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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING



American Red Cross Blood Services Builds Premiere Blood-processing Facility

The American Red Cross Blood Services Southern Region has entered a new era with the construction of a new blood processing facility in Douglasville, GA. With streamlined laboratories and a highly efficient blood distribution center, the facility can process more than 1.5 million units of blood per year to meet the blood needs of several southeastern states.

The 185,000 square foot facility is one of the first blood processing centers in the nation to utilize technological advances in equipment and overall layout for a manufacturing area.

"The design allows blood to be received, processed and sent to hospitals as part of one overall process. With this design, blood moves forward through the linear manufacturing process with no backtracking, which reduces the chance of human error," said Saul Jabbawy of Ewing Cole, the building's architect.

The layout of the building complies with Food and Drug Administration (FDA) regulations for manufacturing facilities by creating an assembly line-like process of moving blood through receiving, triage, processing, separating and distributing functions. The manufacturing process also contains checkpoints for quality assurance.

"Our building adheres to current Good Manufacturing Practice (cGMP) set by the FDA. In having this type of building, we will further enhance our ability to supply hospitals with blood, safely and efficiently," said Randy Edwards, chief executive officer for the Southern Region.

The Red Cross began to transition its staff and operations in April and became fully operational in Douglasville in early May. The organization also moved its administrative offices for both the Southeast Division and the Southern Region of Red Cross Blood Services to the facility. Prior to the move, the Atlanta-based Blood Services Division had to operate out of three different locations in downtown Atlanta due to space limitations.

The old Southern Region blood processing operation was in a midtown Atlanta building for 35 years. The limited capacity of the old laboratories and distribution areas could no longer keep pace with the

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New President of Atlanta Medical Association Plans Dynamic Agenda

BY NANCY KENNEDY



Dr. Erich G. Randolph

Erich G. Randolph, M.D., a radiation oncologist with Atlanta Oncology Associates, is the new president of the Atlanta Medical Association (AMA), the nation's oldest African-American medical association. Randolph will serve for one year at the helm of the non-profit organization that provides resources, educational opportunities, professional development and social activities for members, while also advocating for the health of the community. AMA serves members throughout the metropolitan Atlanta region, offering educational forums to keep them abreast of advances in medicine and the health care industry. AMA also engages in political activities and community outreach, in partnership with numerous civic, religious and social organizations, to promote health through preventive care, screenings and health education.

Randolph has a dynamic agenda planned for AMA, with emphasis on establishing innovative sources of revenue for the organization, improving its financial viability in order to facilitate new initiatives in a number of areas. "We are hoping to increase the number of dues-paying members but also to create greater financial stability through our web site," he says. "I plan to expand the website,

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LEGAL UPDATE

Should Physician Groups Merge? Memories of Past Fads Have Made Physicians Wary

BY PATRICK M. CONNOLLY



Patrick M. Connolly

If you pose the idea of merging with another physician practice, your colleagues may look at you askance – if not greet you with outright groans, rolling eyes and an inquiry about your sanity.

Given the unraveling of most physician practice management company (PPMC) roll-ups of the 1990s, many physicians are understandably skeptical of revisiting consolidation. Having chafed under the perceived incompetence of lay management, declining incomes, and failure to deliver promised economies of scale, physicians are relishing their independence and enjoying a resurgence in entrepreneurial spirit.

In this new climate, why would another form of consolidation – mergers of similar-sized physician practices ("peer to peer" mergers) – gain any traction? The simple answer is that, despite the bad taste left in physicians' mouths by PPMCs, the competitive, technological and administrative pressures that drove consolidation in the first place have only intensified.

The initial surge in these trends in the 90's created a great marketing opportunity for PPMCs. They sold themselves to frustrated physicians with plans to consolidate administrative functions, provide strategic leadership, gain bargaining power and use the savings and synergies to increase physician

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MAKING ROUNDS

Floyd's Darrell Dean, D.O., Attends National Hispanic Leadership Summit

Floyd's Darrell L. Dean, D.O., M.P.H., recently represented the Latin American Center of Northwest Georgia at the National Hispanic Leadership Summit in Washington, D.C.

