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John D. Archbold Memorial is completing its ninth decade of service to the people of Thomasville and beyond. Join us as we look back at what has made us great—and what is positioning us for a healthy future. **See page 20.**



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# Remembering Pat Fenlon

**WE LOST** one of Archbold's great leaders when Pat Fenlon passed away this March. Fenlon was the leader of the Archbold organization for more than three decades and oversaw the transformation of John D. Archbold Memorial Hospital into an outstanding and innovative regional medical center. Fenlon joined Archbold Memorial



The late Pat Fenlon was the leader of the Archbold organization for over 30 years. He helped set the standards we are proud of.

Hospital in 1960, and over the next 33 years, the organization grew and vastly expanded its program of services and its medical staff.

Fenlon always set a standard of excellent patient care that we continue to build on today. During his tenure, Archbold developed a very early hospital-based home health program, nurse midwifery services, outpatient dialysis facilities, and a network of primary and specialty clinics to serve the entire region. In addition to serving as president of Archbold Memorial Hospital until 1985, Fenlon oversaw the creation of Archbold Medical Center, the Archbold Foundation, Archbold Health Services and Archbold Medical Enterprises corporate entities, and he served as president of all of those entities until his retirement in 1992.

Fenlon was a true visionary leader and helped build the strong foundation of care and service that we continue to expand on today.



Respectfully,

J. Perry Mustian  
President and CEO  
Archbold Medical Center

## Why we give

**MARY ANNE GRAYSON, MD, AND TIMOTHY GRAYSON, MD**

Early in our careers, we were blessed with the invitation to join the medical staff at Archbold Memorial Hospital. We found a center of excellence, with a depth of services and a quality of care second to none. Sophisticated technology coupled with small-town hospitality remains a winning combination. The level of quality and advanced treatments available at our medical center are well beyond the scope of practice in most hospitals serving much larger communities. Archbold Memorial Hospital's regional and national leadership in these areas greatly benefits the health of our community.

All members of the Archbold community share a unifying goal—the pursuit of excellence. A shared vision of maintaining the highest-quality medical care is the driving force for our community's support. We share this vision.

We give because we believe our medical center is at the forefront of delivering the highest-quality care. Support of the Archbold Foundation by private citizens makes medical care of this level attainable in our community.

We are truly fortunate to be members of this community. We give because we believe in maintaining, promoting and furthering the system of health care



excellence that our community knows as Archbold Memorial Hospital. We encourage you to join us in support of the Archbold Foundation.



## Archbold names Jim Carter Chief Operating Officer

**ARCHBOLD MEMORIAL** Hospital recently announced the promotion of Jim Carter to chief operating officer. Carter has over 22 years of experience in health care, and he has worked in the Archbold system for over 12 years.

Carter earned a bachelor's degree in industrial engineering from the Georgia Institute of Technology and master's degrees in business administration and health administration from Georgia State University. Before joining Archbold, Carter served in roles at Piedmont Medical Center in Atlanta; Rockdale Hospital in Conyers, Georgia; and Alamance Regional Medical Center in Burlington, North Carolina. He joined the Archbold

system in 2002 as the director of the Ambulatory Care Center. He has served in many leadership roles at Archbold, including his most recent position as vice president of Administrative Services. He is married to Christa Carter, a Thomasville native. They have two children, Louis (13) and Sam (10).

"Jim is very well-respected in our organization," said Perry Mustian, Archbold president and CEO. "He is a great leader and asset to our executive team. I'm confident that his experience in health care leadership and his knowledge of our system provide a strong foundation for the future of our organization."



**Jim Carter**  
Chief operating officer  
Archbold Memorial Hospital

"I'm proud to have a health care system like Archbold in our region," said Carter. "And I am honored to have the opportunity to help continue the tradition of providing high-quality, patient-focused and cost-effective care."



Marty Jones's family accepted the award on her behalf at the Georgia Hospital Association's Annual Meeting in Atlanta on November 13, 2014. Pictured from left to right: Matt Jones, son of Dana and Marty Jones; Dana Jones, widow of Marty Jones; Earl Rogers, GHA president and CEO; Dee Jones Renfroe, daughter of Dana and Marty Jones.

## Marty Jones, RN, honored as Georgia Hospital Hero

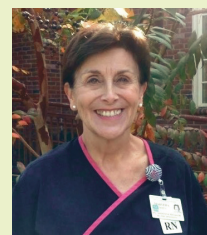
**ON NOV. 13, 2014**, the late Marty Jones, RN, was posthumously awarded the prestigious Georgia Hospital Heroes Award at the Georgia Hospital Association's (GHA) annual meeting. Jones was recognized for her three decades of work at the hospital and for a heroic act in February, which claimed her life.

In the evening hours of Feb. 9, as Jones and her husband were on their way to dinner, they witnessed a serious accident. They immediately pulled over on the side of the road to provide care to the accident victims while awaiting emergency medical responders. It was this brave and unselfish decision that led to her death, as she was struck by a passing vehicle at the accident scene.

"Marty Jones put her own life before others and was extremely brave and selfless for doing so," said GHA President Earl V. Rogers. "She is greatly missed, but

her legacy will live on through the great care provided by her colleagues and Archbold Memorial Hospital."

"Marty was an integral part of our patient care team," said Beth Raffield, RN, BSN, preadmissions manager. "She loved her patients and she loved her co-workers. In 2000, she was selected as Archbold's employee of the year, an award that further emphasized her colleagues' appreciation. Marty was an amazing nurse, co-worker and friend, and she will forever be remembered as our Hospital Hero."



**Marty Jones, RN**



## Tracy Gray

CHIEF INFORMATION  
OFFICER OF THE YEAR

**TRACY GRAY**, chief information officer at Archbold Medical Center, was named 2014 chief information officer of the year by HomeTown Health, LLC. Gray was chosen for his proven track record of providing exceptional leadership in health information technology, specific technology-based requirements hospitals and his commitment to education and information technology best practices.



## Tops again!

**FOR THE** fourth consecutive year, *Georgia Trend* magazine has named Archbold Memorial Hospital a Top Georgia Hospital, and in 2014, the highest-ranked medium-sized hospital in Southwest Georgia.

The information used to compile the rankings was based on publicly reported data acquired from the Centers for Medicare & Medicaid Services (CMS), which administers the nation's Medicare and Medicaid programs.

The data analyzed specifically relates to quality of care, patient satisfaction, mortality, readmission statistics and data on hospital-acquired infections and conditions.

"We understand patients put a lot of trust in us, and they expect us to provide the right care at the right time, every time," said Amy Griffin, vice president of patient care at Archbold. "I think we've been so successful because we proactively look for ways we can improve care."

That sustained focus on quality

earned Archbold not only recent statewide recognition as a Top Hospital, but also national attention in 2014.

Earlier this year, Archbold's ventilator-associated pneumonia (VAP) protocols were named the only evidence-based national blueprint for how to avoid the condition in hospitals. Simply put, methods developed at Archbold to avoid VAP were named a Leading Practice Blueprint®, an endorsed model hospitals across the country are encouraged to adopt. Also in 2014, Archbold was named to the Georgia Hospital Association's (GHA) Quality Honor Roll, a designation also based on clinical data provided by CMS.

