATEMENT OF OPERATIONS**

For the year ended September 30, 2017  
(In thousands)

#### Operating Revenues

**Patient service revenues**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>$ 2,070,088</td>
</tr>
<tr>
<td>Outpatient</td>
<td>3,992,885</td>
</tr>
<tr>
<td><strong>Total patient service revenues</strong></td>
<td><strong>6,062,973</strong></td>
</tr>
</tbody>
</table>

**Adjustments to revenues**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad debt</td>
<td>291,719</td>
</tr>
<tr>
<td>Charity</td>
<td>296,503</td>
</tr>
<tr>
<td>Contractual allowances</td>
<td>3,361,750</td>
</tr>
<tr>
<td><strong>Total adjustments to revenues</strong></td>
<td><strong>3,949,972</strong></td>
</tr>
</tbody>
</table>

**Net patient services revenues**

| Net patient services revenues | $2,113,001 |

**Other operating revenues**

| Other operating revenues | $187,024 |

**Net assets released from restrictions used for operations**

| Net assets released from restrictions used for operations | $4,838 |

**Total operating revenues**

| Total operating revenues | $2,304,863 |

#### Operating Expenses

**Salaries, wages and contracted labor**

<table>
<thead>
<tr>
<th></th>
<th>$1,145,264</th>
</tr>
</thead>
</table>

**Employee benefits**

|                  | $232,039   |

**Supplies**

|                  | $413,288   |

**Other expenses**

|                  | $358,439   |

**Depreciation**

|                  | $110,462   |

**Interest and amortization**

|                  | $16,113    |

**Total operating expenses**

| Total operating expenses | $2,275,605 |

#### Income from Operations

| Income from Operations | $29,258 |

#### Non-Operating Activities

**Investment income-net**

| Investment income-net | $62,708 |

**Change in fair value of interest rate swap instruments**

| Change in fair value of interest rate swap instruments | $5,614 |

**Loss on Care Coordination Institute joint venture**

| Loss on Care Coordination Institute joint venture | $(1,710) |

**Contributions**

| Contributions | $(60,637) |

**Other expense**

| Other expense | $(5,716) |

**Total non-operating activities**

| Total non-operating activities | $259 |

#### Excess of Revenues over Expenses

| Excess of Revenues over Expenses | $29,517 |
STRATEGIC COORDINATING ORGANIZATION AND SUBSIDIARIES
CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS
For the Year Ended September 30, 2017
(in thousands)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNRESTRICTED NET ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Excess of revenues over expenses</td>
<td>$ 29,517</td>
</tr>
<tr>
<td>Net assets transferred from Greenville Health Authority</td>
<td>332,511</td>
</tr>
<tr>
<td>Conversion from GASB to FASB</td>
<td>(174,372)</td>
</tr>
<tr>
<td>Net adjustment for defined benefit plan</td>
<td>(951)</td>
</tr>
<tr>
<td>Net assets released from restrictions used for purchase of property, plant and equipment</td>
<td>2,663</td>
</tr>
<tr>
<td>Other</td>
<td>(1,803)</td>
</tr>
<tr>
<td>Increase in unrestricted net assets</td>
<td>187,565</td>
</tr>
<tr>
<td><strong>TEMPORARILY RESTRICTED NET ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td>Net assets transferred from Greenville Health Authority</td>
<td>38,619</td>
</tr>
<tr>
<td>Investment income - net</td>
<td>806</td>
</tr>
<tr>
<td>Contributions - net</td>
<td>3,098</td>
</tr>
<tr>
<td>Capital contributions</td>
<td>2,663</td>
</tr>
<tr>
<td>Transfers to related organizations</td>
<td>(2,682)</td>
</tr>
<tr>
<td>Other</td>
<td>(867)</td>
</tr>
<tr>
<td>Net assets released from restrictions used for purchase of property, plant and equipment</td>
<td>(2,663)</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>(4,838)</td>
</tr>
<tr>
<td>Increase in temporarily restricted net assets</td>
<td>34,136</td>
</tr>
<tr>
<td><strong>INCREASE IN NET ASSETS</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>221,701</td>
</tr>
<tr>
<td>NET ASSETS - Beginning of year</td>
<td>782,189</td>
</tr>
<tr>
<td>NET ASSETS - End of year</td>
<td>$ 1,003,890</td>
</tr>
</tbody>
</table>
Fiscal Year 2017 Pillar Report Card

Greenville Health System (GHS) has made a commitment to excellence. Our fiscal year goals and measures are tied to six pillars of excellence: people, experience, quality, engagement, finance and academics. Below is a scorecard of our performance in FY 2017. Green indicates the target was met, yellow highlights results just below target, and red signifies an opportunity for improvement.

People

We work to transform health care.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Employee Opinion Survey</td>
<td>% Participation</td>
<td>87%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Wellness Measure: A1c</td>
<td>% Reduction</td>
<td>3%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Experience

We make patients and families the focus of everything we do.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Satisfaction</td>
<td>Average %-ile Rank of 8 HCAHPS Domains</td>
<td>75th %-ile</td>
<td>69th %-ile</td>
</tr>
<tr>
<td>Physician Practices</td>
<td>Average %-ile Rank of UMG Physician Practice Scores</td>
<td>75th %-ile</td>
<td>54th %-ile</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Average %-ile Rank of ES Scores</td>
<td>75th %-ile</td>
<td>17th %-ile</td>
</tr>
</tbody>
</table>

Quality

We provide the right care at the right time in the right place.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAUTIs</td>
<td>20% Reduction</td>
<td>&lt;52</td>
<td>47</td>
</tr>
<tr>
<td>Magnet Journey</td>
<td>Desired Outcome Made at Greer &amp; GMH</td>
<td>Magnet Status Achieved at Greer &amp; GMH Site Visit Scheduled</td>
<td>Achieved</td>
</tr>
<tr>
<td>C-diff Cases</td>
<td>15% Reduction</td>
<td>&lt;205</td>
<td>169</td>
</tr>
</tbody>
</table>

Engagement

We partner with many communities to improve health.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>MyChart Use</td>
<td>% Account Activation</td>
<td>25%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Finance

We responsibly direct our resources to support our mission.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Margin*</td>
<td>Operating Margin*</td>
<td>1.0%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Per Member Per Month Spend</td>
<td>Average Spend</td>
<td>&lt;$507</td>
<td>$496</td>
</tr>
</tbody>
</table>

*Operating margin represents operating income divided by total revenue. Total revenue includes Net Patient Service Revenue and other revenue such as philanthropic contributions. Operating income includes total revenue less all expenses incurred to operate a hospital. A healthy operating margin is necessary for a hospital to invest in capital and technology and further position it to meet the needs of its constituents.

Academics

We educate to transform health care.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Metric</th>
<th>Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer-reviewed Journal Articles with GHS Attribution/Identification</td>
<td>Number of Scholarly Articles Published</td>
<td>250</td>
<td>312</td>
</tr>
<tr>
<td>Conscious Professionalism Survey</td>
<td>19% Increase from 2016 Survey Participation</td>
<td>5,645</td>
<td>19,051</td>
</tr>
</tbody>
</table>
Bradshaw Institute Report

Year in Review: June 2016-September 2017

Bradshaw Institute for Community Child Health & Advocacy

From Our Directors

In June 2016, through the support of a generous legacy gift from William and Annette Bradshaw, Greenville Health System (GHS) launched the Bradshaw Institute for Community Child Health & Advocacy, part of GHS Children’s Hospital, with the vision to create optimal health for all children we serve. In our first year, we have seen this vision transform into reality through innovative health prevention and promotion initiatives, research projects and new processes to measure our community impact, and strengthened relationships with our academic partners.

We commend Bradshaw Institute staff for creating programs that positively affect the health and well-being of South Carolina’s children. But we are not in this journey alone. This past year, we strengthened our existing community partnerships and joined forces with some new groups. We realize that collaboration with other passionate child health professionals is key to our success, and we are proud of our staff and community partners for the work they do every day to improve children’s lives.

In 2016, we introduced our newest performance team, Community Pediatrics, which serves as the bridge between clinical pediatric practice, academics and research. We are able to examine community needs and respond by assisting GHS practices in adopting evidence-based strategies to improve community outcomes.

We are excited to highlight some of our accomplishments in this inaugural Year in Review, which spans our inception through Fiscal Year ’17 (ending September 30, 2017). We look forward to continuing these strides while identifying new ways to optimize the health of both the children and families we serve.

Linda Brees, MA                              Kerry Sease, MD, MPH
Director                                      Medical Director

Dr. Sease (left) and Linda Brees

Children's Hospital
Greenville Health System
Our Mission
Promote child and family wellness and advance child health through education and research

In the Community
Safe sleep is a priority of Bradshaw Institute’s Child Abuse Prevention team. The team trains parents, caregivers, healthcare providers, first responders and other child care advocates to ensure that all children are positioned safely and given a safe sleep environment. Since 2008, more than 2,000 families have received safe sleep education and, if eligible, a Pack ’n Play to provide a safe sleeping space for their baby.

Bradshaw Institute’s School Health program is on a mission to increase the number of safe youth bicycle riders who ride for both fitness and transportation. The Bike Skills Clinic provides a safety and education curriculum to 4th and 5th graders across Greenville County. More than 2,000 students participated in the clinic during the 2016-17 school year.