"Our community can be confident that Archbold's number one priority remains to provide our patients high-quality, patient-focused health care," said Perry Mustian, Archbold president and CEO. "I'm very proud of our team and what we've accomplished. It's very rewarding for our staff to be recognized for continuously taking initiative to provide the best care possible for our patients and to again be named a Top Hospital in the state."

## Crystal Ramm

GRADY GENERAL HOSPITAL  
ADMINISTRATOR

**CRYSTAL RAMM** was recently promoted to administrator of Grady General Hospital (GGH).

Ramm began her career with Archbold in 1996. She has since served in many leadership roles,

including her most recent position as director of nursing at GGH. "Crystal's experience in health care leadership, combined with her knowledge of the Archbold system, will be valuable as she leads Grady General Hospital in providing outstanding health care for our community," said LaDon Toole, vice president of system hospitals and long-term care at Archbold.



Crystal Ramm  
Administrator  
Grady General Hospital

## Jamie Womack

MITCHELL COUNTY HOSPITAL  
ADMINISTRATOR

**JAMIE WOMACK** was recently promoted to administrator of Mitchell County Hospital. Womack began his career with Archbold in 2011 and has served in many leadership roles.

"Jamie is very well-respected in the Mitchell County community," said LaDon Toole, vice president of system hospitals and long-term care at Archbold. "He is committed to ensuring the patients of Mitchell County receive the very best care, and I'm confident that he will be a great leader for Mitchell County Hospital."



Jamie Womack  
Administrator  
Mitchell County Hospital



# DOG DAYS at Archbold Memorial Hospital



Waylon and his handler, Archbold nurse practitioner and inpatient dog therapy program coordinator Donna C. Vickers, ANP, enjoy a visit with a patient in Archbold's Inpatient Rehabilitation gym.

**IF YOU** walk through the halls of Archbold Memorial Hospital, you may be surprised to find a dog wagging its tail. But don't be alarmed—dog therapy is just what the doctor ordered.

Archbold introduced dog therapy in 2011 to help bring love and comfort to hospice patients and their families during the patients' final days at home. And made possible by financial support through the Archbold Foundation, the same concept is now part of the care available to patients in the hospital—specifically patients going through inpatient rehabilitation and those staying in the cardiac progressive care unit (CPU) at Archbold Memorial Hospital.

## **Professionals on paws**

Experts say this type of therapy has proven to help patients relax and stress less while speeding their recovery. It also provides much-needed emotional and social support for patients and their families.

"Our patient care team does a fantastic job of supporting patients' medical needs," said Archbold nurse practitioner Donna C. Vickers, ANP, who also serves as the inpatient dog therapy program coordinator for the hospital. "And because they are caring for several patients who require their constant attention, the time they have available just to socialize with patients is limited. So many of my patients would speak of feeling lonely, isolated and just wanting to spend time with others. So I began to really research the topic and look into potential complementary programs we could offer that would provide support for our inpatients—both emotionally and socially."



An avid dog-lover, Vickers felt dog therapy would be an excellent program for inpatients at Archbold Memorial Hospital. Hospital administration agreed.

Not to be confused with service dogs, therapy dogs help patients simply by visiting them. Specially trained Archbold volunteers—who also happen to be dedicated pet owners and are referred to as handlers—chaperone their pet while they are visiting with patients.

### Faithful companions

The inpatient program, which launched in 2014, is now composed of five dog/handler therapy teams that visit patients every Wednesday and Saturday.

"All our volunteers complete special training with their dogs," Vickers said.

"The dogs complete Therapy Dogs International testing and become certified therapy dogs. Each dog attends a six-week course, at which time they learn basic obedience techniques and are trained to work around medical equipment."

Leigh Ann Falconer, certified trainer with Therapy Dogs International (TDI), serves as the coordinator for the Hospice of Southwest Georgia dog therapy program. She also leads training classes for both the new hospital-based dog therapy program and the hospice program.

"During class, each dog is evaluated for temperament to determine whether they are capable of remaining calm, cooperative and willing to follow all handler commands in difficult situations," Falconer said. "At the end of the training course, each dog and handler must take and pass a test to become TDI-certified. All dogs and their handlers must be certified and up-to-date on all immunizations before they're allowed to visit with patients."

Though any patient can simply request a visit, dog therapy may not be ideal for everyone.

"Of course, we respect our patient's preference—we don't visit patients that are allergic to animals or have a fear of



The inpatient pet therapy program is composed of five dog-handler therapy teams. They visit patients every Wednesday and Saturday.

animals, or patients in any type of isolation," Vickers said.

### Who can benefit?

As the Archbold patient care team gets to know each patient, they may recommend or ask the patient if they'd like pet therapy as a treatment option. And upon arrival, the therapy teams determine which patients would like a visit by a special paw symbol that the nurse has placed on the patient's door.

"Many patients anticipate the dog therapy visit for days in advance," said Kate Grimes, director of inpatient rehabilitation at Archbold. "Many of our patients are in inpatient rehab for an extended period of time. When the dogs visit, patients will frequently speak about their own dogs that are waiting for them to return home or their past experiences with a family dog that brings back good memories. Our patients and their family members really seem to enjoy the visits and express appreciation for this new support therapy."

Studies have shown animal therapy promotes lowering blood pressure, improves dexterity and helps with pain management.

"The animals also help distract patients from the pain they may experience during movement, and scientific studies have shown that time with therapy animals speeds recovery, helps lower stress and alleviates loneliness," Vickers said. "The dogs also provide emotional and social support to people in a nonjudgmental manner and bring some sense of normality to an otherwise foreign environment, like the hospital."

But according to Grimes, it's not just the patients and their families who have fallen in love with dog therapy.

"Our staff loves it too," said Grimes. "It is such a morale booster for our patient care team. I frequently hear them say it's the highlight of their shift."

Vickers added: "It's always very fulfilling to see the smiles from patients and their loved ones when we visit. And our volunteers get just as much joy out of their visits with patients, as the patients seem to enjoy visiting with the dogs. It's a very rewarding experience for our volunteers to see how the therapy makes a difference and really helps these patients and their families."

**"The power of the human-animal bond is strong, and I really do believe that companion animals have the ability to assist our patients in healing."**

*—Donna C. Vickers, ANP*



# Seek help when you hurt

CHRONIC PAIN IS TOUGH TO TREAT, BUT IT CAN BE MANAGED

**WE'RE HUMANS**, and sometimes we hurt.

Pain is a natural, healthy part of being alive. Without it, we might not notice a very serious injury. With it, we instinctively back away from a fire after a burn or rest our aching backs after lifting something too heavy.

Most of us experience pain only fleetingly or for a limited period of time. This is known as acute pain. It can feel intense, but the pain does go away with treatment.

Many people, though, must cope with another kind of pain—a type that continues, sometimes for months or even years, and is not easy to treat.

It's called chronic pain, and at least 100 million Americans—about 1 in 3—have it. That's more than the number of people with diabetes, heart disease, stroke and cancer combined.

## A portrait of pain

Chronic pain is a stubborn condition:

- **It's hard to diagnose.** There are no specific tests to measure how bad the pain is or exactly where it's coming from. Even people with the same injury or condition can experience enormous differences in pain.
- **It's hard to treat.** One hallmark of chronic pain is that it is resistant to most medical treatments.
- **It's hard to handle.** Perhaps it's no surprise that long-term, unrelenting pain can also take a toll on a person's mental and emotional well-being. It's not unusual for someone with chronic pain to feel anxious or depressed. That can make treatment more complicated.

## Why someone hurts

"Chronic pain may result from an injury, such as a back sprain," said integrative medicine physician John Mansberger, MD.

Dr. Mansberger said chronic pain may also be triggered by one or more conditions or diseases, such as arthritis, cancer, endometriosis, fibromyalgia, infections, inflammatory bowel disease, migraines and nerve damage.

"Sometimes, however, the cause of someone's pain simply can't be found or is related to multiple factors," said Dr. Mansberger.

## What makes it better?

Chronic pain can be challenging, but it can be managed. "It often takes time and patience to find the right treatment or combination of treatments that are most effective at reducing how bad the



John Mansberger, MD, offers acupuncture, along with a number of other complementary therapies and treatments that have proven to help patients manage chronic pain.

pain feels and how often it happens," said Dr. Mansberger.

Those treatments may include:

- **Medication.** Prescription or over-the-counter drugs are common pain relievers.
- **Physical therapy.** A physical therapist can devise an individualized program that can help ease pain. Among other things, the program may include exercise, massage and heat treatments. Our center offers the specialized focus of manual techniques such as joint mobilization and manipulation in addition to massage, exercise, ultrasound and heat.
- **Complementary and integrative medicine.** This describes a range of treatments, such as acupuncture, spine or joint mobilization, relaxing techniques, an anti-inflammatory diet, and dietary supplements.

## Life goes on

Chronic pain usually can't be cured. But with the right treatment plan, it can be controlled and the person living with it can function and enjoy life.



## YOUR FAMILY'S HEALTH

# Find ways to take it to heart

### "I LOVE YOU."

We all say it in our own way. But one way to tell your whole family that you love them is to help them take care of their hearts.

It's a message that needs to be shared early and often. Many of the risk factors for heart disease—obesity, diabetes, high cholesterol, high blood pressure and lack of exercise—can start in childhood. Helping young ones develop healthy habits early is a loving investment in their future.

### Teach by example

To encourage a healthy lifestyle in others, begin with yourself, said James S. Karas, MD, FACC, a cardiologist with Cardiology Consultants of South Georgia.

"When kids see you exercising, eating well, staying at a healthy weight and managing your stress, they'll be more likely to follow in your footsteps," he said. "They'll also listen and learn if you help your spouse, parents or grandparents."

"And you can help your adult loved ones by encouraging them to be active; eat well; and know the things that affect their heart health, such as their cholesterol and blood pressure numbers."

### Do try this at home

To send out a clear I-cherish-your-heart message in your family, consider taking these steps:

**Limit TV, computer use and video games.** These are habits that can lead to a sedentary lifestyle and excessive snacking.

The American Academy of Pediatrics recommends no more than two hours a day of total screen time for children age two and older—and discourages TV viewing altogether for children younger than that.

**Move together.** Kids need at least one hour of physical activity a day. Play hide-and-seek, take walks or ride bikes as a family. Kids, parents and grandparents can all join in.

Active chores—such as raking leaves or shoveling snow—count too.

**Eat meals together.** Sitting down as a family discourages unhealthy snacking and encourages good eating habits.

**Cook together.** Kids and grown-ups alike are more likely to eat meals they've helped prepare or plan. Shopping and cooking together also can be quality family time. Make a game of comparing food labels.

**Know your family stats.** Ask health care providers about monitoring indicators of heart health—such as body mass index (BMI), blood pressure, blood sugar and cholesterol—for your family members.

**Achieve together.** Brainstorm specific healthy goals, such as training for a



James S. Karas, MD, FACC  
Cardiology Consultants  
of South Georgia

5K walk or playing outdoors for an hour every day. Then work together to reach your goals.

**Celebrate good things.** But don't use candy or snacks as rewards—find healthier ways to celebrate successes.

**Knowledge is power. Learn more ways to keep you and your family healthy. For classes and events at our facilities, see our calendar at [www.archbold.org/calendar](http://www.archbold.org/calendar).**





# Massage as **medicine**

**Q** Are there health benefits to getting a massage?

**A** The promise of blissed-out relaxation might be a good enough reason to schedule a massage. But that's not all this soothing practice appears to offer.

It turns out that under the capable hands of a professional massage therapist, you may reap benefits beyond simply feeling good.

Although scientific evidence on massage is limited, the modern forms of this ancient healing art—including Swedish, deep tissue and sports massage—have been shown to:

- Relax the nervous system by lowering heart rate and blood pressure.
- Enhance immune function by lowering stress hormones and pain hormones.
- Soothe sore muscles.

Massage therapy may be especially helpful for people with:

- Anxiety.
- Cancer.
- Carpal tunnel syndrome.
- Heart bypass surgery.
- Hypertension.
- Knee pain from osteoarthritis.
- Low-back pain.
- Migraines.

Researchers are testing whether massage also helps other conditions, including depression, pain from sickle cell anemia, and fatigue and swelling caused by chemotherapy.

No matter why you seek massage therapy, choose a trained, properly credentialed professional.

As long as you do, massage has few serious risks. However, never use it to replace regular medical care.

Also, be sure your massage therapist knows about your medical conditions.

Finally, if a massage ever hurts, speak up. It should feel good—not painful.





Foreground: Jami Stephenson, OTR/L, CHT, director of Archbold's Outpatient Rehabilitation program.  
Background: Physical therapist Kerri Kelley works with a patient to help restore motion and relieve pain.

## PHYSICAL THERAPY

# It does **a body good**

**THE HUMAN** body is made for motion. But what if an injury or medical condition brings some part of your body to a standstill? One solution might be physical therapy.

Physical therapy is a field of health care that helps people regain lost mobility. The licensed professionals who provide it are called physical therapists, and their extensive knowledge of anatomy enables them to treat conditions that compromise motion, balance and flexibility.

To do that, physical therapists call on a wide range of interventions, for example, therapeutic or aquatic exercise, massage, biofeedback, electrotherapy, low-level laser therapy, and ultrasound.

Physical therapists often work closely with doctors to create treatment plans and track patient progress.

Some physical therapy is inpatient

treatment—for example, for rehabilitation after a stroke. However, physical therapy is also offered on an outpatient basis, in clinics, private offices and hospitals.

Physical therapists might also apply kinesiology tape to patients, said Jami Stephenson, director of outpatient rehab at Archbold Memorial Hospital. "It is applied along muscles, ligaments and tendons (soft tissue) to provide external support that helps you remain active while recovering from injuries. Kinesiology tape is lightweight and comfortable to wear and can be used for hundreds of common injuries such as lower back pain, knee pain, shin splints, carpal tunnel syndrome and tennis elbow."

### How could it help me?

"You might seek physical therapy to help relieve pain or prevent injury so you can stay active," Stephenson said. "In some cases, having therapy might help you avoid surgery."

Among the many things physical therapists can help with are back, knee and shoulder pain; arthritis; bladder control; carpal tunnel syndrome; diabetes; fractures, sprains and strains; headaches; osteoporosis; overuse injuries; and vertigo.