In 2017, Bradshaw Institute celebrated Safe Kids™ Upstate’s partnership with the Greenville Drive, hosting the largest safety event in the region.

2016-17 Highlights
Under the leadership of the GHS Health Sciences Center and Children’s Hospital, Bradshaw Institute staff are experts in pediatric health and care coordination, child development, public health, research, program coordination, project management, communications and community relations.

- 30 full- and part-time staff
- 12 student interns
- 55 state- and national-level conference presentations

20 Years of Advocacy
For more than two decades, Children’s Hospital has supported advocacy programs throughout the Upstate in these ways:

- 9 permanent car seat inspection stations established
- Over 15,600 car seats checked and more than 10,750 replaced
- 94,200 student participants in Buddy’s Home Safety House
- 8,000 Bike Skills Clinic participants
- Over 470 children and family participants in the Choosy Farm-to-Belly program (Choosy stands for “Choose Healthy Options Often and Start Young”)
- Through Help Me Grow SC, assisted 3,531 children and their families to access developmental and behavioral services

Safety Patrol students march around Fluor Field at the Annual Safe Kids @ The Drive Day in April 2017.
Enhancing Health Literacy

Bradshaw Institute is home to a childhood obesity prevention program called Choosy Farm-to-Belly. With the goal of increasing physical activity and improving nutrition behaviors among preschool children and families living in areas of high poverty and food insecurity, this program organizes monthly farmers markets, lets children try healthy foods they may not receive at home, and provides a weekly recipe bag for families to cook healthy meals at home together.

180 children and families took part in the Choosy Farm-to-Belly program in 2016. Here are some results:

- 98% of parents reported they ate meals together as a family, with 88% reporting they ate together as a family often (a 49% increase)
- 68% of parents reported their child played outside three or more days a week (a 36% increase)

Hallways to Health is the accompanying health education component to the School-based Health Centers. Bradshaw Institute’s goal is to change the health culture of schools that have SBHCs; to do so means teaching health education not only in the health room, but also in the school’s hallways, classrooms, cafeterias and surrounding neighborhoods.

Research Spotlight

A research partnership with Clemson University is evaluating the effectiveness of the Choosy Farm-to-Belly program and measuring improvements in healthy eating behaviors in participating communities over time. Results are expected to help expand the program to other communities.

The program’s focus is on promoting nutrition, active living, social and emotional health, and a healthy understanding of puberty. In the 2016-17 school year, more than 2,000 students took part.

The institute also recognizes that children with special health concerns need special camps. Such camps allow campers the freedom to play, laugh, explore and grow in a normal, developmentally appropriate way. Trained counselors and volunteers nurture campers’ self-confidence and provide therapeutic opportunities for individual development.

Bradshaw Institute coordinates Camp Buddy, a summer day camp for children with type 1 diabetes. Over 70 children ages 6-12 attended Camp Buddy in July 2016 and 2017. Campers enjoyed rock climbing, swimming, bowling, games, and arts and crafts, all while gaining independence and developing self-efficacy around their illness.

In August 2017, the Bradshaw Institute was awarded $3.4 million from the Greenville Health Authority for a five-year comprehensive school-based health initiative.

Jackie Cassidy, School Health Promotion coordinator, poses in the hallway of Lakeview Middle School.
Creating Healthier, Safer Communities

According to the SC Department of Social Services, 18,398 children were involved in cases of abuse and neglect in 2015-16. In addition, a child under age 19 dies every day in the state as a result of a preventable injury.

The Bradshaw Institute continues to develop and refine various educational initiatives that promote safe and healthy communities where children can thrive.

Safe Kids Upstate, led by Bradshaw Institute’s Injury Prevention team, has worked with community partners since 1994 to implement programs that address the leading causes of injury and injury-related death.

In 2016-17, Bradshaw Institute completed the following:
- Donated 250 life jackets for the Lake Keowee Life Jacket Loaner Board
- Provided car seats and education to 200 families through a grant from Graco
- Fitted over 2,000 bike helmets
- Trained more than 2,400 children as School Safety Patrols

A Medical-Legal Partnership (MLP) was launched in October 2016. The MLP improves patient health by addressing critical health-harming civil legal barriers facing vulnerable populations. In its first year, the MLP received 210 patient referrals on issues including denial of benefits, housing and guardianship.

Bradshaw Institute also supports Managing Abstinence in Newborns (MAiN), an innovative, family-centered program led by Children’s Hospital, which provides coordinated care for newborns at risk for, or diagnosed with, neonatal abstinence syndrome, as well as their mothers.

In 2016, 250 substance-exposed infants were identified at birth and received evaluation, monitoring and wrap-around services. Of those, 28 were treated under the MAiN model of early palliative care treatment.