"If pain or a medical condition is affecting how you move through life, ask your doctor about physical therapy," Stephenson recommended. "It might help restore the motion you've been missing."

To learn about physical therapy at Archbold Memorial Hospital, visit [www.archbold.org](http://www.archbold.org).





CANCER CARE AT ARCHBOLD

**Where skill  
and compassion**  
***MESH***



**IN 2011**, physicians at Archbold Memorial Hospital were recognized as the first in the state and second worldwide to revolutionize surgical treatment for lung cancer using cesium mesh brachytherapy and the da Vinci Surgical System.

Archbold general and thoracic surgeon Edward Hall, MD, and radiation oncologist Steven Johnson, MD, of Archbold's Lewis Hall Singletary Oncology Center, performed Georgia's first implant of cesium 131 mesh brachytherapy in an early-stage lung cancer patient, using da Vinci. Four years later, we checked in to see their progress.

**Q** How has the treatment changed the way Archbold treats patients with lung cancer?

**Dr. Johnson:** The mesh has added another potentially curative treatment to our toolbox for treating stage I lung cancers.

**Dr. Hall:** The robotic-assisted mesh brachytherapy allows us to offer potentially curative treatment to patients who otherwise would have been inoperable. We're able to take out less lung, which is important because most of these patients have very little lung left because of emphysema and COPD.

**Q** What have the results been for patients treated this way over the last three years?

**Dr. Johnson:** To my knowledge, at this point, there have been no recurrences in the lung cancer patients we've treated with robotic-assisted cesium mesh brachytherapy. We have had no cesium mesh position changes or misadministrations, and I do not know of any significant complications.

**Dr. Hall:** Nationally, recurrence rates for removing the tumor and not implanting the mesh brachytherapy are around 23 percent. Recurrence rates for those patients that have the cesium component is around 3 percent. This treatment has revolutionized the way we treat patients with lung cancer and severe lung disease.

**Q** Archbold was the first hospital in Georgia and second worldwide to perform this treatment. What does it

say about Archbold to offer this type of cutting-edge treatment?

**Dr. Johnson:** Archbold has always had an excellent reputation as a technology leader in the region since the hospital was founded. To my knowledge, we are still the only hospital in Georgia doing this procedure, which requires a specially trained robotics surgeon willing to engage with this new procedure to get a program like this started, as well as a radiation oncologist available to assist.

The time commitment is very great. It also takes an administration willing to purchase a robotic surgical unit.

Archbold saw the value in offering this treatment for our patients. This is one example of how Archbold and our medical staff are dedicated to providing our patients the best care and most advanced treatment options available.

**Dr. Hall:** We're still the only hospital in our region offering this treatment. It's really a testament to the sophistication of our hospital and the commitment and collaboration of our medical staff that we're able to offer this technology for our patients.

**Q** Do patients with lung cancer need a referral to be considered for this treatment?

**Dr. Johnson:** No referral is needed. Any patient who wishes to be considered can contact Dr. Hall; Dr. Saunders, who is a radiation oncologist at the Singletary Oncology Center; or me for an appointment to see if they're a reasonable candidate for the procedure.



Steven Johnson, MD  
Radiation oncologist  
Archbold Memorial Hospital



Edward Hall, MD  
General and thoracic surgeon  
Archbold Memorial Hospital

**Q** Do you anticipate cesium mesh being used to treat any other types of cancer in the future?

**Dr. Johnson:** Virtually any tumor-bearing site with close or positive margins of resection could be treated this way, especially if external postoperative radiation could injure an important or vital organ.

**Dr. Hall:** We've also used this treatment for colon and cervical cancer. As long as we're able to remove the tumor and place the mesh in the compromised spot to sterilize the area at a very close margin, we could really treat many sites this way to prevent local recurrence of cancer.



# What can I do to help lower

## The family doctor says: Get screened

Screenings are exams you get before signs or symptoms of disease may actually occur.

"Screenings can sometimes detect changes in cells before they become cancerous," said family physician Thomas E. Edwards III, MD. "Screening may also find cancer early, when it's typically easier to treat, and treatment can then help prevent cancer from forming."

Dr. Edwards added, "Depending on your age and risk factors, you may need screenings for colon, breast, prostate, cervical or other cancers, and your doctor can help you decide which tests to have, when and how often."



Thomas E. Edwards III, MD  
Family physician  
Thomasville Family Medicine

Many of our doctors are accepting new patients. Visit [www.archbold.org](http://www.archbold.org) to find one that is right for you.



## The dietitian says: Eat for health

What you eat can play a big role in whether or not you develop cancer.

"Eating vegetables, fruits, whole grains and legumes can help lower your risk of some cancers," said Archbold dietitian Krizia Chinchilla, MS, RD, CNSC, LDN. "Too much red meat, processed meat, sugar and salt are also more likely to cause problems."

Chinchilla adds, "A healthy diet can also help keep your weight under control—another way to lower cancer risk."



Krizia Chinchilla, MS, RD, CNSC, LDN  
Registered dietitian  
Archbold Memorial Hospital



# my risk of cancer?

## The dermatologist says: Practice sun safety

Simply put, too much sun can cause skin cancer.

Ultraviolet (UV) radiation from the sun can permanently damage the cells of your skin. (A tan is actually a sign of damaged skin.) This may trigger wrinkles; dark spots; or dry, leathery skin.

"Of course, the biggest threat from too much UV exposure is skin cancer," said dermatologist Cheryl Barnes, MD. "Time spent sunbathing or in tanning beds raises the risk of deadly melanoma, as well as non-melanoma skin cancers."

And while many people believe that skin cancer can take decades to develop, melanoma is the second most common cancer in women 20 to 29 years old.

But Dr. Barnes said there are plenty of ways to help protect your skin.

"You should apply sunscreen before you go outside, even on cloudy days," she said. "Use a broad-spectrum, water-resistant sunscreen with an SPF of 30 or higher. Also seek shade whenever you can. Try taking an umbrella or tent with you when you know you're going to be outdoors for an extended period of time."

Dr. Barnes also recommends contacting your doctor if you notice any changes in your skin.



Cheryl Barnes, MD  
Dermatologist  
McIntosh Clinic



## The internist says: Still smoking? Stop!

True, it can be hard to quit. But it's worth the effort.

In fact, it's perhaps the most important thing you can do to prevent cancer—and not only lung cancer.

"Smoking also contributes to many other cancers, including those of the mouth, throat, liver, stomach, kidneys and bone marrow," said internal

medicine physician Mark Brewer, MD.

"If you quit before age 40, you may actually lower your risk for premature death. But even stopping at a later age, you can still gain back some years to life."

Need help quitting for good? Ask your doctor about strategies proven to help.

Need more reasons to quit that habit? Check out [www.morehealth.org/BenefitsOfQuittingSmoking](http://www.morehealth.org/BenefitsOfQuittingSmoking) to find out what happens just 20 minutes—or 12 hours or 10 years—after your last cigarette.



Mark Brewer, MD  
Internal medicine physician



## PHYSICIAN MENTORSHIP AT ARCHBOLD

# Learning by doing

**FOR MOST** teenagers, the summer months, weekends and school breaks are filled with recreation and spending time with friends. Trent Griner's time is spent a bit differently.

Since 2013, Griner has spent his free days (and some nights) in Archbold's emergency department (ED) working as a junior volunteer. As a Brookwood High School sophomore, he signed up to participate in Archbold's Junior Volunteer program because he was interested in medicine and thought the program would be a great way to spend time in a hospital and to be exposed to medical careers.

But what started as a normal junior volunteer assignment has evolved. And now he finds himself in a unique situation where he has learned far more than he ever thought possible.

### In the right place, at the right time

"I've learned all about how the hospital and emergency department works," Griner said. "I've learned about many medical conditions and have memorized the treatments for them. I've watched Archbold doctors and nurses save lives right in front of me."

And those experiences, as well as a bond Griner has formed with Archbold emergency medicine physician Clark Connell, MD, are what has led him to pursue his true passion—emergency medicine.

"Dr. Connell and I have a unique relationship. He has become a mentor to me during my experience as a junior volunteer," Griner said. "I have spent over 200 hours in the Archbold ED, and the majority of those hours have been spent working with and learning

from Dr. Connell."

Griner, who is a senior now, says Dr. Connell uses every opportunity as a teaching moment. And though some of his lessons are simple, like when to wear two pairs of gloves during a trauma assessment, there are times the lessons are a little more complex.

"One night, I worked a night shift—10 p.m. to 7 a.m.—and at 1:30 a.m., Dr. Connell was teaching me how to read an EKG," Griner said. "He's also taught me how to read x-rays, MRIs, and CAT scans and about countless medical conditions and how to treat them."

Dr. Connell says that when Griner first came to volunteer and shadow in the ER, he was immediately reminded of his past experience, which made him eager to share his prospective with Griner.

"I can relate to Trent, because I was in his same shoes," Dr. Connell said. "Like Trent, I decided I wanted to be a physician while in high school. There were no physicians in my family, and I really didn't have any close connections to any local physicians. Between my first and second year at the University of Georgia, I made some contacts with a few of the emergency medicine physicians here at Archbold, many who are actually still here today."

"I was able to shadow the doctors and volunteer in the ER when I came home to Pelham for summer breaks. Their graciousness and willingness to take me in and show me their profession made an impression. That experience confirmed my decision to pursue medicine—specifically emergency medicine—and that was the biggest influence on bringing me to where I am today. From that time on, I wanted to be an emergency medicine physician at Archbold."

### What really matters

Griner has learned much from Dr. Connell, but says some of the most important lessons he's learned include



how to handle certain situations that ED doctors encounter, how to maintain a positive work environment in the ED, and how to interact with patients and their families.

"Dr. Connell has truly taught me what it means to be a doctor," he said. "I have watched as the touch of his hand has calmed and silenced an anxious patient who was very scared and concerned about the symptoms she was experiencing. Dr. Connell simply placed his hand on her shoulder as he listened to her breathing. The moment his hand touched her, she stopped talking and became calm. She began to slow her breathing and her heart rate. I have watched this same scene happen again and again."

Griner said one thing he has really appreciated about his experience at Archbold is that Dr. Connell and the ED staff has exposed him to every aspect of their work.

"I have watched people be healed, and I've watched people be brought back to life," he said. "I've also observed as resuscitation efforts have ended. But through it all I've seen firsthand how the doctors and nurses conduct themselves in a professional and compassionate manner. The Archbold team has given me the privilege of seeing their reality in the hospital for what it truly is, and they've taught me how to handle each situation with respect and compassion."

Dr. Connell said that from his very first day Griner was eager to learn and eager to help.

"Trent is outgoing, polite, and respectful toward the patients and employees," said Dr. Connell. "Most importantly, he seems to possess the fortitude and easy-going attitude that are necessary for a long career in medicine, even when things get tough."

Griner will graduate from Brookwood this spring, and he'll attend Berry College in the fall to study biology with a pre-med concentration and philosophy.



**Griner has learned much from Dr. Connell, but he says some of the most important lessons he's learned are how to handle certain situations that emergency doctors encounter, how to maintain a positive work environment in the ED, and how to interact with patients and their families.**

From there, he hopes to attend the Medical College of Georgia for medical school. And as one of Griner's biggest fans, Dr. Connell is confident he has taken the right steps to accomplish his goals.

"Pursuing a career as a physician is no easy task," Dr. Connell said. "After high school, you endure at least eleven more years of training. You have to be committed. Most importantly, you have to be sure this is what you want to do. I admire Trent for doing his homework and spending time in the ER. By seeing firsthand what we do, he can more confidently make his career choice. Many students spend years pursuing medicine, only to find out it's not what they thought. I think his experience will also provide motivation throughout his higher education. His goal is now more tangible, and it will be a constant reminder of why he has to work hard, study hard and develop himself into the man he hopes to become."

"My volunteer experience at Archbold has certainly encouraged me to one day return to Thomasville to practice medicine in the Archbold ED," Griner said. "Archbold is a fine institution and it has become such an integral part of my life. It would mean everything to me to be able to return to Archbold one day

to work as a doctor and give back to the hospital and physicians who invested so much in me.

### **The future of care**

"I'm proud of Trent, as I know his parents are. They have done a wonderful job raising him," Dr. Connell said. "I always tell Trent that he is going to be my boss one day. By the time he's done with training, I'll be ready to cut back a little anyway. But all joking aside, he's the kind of person I would want taking care of me or my family in the decades to come."

"I'm honored and humbled that Trent considers me to be a mentor. I think the same could be said about any of my colleagues. We have a great group of doctors who care about this community. I think it is awesome that we have someone who wants to pursue a career in medicine and wants to return to Thomasville. Of course I'm biased, but I think there is something special about providing medical care to the people you grew up with. Our patients are our friends and our neighbors. They are the people we interact with in the community. It makes caring for the patient personal to each of us. I imagine this will be one of the most rewarding things for Trent when he begins his practice of medicine."





**Providing relief.** Lorraine Williams, MD, offers in-office balloon sinuplasty—a minimally invasive sinus surgery performed in her office that is very effective at relieving chronic sinusitis symptoms.

# Breathe easier

A LESS PAINFUL, QUICKER-RECOVERY APPROACH TO SINUS TROUBLE

**WHEN SINUSES** become infected, medications are usually the first line of defense. One usually reaches for nose drops, saline washes, steroid sprays, antibiotics and some OTC sinus medicine for fast relief. These medications will help to reduce swelling in the sinuses and prevent further complications.

In the event that these medications do not help, you might develop more chronic problems. Months and even years of headaches, pain and misery can follow if not properly identified and treated. Also, uncontrolled infections can travel to other sensitive areas near the sinuses, such as the eyes and the brain.

Sinus surgery is often recommended when aggressive use of medication fails to relieve sinus misery.

According to Archbold otolaryngologist Lorraine Williams, MD, MPH, if sinuses don't drain properly, pus and other secretions

can build up, causing sinus infections.

"Air flow and mucus drainage need to move freely through the sinuses, or they can become trapped or cause a vacuum resulting in pain, pressure and infections," Dr. Williams said. "The inability of sinuses to drain or freely allow airflow can cause pressure and pain. The goal of surgery is to reduce blockages and improve airflow and mucus drainage so that the complex pathways between the sinuses and the nose work better."