Research Spotlight

Bradshaw Institute undertook a research study to better inform our injury prevention programming. The study looked at GHS Emergency Department visits for falls, bicycle accidents, car accidents and violent incidents among upstate children from 2012-15. The study investigated whether the same socioeconomic characteristics that contribute to higher rates of childhood injury at the individual level also contribute to higher injury rates at the community level.
Increasing Access to Health Care

Bradshaw Institute continues to make strides to increase access to health care for children and families in several ways.

In partnership with the United Way of Greenville County, the Bradshaw Institute’s School-based Health Centers (SBHCs) provide students access to health care in a location that is safe, convenient and accessible.

Centers are staffed by licensed professionals who can deliver high-quality care that addresses the broad range of concerns affecting students’ healthy development. These services improve the social, emotional and behavioral health of students, and they reduce the effects of poverty and other adverse experiences on school success.

An evaluation of the SBHCs for the 2016-17 school year found the following:
- 361 students were seen in 495 visits to SBHCs
- 208 sports physicals provided students with the opportunity to join a sports team
- To ensure maintenance of the SBHCs, medical chart reviews show that care protocols and referral follow-ups were followed in all visits

Bradshaw Institute’s Hospital School Program is staffed by a certified teacher and helps make the transition from hospital back to school as smooth as possible.
- 227 patients from more than 15 local and out-of-state school districts were served through this program last year

Bradshaw Institute is home to Help Me Grow South Carolina (HMG SC). HMG SC plays a crucial role in identifying developmental-behavioral problems early on and connecting children to community-based services. Once services are determined, HMG SC follows up with the families to make sure linkages were successful.

Research Spotlight

In 2017, Bradshaw Institute undertook a research project to analyze referral patterns to Help Me Grow SC by GHS pediatric primary care practices. An analysis of referral patterns provided general knowledge about factors prompting referrals and is improving awareness of systematic gaps in use that could enhance early identification and referral of children with developmental-behavioral concerns.

This past year, HMG SC has accomplished the following:
- Expanded from serving two to 12 counties, representing 48% of all SC families with a child under age 5
- Made 2,158 referrals to an array of community services
- Processed 1,054 developmental screenings and conveyed results to parents/caregivers

Holly Bryan, nurse practitioner for the School-based Health Centers, examines a student.
**Becoming a Best Practice Leader**

The Bradshaw Institute will continue to strive to become a leader in pediatric population health. We are developing a pediatric workforce pipeline through a longitudinal residency advocacy rotation and through graduate and undergraduate internships in public health, social work, health promotion, research, and health sciences.

As co-lead of the Carolinas Collaborative, the Bradshaw Institute will continue to work with colleagues at eight pediatric residency programs across both North and South Carolina to better prepare future pediatricians to meet the needs of children and families through population health strategies.

The Bradshaw Institute’s Community Pediatrics team is improving the quality of clinical care across GHS practices by implementing quality improvement projects and promoting best practices. In 2016-17, projects were begun in these areas:

- Oral health
- ADHD evaluation and follow-up
- Developmental screening
- Early literacy

**What’s Next?**

In 2017-18 and beyond, the Bradshaw Institute plans to conduct the following:

- Deepen our community relationships and partnerships, looking more to community-based participatory research to inform our programming
- Pursue systems change by identifying further policy and advocacy opportunities
- Develop a research agenda and form new research collaborations to complete relevant, timely studies that can drive evidence-based decision making within the institute and our own health system
- Share best practices with other children's hospitals and community organizations

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Donor Impact Report 2017

Office of Philanthropy & Partnership Annual Report

Message from Leadership

For more than a century, Greenville Health System’s mission and vision have driven our commitment to advance the health and well-being of the Upstate.

Our patients and their families have grown to expect us to provide world-class care without interruption and without regard for a patient’s health complexities or ability to pay. They look to us to attract and retain the best leaders, physicians, nurses, researchers, and staff and to provide access to leading-edge medical research and clinical trials. They depend on us to offer innovative technology that provides the most accurate diagnoses and effective treatment options. Most of all, they expect us to deliver the highest quality, most comprehensive care close to home.

At Greenville Health System (GHS), we strive every day to not only meet but also surpass these expectations. Oftentimes, we turn to you, our amazing donors, to partner with us in growing and strengthening our academic health system.

Throughout the pages of our annual Donor Impact Report, we highlight many milestones and successes that took place because of you. These notable events occurred at GHS during the 2017 fiscal year (October 2016 through September 2017). On behalf of our patients, families, board, leaders, physicians and staff, we appreciate all that you are and all that you do!

William F. Schmidt III, MD, PhD
Vice President of Development
GHS Health Sciences Center

J. David Sudduth
Vice President and Chief Operating Officer
GHS Health Sciences Center

In 2017, $7,510,439.70 was raised for GHS philanthropy.
Academics

USC School of Medicine Greenville Reaches Milestone

The University of South Carolina (USC) School of Medicine Greenville celebrated its five-year anniversary of continued student success and its partnership with Greenville Health System (GHS).