Sinus surgery helps by:

- Enlarging the natural openings of the sinus.
- Correcting anatomical problems.
- Removing growths called polyps or tumors.

## **A new way, in one day**

Sinus surgery has improved a lot over the years. Surgery can now be performed as

an outpatient with very little pain and scarring instead of the previous painful recovery period with an overnight stay.

One of the newer surgical approaches that offer patients tremendous benefits can also be performed in the physician's office rather than in an outpatient surgical suite or hospital.

"There are several minimally invasive sinus surgery options, and the surgical treatment we use depends on the specific needs of each patient," Dr. Williams said.

"One of the new treatments is balloon catheter sinuplasty that is performed under local anesthetic in our office. The minimally invasive technique uses a soft, flexible lighted wire that is threaded through the nose to reach the sinuses. A small balloon attached to the wire is then gradually inflated to gently widen and reshape the natural opening of the sinus, providing relief and immediate restoration of air in the nose. The infected sinus may also be irrigated clear of pus, providing immediate relief."

Balloon catheter sinuplasty in the office is often an option for patients who need immediate relief from a severe acute sinusitis that has been recurrent or patients with chronic sinus disease whose passages need to be opened. It is also a good option for patients who cannot tolerate a general anesthetic. While recovery times vary for each individual, Dr. Williams noted that most patients may be able to return to normal activities including flying and traveling within a day or two. "We have been performing the balloon sinuplasty technique long enough that we know it is very effective at relieving the symptoms with minimal pain," she said.

Depending on the sinus location, the



extent of the disease and other associated anatomical issues, for example a septal deviation or turbinate hypertrophy, doctors may use a hybrid approach, combining sinuplasty with other traditional nasal and sinus surgery techniques. As with any other surgery, there are risks associated. Your doctor will carefully consider your candidacy for surgery and for the technique recommended.

Another sinus surgery option is traditional functional endoscopic sinus surgery (FESS), which uses microdissecting instruments such as drills and picks to remove small amounts of bone and blocked tissue, in order to enlarge the natural sinus openings.

Both traditional FESS and balloon sinuplasty use thin, lighted tools, called endoscopes, that allow for improved lighting and visualization in the nose. Recently at Archbold Medical Center, we have acquired a multidimensional mapping system that increases safety and efficiency during these surgeries. This image guidance system allows Dr. Williams to know precisely where she is at any moment within the complex sinus cavities as it is calibrated to the patients' CT or MRI scan obtained preoperatively.

According to the American Rhinologic Society, "balloon catheter sinuplasty is minimally invasive and has many benefits in the well-selected patient."

- It may be performed in the office under local anesthesia.
- Pain is usually minimal because often there is much less cutting as the sinus openings are widened with balloons.
- There is quick return to normal activities, as there is minimal bleeding and pain.
- Results are consistently and safely obtained and long-lasting in patients with chronic or recurrent sinusitis.

So if you have chronic recurrent headaches or have had sinus pressure, pain or infections for years, ask if you are a good candidate for balloon sinuplasty.

# Smart, safe **medicine**

## SENSIBLE STEPS FOR TAKING MEDICINES

**MEDICINES OFTEN** play a role in keeping us well. But when misused, they can also be dangerous. Taking too much or too little of a medicine can harm your health. And mixing some medicines with other medicines is unsafe.

"Such problems are a big risk for older adults, who tend to use more medicines than younger people," said internal medicine physician James Thomas, MD. "Research actually shows that people 65 and older are twice as likely as younger people to end up in hospital emergency rooms because of problems with medicine."



**James Thomas, MD**  
Internal medicine physician  
McIntosh Clinic

### Take with care

Dr. Thomas recommends following these tips:

- Know the names of all your medicines and why you use them.
- Write a list of all the medicines you use, and take this list to doctor appointments. Include prescription drugs and all your over-the-counter medicines, such as cold and pain medicines. Also include any vitamins or herbal products you take. Having all your prescriptions filled at one pharmacy can also help.
- Follow the directions. Don't take more or less of a medicine than advised.
- Call your doctor if a medicine doesn't seem to help. You may need a different medicine or dose.
- Don't stop using a medicine without consulting your doctor.
- Call your doctor if you develop any problems after using a medicine. This may include rashes, stomach problems or any other side effects.
- Don't break up tablets or capsules unless directed. This can affect how well medicines work.

- Never use anyone else's prescription medicine.
- Turn on the light when it's dark so you can make sure you're taking the correct medicine.
- Throw away outdated medicine. Your pharmacist can tell you how.
- Use a calendar or a pillbox to help you take your medicines daily. Sticky notes on the refrigerator can help.

### Before using a new medicine

If your doctor prescribes a new medicine, ask:

- How will it help me?
- Are there any side effects I should know about?
- When should I use it, and how much should I take?
- Should I take it with food or before or after meals?
- Should I avoid certain foods?
- What should I do if I forget to take it?
- Where is the best place to store it? Does it need to be kept cold?

### Speak up

Be sure to talk to your doctor if you have any concerns about medicines.

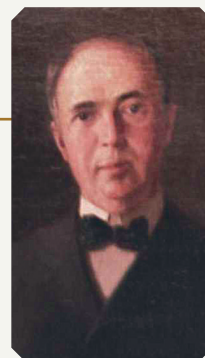




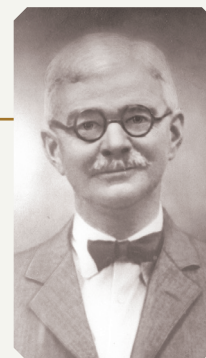
## It all started with a gift

**FOR NINE** decades, John D. Archbold Memorial Hospital has defined health care in Thomasville and beyond. Firmly rooted in our community, constantly growing and evolving, we want to be your first choice for all health care needs. As we celebrate our 90th anniversary this year, we are proud of our history, we value our stability and we look forward to a future of continued excellence.

Take some time with us to look back at our past—and to remember some special events of the first 90 years.



The father:  
John D. Archbold



The son:  
John F. Archbold

### The Archbold Family

After his retirement, John F. Archbold and his family moved to Thomasville for the winter months, where he turned his energies to the development of his plantation and the raising of cattle at Chinquapin.

With him were his wife, Mary Barron Archbold, and his three children, Richard, Adrian and Frances.

Archbold gave Thomasville its new hospital and seven years of almost daily attention to the details of its construction and operation.

## 1920s–1940s A gift that changed the community

### Nursing at Archbold

The Annie Mills Archbold Training School for Nurses and the John D. Archbold Memorial Hospital Training School (for African American nurses) opened in 1925.

The school for African American nurses closed following the graduation of the 1930 class.



Archbold's first nursing graduating class: Marie Hudson, Mae White and Bess McQueen

### 1925: A new and modern hospital

On June 30, 1925, John D. Archbold Memorial Hospital was officially dedicated. On July 8, the patients of the City Hospital were transferred.

Archbold opened as a modern, 100-bed general hospital. A great majority of the patients cared for at the time were from a wide range in south Georgia and north Florida, just as today. The hospital provided all equipment necessary to diagnose and treat patients, with specialists in charge of its various departments and a medical staff thoroughly competent to handle surgical and medical cases.



Archbold's first nursery



One of the operating rooms at Archbold Memorial Hospital



## 1950s–1970s The modern age arrives



### The John D. Archbold Memorial Hospital Auxiliary

Community support and hard-working volunteers have been a vital part of the mission of the hospital from its dedication in 1925 until today.

In 1952, the Women's Board was reorganized as the Women's Hospital Auxiliary, and in 1960, the name was changed to John D. Archbold Memorial Hospital Auxiliary.

Red Cross volunteers, also known as Gray Ladies, focused on helping patients and then eventually took on the operation of a visitor pass desk in the lobby.

Today, the Archbold Memorial Hospital Auxiliary is made up of both men and women who fill myriad volunteer support roles out front and behind the scenes throughout the organization.



The John D. Archbold Memorial Hospital Auxiliary: An early visitor pass desk, staffed by Red Cross volunteers

### The West Wing

F.V. Edison, E.R. Jerger and Mrs. Parker Poe participated in the groundbreaking ceremony for the new West Wing. It opened in December 1958, adding 56 beds; improvements to surgery, delivery rooms and the nursery; and an expanded x-ray department. A cafeteria and pharmacy were also added. Archbold added two floors to the West Wing in 1976.



R.C. Balfour III is among a legacy of three generations of Balfours who have served in the capacity of Board Chair at Archbold.



### Archbold Health Services

Archbold Health Services began offering home health care in 1973. In-home care was offered as an alternative to acute hospital care or extended care facility placement.

Home Health Services drives over 475,000 miles a year, making more than 61,000 visits covering a 16-county area to "bring healing home."

Over the years, Archbold Health Services has grown to include Hospice of Southwest Georgia, a High-Tech Pharmacy, HomeCare medical equipment and the Visiting Nurses Association.

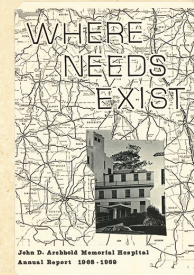
In 1986, Archbold purchased a magnetic resonance imaging unit (MRI), the first of its kind in Georgia south of Atlanta and in north Florida.



Staff pharmacist Guy Ellis works with staff to inspect IV bottles in the pharmacy

### Required reading

Annual reports for the community are a longstanding Archbold tradition, with the first report published in 1926. These two examples from the 1970s remind us that meeting community needs has always been a part of Archbold's mission, and show us an interesting view of the West Wing.







## Archbold Medical Center established

Pat Fenlon became Archbold Memorial Hospital's administrator in 1960 and Archbold Medical Center's president in 1985 and served until 1992. During this time, the hospital had unprecedented growth and technology acquisition.

## 1980s–1990s A regional network emerges

### Quality care close to home

The 1980s was a period of substantial growth for Archbold: Grady General Hospital joined the Archbold network in 1985; then a specialty clinic in Mitchell County in 1986 and Brooks County Hospital in Quitman in 1987.

Mitchell County Hospital and Mitchell County Convalescent Center in Camilla and Pelham Parkway Nursing Home in Pelham became part of Archbold's network in 1990.

In the years that followed, additional specialty clinics began operating in other cities, like Bainbridge and Pelham.

Today, Archbold is a four-hospital, three-nursing home health system that includes dialysis facilities, specialty clinics and primary care practices.



### A unique approach

In 1988, the Lewis Hall Singletary Oncology Center became the region's first comprehensive cancer facility. It was home to the latest diagnostic and treatment equipment and offered a unique approach to cancer care that combined medical oncology, chemotherapy and radiation therapy with ancillary services—such as patient education, nutrition counseling, rehabilitation and social services.



### Regional trauma center

In 1987, Archbold Memorial Hospital was designated a regional trauma center. Trauma centers must always be ready to provide care to patients with the most serious injuries and require the immediate availability of a variety of emergency and surgical specialists.



### Outpatient Surgery Center

Archbold's Outpatient Surgery Center opened in May 1989 as a freestanding addition to the West Wing. It was built in conjunction with the complete renovation of the hospital's inpatient surgical department.



## 2000–present

### Changing the landscape of health care



### Archbold Ambulatory Care Center

Archbold Ambulatory Care Center opened in 2002 and provided an Ambulatory Surgery Center, Imaging Center, and Women's Center.

Investments in technology included the most powerful open MRI available and the GD Lightspeed CT scanner, which produced vital diagnostic images in under a minute.

### North Tower: Fulfilling a promise to the community

In May 2012, Archbold's North Tower—the largest single construction project in the history of Thomasville and Archbold's largest investment in 86 years—opened. It houses the Emergency Department, a surgery department and an intensive care unit.



### A new era of cancer care

In August 2010, the Lewis Hall Singletary Oncology Center opened for patient care. It provides patients private, semiprivate, and open-area options for infusion treatments; greater access to clinical trials; and a patient navigator program.

In 2003, Archbold became the third hospital in Georgia to acquire Gamma Knife, which treats brain tumors, lesions and malformations in critical areas of the brain without a scalpel or the usual risks associated with surgery. The procedure is painless, bloodless and performed on an outpatient basis under local anesthesia. Archbold's Gamma Knife is still the only technology of its kind in Georgia south of Athens and Augusta.

### Physicians make the difference

Since opening in 1925, one of the strengths of our health system has been our medical staff—service-oriented, compassionate physicians who promise to provide the highest quality, patient-focused health care possible.

Archbold has more than 200 physicians on staff representing over 30 medical specialties with a broad range of medical and surgical expertise. They often work in multidisciplinary teams, enabling us to customize treatment plans while improving the quality of care, enhancing safety, and using the latest therapies and technology.

They spend time in the office and hospital caring for patients and also educating the community on new treatment options and disease prevention through Archbold's Health Talks and free health screenings.



# Investments in our future

**JOHN F. ARCHBOLD'S** transformative gift of the hospital in memory of his father forever changed the quality of care in South Georgia. From that very first gift in 1925 to the countless charitable donations made over the last 90 years, Archbold would not be what it is today without the longtime financial support of the men and women in our community. Charitable gifts to the Archbold Foundation are not only investments in our infrastructure, equipment and technology, but they also directly impact our employees and the patients they compassionately care for. Many of our employees have devoted their entire working careers to the organization, giving of their time, talents and treasure to the future success of Archbold. Read about our history in the words of some of our most dedicated longtime employees throughout this section and you will understand why each of them has chosen to invest in our future. Visit [www.archboldfoundation.org](http://www.archboldfoundation.org) to find out how you can make a difference. If you notice any errors or omissions in this list, please call the Archbold Foundation at **229-228-2924**.

## Tree of Lights

Due to space constraints, the 2014 Tree of Lights tribute list is not included in this issue of *Archives*. We are grateful to all donors who honored or remembered a loved one in our Tree of Lights Campaign. A full listing of all Tree of Lights tributes can be found on our website, [www.archboldfoundation.org](http://www.archboldfoundation.org). Thank you for your generous support!