More than 485 students have studied at USC School of Medicine Greenville since the inaugural class commenced in fall 2012. As of this past May, 100 students have received a four-year medical degree and their coveted white coat during the school’s commencement ceremonies. Twenty-two of those graduates are in full residency and two are in preliminary residency at GHS. Another 13 grads are in full residency, one is in preliminary and one in transitional residency at healthcare institutions located throughout South Carolina. The remaining 61 graduates participate in medical residency programs across the nation.

Alex Davis, Gilpin Scholarship Award recipient

Alex Davis is a second-year medical student at the USC School of Medicine Greenville and recipient of the 2017-2018 Gilpin Scholarship.

“The Gilpin Scholarship has been an incredible blessing and motivation in my life,” said Davis. “Anytime I am unsure of myself or my path, I am reminded that someone believes in me and is invested in my success.”

When asked what he would say to those considering a donation to academic scholarship funds, Davis replied, “Donors aren’t investing in just one person when they commit to a scholarship. They are investing in every person we recipients interact with—our classmates, families and the patients we will have the privilege of caring for.”

He continued, “Your contribution, no matter the size, will have a profound impact on many people, changing lives for the better.”

Because many physicians practice in the area where they trained as residents, USC School of Medicine Greenville is producing much-needed doctors for the Upstate.
Cancer Services

Rare Tumor Clinical Trial Seeing Positive Results

Donor contributions to the Institute for Translational Oncology Research (ITOR) are critical to the support and implementation of new clinical trials, research and treatment options for patients with cancer at GHS—some have cancers so rare that research data and survival rates are almost non-existent.

Consider, for example, adrenocortical carcinoma (ACC), an aggressive cancer originating in the adrenal glands of the kidneys. ACC is so rare that, according to the National Cancer Institute, roughly one case per one million people is diagnosed annually—and that’s nationwide!

To combat this disease and other rare cancers, a rare tumor immunotherapy clinical trial was started at ITOR in December 2016—a trial that may not have existed without donor support. Philanthropic dollars covers the research data oversight and study safety monitoring, both of which are critical to the success of this and future clinical trials.

ITOR physicians and researchers have a trial goal of 50 patients, but because of the rarity of some diseases like ACC, it’s difficult to predict how quickly the goal will be reached. Thus far, 20 patients with rare tumors have participated—several of whom have obtained disease stability or have had excellent response to the trial. Overall, the immunotherapy trial is showing promising results in patients who had all but lost hope in surviving their rare cancer.

“My personal belief is that this study already has changed the lives of some of these patients,” said W. Jeffery Edenfield, MD, ITOR medical director. “The GHS Cancer Institute, and specifically the leadership of ITOR, developed and implemented this trial well in advance of national efforts now underway that are exactly duplicating our strategy.”

One Patient’s Journey: Gregory “Greg” McDuffie

Like many men, Greg McDuffie didn’t see the need to visit a doctor if he felt healthy. He ran almost 10 miles a week, worked out regularly and maintained a busy life with family, friends, work and church. Never once did he have a pain or other indication that prompted him to see a doctor. In spring 2014, after persistent suggestions from wife Lynn to have his prostate checked (at age 51, he was 10 years overdue), Greg finally went for a routine checkup with their family physician.

A slight alkaline phosphate elevation in his blood test prompted his doctor to bring Greg back in for an ultrasound of his liver to make sure there were no calcified areas. What he found was a five-pound tumor that grew from the adrenal gland of Greg’s left kidney up the left side of his rib cage. Greg had stage 4 adrenocortical carcinoma.

After several rounds of chemotherapy and no progress, chemo treatments were stopped in March 2016. Then, a year later, two new tumors were found in his liver. His physician, Robert Siegel, MD, of Bon Secours Hematology & Oncology, scheduled a referral visit for Greg to meet with Dr. Edenfield with regard to the new immunotherapy clinical trial.

Greg’s first of five immunotherapy infusion treatments started in August. Since then, his condition has much improved. “I felt like this was a chance for me to beat this cancer,” Greg reported. “And however it ends, if my story can help others I’ll feel my participation was extremely worth it.”
Children’s Hospital
Cary Camper Care Center
The Dr. Cary E. Stroud Camper Care Center, named in honor of Greenville Health System’s Cary E. Stroud, MD, is the newest addition to the Pleasant Ridge Camp & Retreat Center. The Center opened during a recognition ceremony on August 3.

This new camper care center sports spacious, comfortable surroundings where children receive medical care in a kid-friendly setting.