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*"When I started working at Archbold, there were only three floors on the West Wing and the hospital operated off one boiler room. It's obvious that things have changed a lot over the years, and the Archbold Foundation has helped us financially to grow so we can better serve our community. I'm proud to have worked here for so long, and I'm proud to give to the Archbold Foundation."*

*—Mary Julia Thomas, Laundry Service (46 years of service)*

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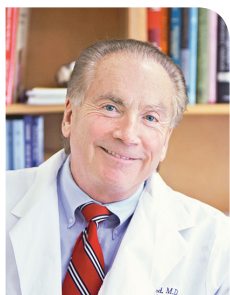
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 Dr. and Mrs. Robert Gorski  
 Ms. Marietta J. Graham  
 Ms. Ashley Griffin  
 Ms. Jacqueline E. Griffin



*"I have enjoyed working at Archbold because of the many opportunities for professional growth. Archbold has supported me throughout many education activities. With Archbold's financial support, I earned a business degree, a health information management degree, and several certifications and registrations. The Archbold Foundation helps fund scholarships that enable our staff to grow professionally. Foundation scholarships also help students in our region who are pursuing careers in health care. Archbold does a lot for our community, and the Archbold Foundation is instrumental in supporting our mission."*

*—Frances Turner, Health Information Management (44 years of service)*





"Even after 37 years of service, I still wake every morning at 5 a.m. looking forward to another day of helping our patients and working with our wonderful medical staff. I have seen many progressive changes in our organization—from the advancements in diagnostic techniques we use to detect disease, to the way we actually treat diseases. Because of the generosity of our donors and the dedication and motivation of our medical staff and leadership, Archbold has always stayed ahead of the curve."

— Jeff W. Byrd, MD (37 years of service)

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"I've witnessed expansion of the hospital to accommodate the very best physicians and specialties that are so important to our region. Without Archbold, South Georgia simply wouldn't have access to the essential health care services that are a viable part of our community today. The Archbold Foundation plays a big role in ensuring we have the best resources to provide our patients the very best care they deserve."

— Angela Banks, Patient Financial Services (42 years of service)

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### Gifts less than \$100

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 Mrs. Anne A. Wise  
 Mr. and Mrs. Keith Wortman  
 Dr. and Mrs. Edward T. Wright III  
 Mr. and Mrs. Ken Wright  
 Mr. and Mrs. Martin Yates  
 Ms. Pamela Youmas



*"I've chosen to work here for so many years because I've always had faith in Archbold and the medical staff here. There have been situations throughout the years that have proved to me that this hospital cares. Archbold is very highly thought of in surrounding communities, and I'm proud to say, without hesitation, that I work here."*

*—Kattie Pilkinton, NP, Nuclear Medicine (44 years of service)*



"Archbold has remained successful over the years because our leadership has remained focused on what's important—providing the best care for our patients and their families, providing our staff with a great place to work and giving back to the communities that have supported us for the past 90 years. I'm proud to give back to an organization that has invested so much in me over the years."

—Jewel Wilson, Nutrition Services (32 years of service)



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Culpepper  
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**Fred Clayton**  
Clanton-Malphus Veterinary  
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Pictured from left to right at the 2015 Annual Meeting of the Archbold Corporation are Dr. John Carico, Dr. and Mrs. Brian Szwarc, and Dr. and Mrs. Tim Ward.

**William Emanuel Collins**  
Leonard and Lee Clayton

**Roger Elbert Conklin**  
Mr. and Mrs. Albert M. Park

**Laurie C. Conradi**  
Ms. Catherine O. Campbell  
Mrs. Laurie C. Conradi

**Charles Cook**  
Ms. Wynette H. Carver  
Mr. Jack Perryman

**Charles Cooper**  
David and Fran Clayton  
Dr. and Mrs. Terrel Solana

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Thomasville Housing Authority Staff

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Mrs. Jan C. Dollar

**Greg Costas**  
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**Josephine Cromartie**  
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**Robert P. Crozer**  
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Dr. and Mrs. Terrel Solana

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**Tom Dollar**  
Black Jack Baptist Church

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Ms. Lisl Eichorn  
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**Laverne Gay**  
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**Hattie Christine Graham**  
Mr. and Mrs. Albert M. Park

**Fred Grant**  
American Legion Auxiliary Post 0144  
Northside Baptist Church Singles  
Sunday School Class

**William "Red" Green**  
Donnie, Jill and Chris Baggett  
The Frank Jones family: Frank and  
Barbara Jones, Rusty Jones, Gina  
and Robert Hardy, Jerry and  
Angela Jones, and Tammy and  
Sam Barber



Former PGA Tour player Mitch Adcock signs a sponsor sign at the 2014 Archbold Classic Golf Tournament, an annual pro-am event that helps fund scholarships for local students pursuing a career in health care.

**Billy R. Griffin**  
Jacqueline E. Nix Griffin

**Harry G. Grover**  
Mrs. Patricia Stauffer  
Mr. and Mrs. Martin Yates

**Dallas Hagan**  
Mr. Tommy R. Redding

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Iowa Bouskas

**Ralph C. Hall**  
Susan H. Herin

**Joyce Hamil**  
Darrell, Leslie and Matt Allen

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Curtis and Cheryl Chapman  
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Mr. and Mrs. J. Sloan Howard  
Harry T. and Holly Jones  
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"When I arrived in 1984, the only computer in the hospital was in the financial office. Charts were all on paper. MRIs, bar code scanning of medications, IMCU and the cath lab did not exist. Ultrasound and CT scanning were new technologies with coarse, grainy images. In the last 31 years the buildings, technology, and business environment have dramatically changed and our medical staff has tripled in size. However, the doctors and the entire Archbold medical team continue to deliver competent, compassionate care that truly put our patients' needs first. I'm proud to give to an organization that is focused on providing the best care for our patients."

—Rudolf Hehn, MD (31 years of service)



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**Louis A. "Lou" Ridolfi**  
Mr. and Mrs. Milton E. Callaway  
The Ridolfi family  
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The Thomas County Middle School Honors Chorus performed at the 2014 Tree of Lights Ceremony, an annual event that raises money to help fund programs for Hospice of Southwest Georgia patients and families.

**Jimmy Luke Rigsby**

Mickie Ivey  
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Dr. and Mrs. William B. King  
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**Carolyn Smith**

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Local cancer survivors participated in Archbold's annual A Pink Affair, a cancer survivor fashion show and fundraiser that raises money to help cover the cost for women in our region who can't afford a mammogram.

**Chester "Chet" Smith**

Mr. and Mrs. W.L. Cason

**Kenneth J. Smith**

Mr. and Mrs. Hans McCollum

**Richard Russell Smith**

Vann and Denise Smith

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Eve Adams  
Flowers Baking Company  
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Josh, Missy, Brandon, Melissa,  
Candace, Ava, Jett and Stella  
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Warren Baptist Church

**Marijane Yates**

Mr. Charles Yates





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## Celebrate with us!

June 30, 2015, marks a milestone in the history of John D. Archbold Memorial Hospital. Ninety years ago in 1925, the hospital opened as a modern 100-bed general hospital to serve the patients in South Georgia and North Florida.

As we celebrate our 90th year in operation, we're looking back on our rich history and achievements—and some of the moments and people that made us the regional health care system that we are today.

To read about our history in the words of some of our most dedicated long-time employees, visit [www.archbold.org/90th](http://www.archbold.org/90th).