The Cary Camper Care Center at a Glance
- Doors officially opened June 2017.
- The facility was created so that youngsters with chronic illnesses could attend and experience camp along with their peers without great risk. Campers receive medical treatments, medications and medical aid throughout the duration of camp.
- The center is 2,350 sq. ft.
- It required 10 months and $868,000 to build.
- The largest gift of $431,000 came from Clement’s Kindness through its partnership with GHS’ Camp Courage, a special camping program for patients and families of BI-LO Charities Children’s Cancer Center.
- The center has four hospital beds in the infirmary space, one bed in the triage space and six beds in staff quarters.

Cary Stroud, MD, for whom this special center is named, has been a lifelong advocate for children with complex medical needs.
Donor Highlight: Clement’s Kindness

Clement’s Kindness Fund for the Children celebrated 15 years of philanthropic service to the Upstate in 2017. Established at the Community Foundation of Greenville by Priscilla and Knox Haynsworth to help address the medical, psychological, social, emotional and financial needs of upstate families impacted by pediatric cancer and other serious blood disorders, Clement’s Kindness is a great resource for GHS Children’s Hospital.

For over a decade, the impact made on our healthcare system, patients, families and the communities we serve has been unprecedented. Clement’s Kindness has contributed ...

- $500,000 to build cabins at Camp Courage
- $100,000 for the pediatric chaplaincy position
- $200,000 to upgrade the Knox and Priscilla Haynsworth Day Hospital
- $431,000 for the Dr. Cary E. Stroud Camper Care Center at Camp Courage
- $75,000 for the STAR Bereavement Program
- $30,000 for the Survivorship Program

“Clement’s Kindness is family-focused in every way,” noted Sandra Miller, Clement’s Kindness administrator. “We not only support patients but also their siblings because we know that they, too, carry an overwhelming emotional burden when they have a brother or sister who is ill. And that is really important to us—to be there for the entire family.”
Neuroscience Services
The Nurse Navigator Program

Generous giving provided to the Neuroscience pillar has aided in the expansion of the Neuroscience Institute’s nurse navigator program that began in 2014 with its first nurse navigator. A second position, necessitated by the institute’s growing patient population, was up and running in late 2016, also made possible through philanthropic support.

Two nurse navigator positions were added to the Neuroscience Institute as a result of donor support.

GHS Neuroscience nurse navigators are licensed nurse practitioners who serve in the critical role of patient advocate as they help patients, family members and caregivers “navigate” their way to timely, high-quality care. They present the best care options and provide personalized care specific to a patient’s needs, helping patients and their caregivers overcome barriers to care and to understand diagnoses and treatments.

“Our nurse navigators provide care in a holistic manner to each person,” noted Suzy Hobbs, NP-BC. “Our job is to make sure all patients and their families have everything they need to function at home and to smoothly access the multiple systems that impact their care.”

The Neuroscience Institute’s nurse navigators work with patients diagnosed with movement disorders such as Parkinson’s disease, ataxia, dystonia, essential tremors and Huntington’s disease. Since the first nurse navigator came on board in 2014, the number of patients at GHS Neuroscience Institute has grown significantly. This increase makes the nurse navigator’s role in a patient’s medical care all the more essential.

A normal eight-hour shift typically is mixed with clinical and non-clinical responsibilities, as nurse navigators can wear several hats over the course of a day. Ask Uzoamaka (Uzzie) Anosike, NP-C, what a “normal” day is like and she’ll take a deep breath before beginning the litany: “A typical day includes assessing and providing medical treatment management for patients; answering questions from patients or their caregivers about diagnosis, medications, treatments and prognosis; advocating for patients with insurance companies, equipment suppliers, other providers, and more.”

“Both of our nurse navigator positions are here today because of philanthropic giving,” emphasized Hobbs, “and we thank all of our donors for what they’ve given. The needs of our patients are immense and resources are few, but with your continued support our capacity to reach more patients and provide high-quality care will be far greater.”

The GHS Neuroscience Institute offers the only ALS clinic in the Upstate, which also is the only clinic in the state named a Recognized Treatment Center by the national ALS Association (August 2017).
Looking back on this past fiscal year, we are humbled by the generosity you—our friends, colleagues and community members—have shown. Support for Oconee Memorial Hospital (OMH), part of Greenville Health System (GHS), and its many campus services always has been a top priority for our community, demonstrated by the donations we’ve received. This past fiscal year, $1,102,704.90 was contributed in pledges, cash and in-kind donations. Many gifts were designated for special departmental projects, while others were unrestricted and used toward the greatest needs. These are some of the projects funded by donations in FY17:

- Nurse/call system at Cottingham Hospice House
- New patient beds and furniture at Cottingham Hospice House
- Charity care needs for patients of GHS Hospice of the Foothills
- Entire operations of the AccessHealth Dental Clinic
- Charity care needs for patients of Mountain Lakes AccessHealth
- Safe Sleep education for The Family Birthplace
- Bike helmets and safety equipment for Safe Kids™ Upstate
- Lifts, equipment and activities at GHS Lila Doyle, a nursing and rehabilitation center
- Biopsy equipment for the Breast Care Center
- Sterilization equipment for the Emergency Department
- Sterilization equipment for the Radiology Department
- Ambulance and equipment for EMS (Emergency Medical Services)
- Slide stainer for the lab
- Walking trail lights
- Therapy services equipment
- Blanket warming unit for The Joint Center
- Patient lift for CCU (Critical Care Unit)
- Patient lift for the Medical/Surgical Unit
- Bariatric wheelchair for the ED

These projects were made possible only through philanthropic support to OMH Foundation, and we are grateful to you for enhancing care right here. As we look ahead to the future, we hope to have your continued support in advancing local health care. Plans include bringing 3-D mammography to our Breast Care Center and expanding our Emergency Department. We look forward to improving the health of our community together!

Hunter Kome, OMH Chief Operating Officer
Cortni Nations, OMH Foundation Manager
One Step Closer to 3-D Mammography

During 2017, the OMH Foundation launched a campaign to raise $180,000 to add the latest diagnostic equipment to the OMH Breast Care Center: 3-D mammography.

This new technology is a major medical advancement for women with dense breast tissue. A 3-D mammogram takes multiple layered images, allowing the radiologist to review the tissue one layer at a time. It has a greater detection rate of cancer than routine digital mammography and enhances the patient’s experience by decreasing callbacks for more tests.

The campaign received a major gift of $24,000 in November from Mark Williams and the Lake Keowee Chrysler, Dodge, Jeep, Ram dealership and Lake Keowee Ford in Seneca. The dealerships donated $100 for every vehicle sold in October. More than 100 employees were part of a two-day challenge to raise as much money as possible.

Mark Williams selected the OMH Breast Care Center to receive the funds raised because of personal experience. “The two people closest to me were diagnosed with breast cancer,” Williams noted. Thanks to early detection and good care, his mother and sister are both survivors.

This generous gift, along with donations from other businesses and individuals, is moving us closer to our $180,000 goal. If you or someone in your family has been touched by breast cancer and you want to help bring technology for earlier detection close to home, consider a gift to the 3-D mammography campaign in 2018. For more information, contact Cortni Nations at the foundation office, (864) 885-7909 or cnations@ghs.org.

Celebrating Our Donors in Casablanca Style

Every year since 2004, Oconee Memorial Hospital Foundation has hosted a party for its major donors. The event gives the foundation an opportunity to say a heartfelt “thank you” to those individuals and businesses that so generously donate each year. The 2017 event, which took place in May at Cross Creek Plantation, honored more than 100 guests. The theme was a Casablanca Celebration, recognizing the 75th anniversary of the iconic movie and celebrating the advancements made at Oconee Memorial Hospital with community donations. Hospital and foundation leaders reflected on these accomplishments and highlighted upcoming projects.

During the annual event, those donors who have cumulatively given $25,000 and more are inducted into one of the foundation’s societies. The 2017 inductees were Mr. and Mrs. David Baxter, Mr. and Mrs. Robert DuBose, Mr. and Mrs. Russel Larson, Ms. Ginger Strong-Tidman, Mr. Gregory Werden, 15th District Square Compass Club, Lake Keowee Chrysler Dodge Jeep Inc., Oconee County, Oconee Federal Charitable Foundation and St. Paul the Apostle Catholic Church. These cumulative gifts ranged from $25,000-$250,000.

The foundation also is pleased to have 186 annual major donors and donor couples ($1,000+) supporting various hospital departments and causes in 2017.

GHS Hospice of the Foothills Installs Call System

The Hill-Rom Navicare Call System, purchased with community donations to GHS Hospice of the Foothills, has greatly enhanced communication among Cottingham Hospice House staff members and with patients. This system provides direct communication from the central nursing station into individual patient rooms. Through tracking systems, it indicates the location of each staff member throughout the building. With this feature, the person answering patient calls at the central station can quickly and easily locate a specific team member to respond to a patient’s specific needs.

The team also now can hear the call system in the hallways, as well as see lights to indicate which patient room has activated the call system. Team members can speak to each other from room to room, as needed, to ask for assistance or information to make sure patient needs and requests are met.
The Navicare System also assists in promoting patient safety. Each patient room has external dome lights—each light is a different color, and it’s either flashing or not flashing—to indicate a special patient need, the presence of a staff member or a need for emergency assistance.

The Navicare system interfaces with the recently purchased patient beds. Dome light colors and sound alarms are programmed to inform staff of key information. Examples include notification that a patient is leaving the bed, that the bed is left in high position or that patients have accidentally deactivated their bed call system.

“The staff and leadership of GHS Hospice of the Foothills and Cottingham Hospice House are very grateful to OMH Foundation donors and the OMH Foundation Hospice Advisory Board for providing the $140,000 to purchase the Hill-Rom Navicare Call System,” said Pam Miller, Hospice director. “We want only the best for our patients and families, and we give our sincere thanks to you for providing funds for this state-of-the-art communication system.”

Oconee Memorial Hospital Foundation 2017 Events

The 10th Anniversary OMH Foundation Golf Classic was a success, raising $81,602. The proceeds were equally divided among GHS Safe Kids™ Oconee County, OMH Breast Care Center and the Mountain Lakes AccessHealth Dental Clinic. The 2017 Golf Classic brought the total raised from this event over the past 10 years to $708,323.83.

• The 2017 Golf Ball Drop was a sell-out, and three lucky people won $2,500, $1,000 and $500, respectively. A special thanks to our wonderful golf committee (chaired by Jim Hill) for investing so many hours, Cross Creek Plantation and The Cliffs at Keowee Falls for hosting our tournaments, the 204 golfers who played, and the many, many sponsors who supported us. We hope you will plan to join us again in the fall for the biggest charity tournament in Oconee County!

• The 14th Christmas Tree Festival (CTF) that benefits GHS Hospice of the Foothills was the most successful one ever—raising more than $177,000. Hundreds of volunteers made this four-day festival possible, and we extend our sincere thanks to each of them! The 2017 festival broke several records—the highest ticket sales ever, the most earned from the Pass the Purse event, and the most profit ever from the Gala Auction. Since its inception in 2004, the CTF has raised more than $1.5 million for Hospice of the Foothills. The 2018 festival will take place the week after Thanksgiving.

• The OMH Foundation’s Employee Giving Campaign kicked off with a variety show that featured the everyday “rock stars of OMH.” Various departments showcased their talents, and employees voted for their favorite act with a donation to OMH Foundation. Employees topped last year’s fundraising total and contributed more than $48,000 this year!

Community Support Provides Extra Comfort for Lila Doyle Residents

Community donations to GHS Lila Doyle added extra benefits and comfort for residents this year. Donations totaling $62,847 were invested in the nursing and rehabilitation center to provide many extras for patients, including new TVs in patient rooms, Broda chairs (specialty chairs designed for mobility and comfort), beauty shop supplies, patio furniture and courtyard fencing, entertainment, patient lifts and slings, recliners, air mattresses, vital sign machines, Namaste program materials, holiday decorations, games, and supplies for activities.

Our goal as a foundation is to meet the special needs of patients—needs that fall outside an operating budget. These extra touches are therapeutic for our residents and promote a better quality of life.

Your donations are a blessing to those we serve! If you would like to contribute to Lila Doyle, please send your tax-deductible donation to OMH Foundation/Memo: Lila Doyle at 298 Memorial Drive, Seneca, SC 29672 or call (864) 885-7912.
**GHS Family Medicine–Walhalla Now Open!**

Family Medicine–Walhalla, the newest primary care site of GHS, opened in the fall. Established to meet the area’s continued need for medical care, the practice is committed to advancing the health of community residents by being part of their lives and providing the best care possible.

Today, our team of providers, caring nurses and experienced staff work closely together to provide high-quality care. Family Medicine–Walhalla also serves as an outpatient training location for Family Medicine residents. The practice is located just off Hwy. 28 on Whittetail Drive in Walhalla. For more information, call (864) 638-3444.

**Our Commitment**

Contributing to the health of our community is a sensible investment now and a sound investment for the future well-being of our community. Please consider an annual gift to OMH Foundation (Tax ID# 56-2141740).

Naming opportunities are available in the Breast Care Center, Cottingham Hospice House, Emergency Department, GHS Lila Doyle, Mountain Lakes AccessHealth Dental Clinic, patient tower and more. We would welcome an opportunity to talk with you about planned giving.

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**Healing Compassionately**

What our patients say about care at GHS Oconee Medical Campus …

“The difference between OMH and other hospitals is that at Oconee, in addition to professionalism, you get personalization. From the minute you walk in the door until the minute you walk out, there is a smiling face from registration to radiology to cardiology. That makes a huge difference to patients.”

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- Raised a total of $1,102,704 in gifts and pledges
- Topped $21 million dollars in giving since inception
- Secured 186 Major Gift members (donors who give $1,000 or more annually)
- Raised $243,387 for the Crippen Hospice Endowment
- Raised $4.24 for every dollar GHS invested in operating OMH Foundation

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Debbie DuBose, Special Events Coordinator
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