Nominated to attend by U.S. Rep. Phil Gingrey, Dean attended a two-day conference to discuss a range of policy issues with 350 Hispanic participants, the United States Congress and the Administration. He had the opportunity to collaborate and share his ideas in the economic, medical and artistic fields to help shape the upcoming legislative agenda and ensure a better quality of life for all Americans.

A Floyd employee for more than 14 years, Dean serves as medical director for clinical and operational performance improvement providing medical direction to Floyd's quality and coordinated care departments.



Dr. Darrell L. Dean

Children's Healthcare of Atlanta Surgical Director of Renal Transplant Program Joins Elite List of Award Winners

Children's Healthcare of Atlanta is pleased to announce Christian P. Larsen, M.D., Ph.D., Surgical Director, Renal Transplant program at the Children's Carlos and Marguerite Mason Transplant Center, has been presented the 2007 Thomas E. Starzl, M.D. Award in Surgery and Immunology, for his outstanding clinical and scientific achievements.

Dr. Larsen has successfully built one of the foremost transplant immunology programs in the world.



Dr. Christian P. Larsen

Emory Emergency Medicine Physician Honored with the Dr. Jeff Clawson Leadership Award for 2007

Arthur H. Yancey, II, MD, MPH, associate professor of Emergency Medicine at Emory University School of Medicine and attending emergency physician at Grady Memorial Hospital, has received the Dr. Jeff Clawson Leadership Award for 2007.

In addition to his Emory post, Dr. Yancey is deputy director for EMS in the Fulton County Department of Health and Wellness. He is a member of the Georgia State EMS Medical Directors Advisory Council and District III EMS Advisory Council.



Dr. Arthur H. Yancey, II

Visiting Nurse / Hospice Atlanta Names Linda Britton, M.D., Full Time Medical Director of Its Hospice Program

Visiting Nurse/Hospice Atlanta has named Dr. Linda Britton full-time Medical Director of its hospice program. Britton has been part-time director for four years, dividing her time between Visiting Nurse/Hospice Atlanta and her internal medicine practice at Piedmont Hospital.

Britton, M.D., started her medical career as a nurse in Massachusetts, later expanding her role to clinical nurse specialist with a Master's degree in nursing. A graduate of Emory University School of Medicine she became a hospitalist at Piedmont Hospital in 1993 and went into private practice in 1998.

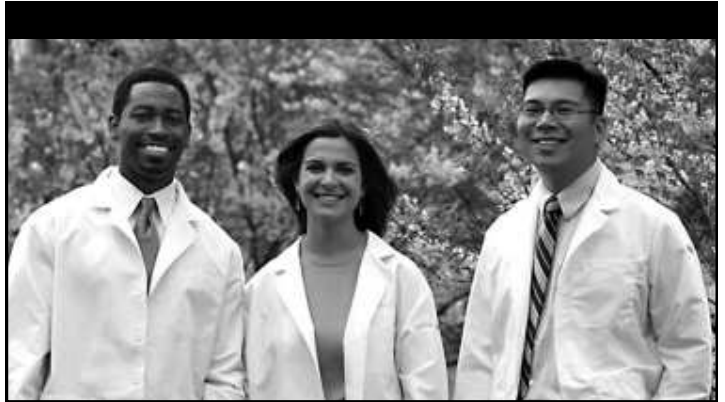


Dr. Linda Britton

Emory University Neurologist to Begin Research on Brain Arteries

A 2007 Clinical Research Training Fellowship from the American Academy of Neurology (AAN) Foundation has been awarded to Tanya N. Turan, M.D., assistant professor in the Department of Neurology, Emory University School of Medicine.

Dr. Turan's research seeks to understand contributing factors in the development of intracranial atherosclerosis (hardening and narrowing of brain arteries).



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Visiting Nurse / Hospice Atlanta Renews Commitment to Improving Patient Outcomes

BY ANDREA STEVENSON, R.N.

For almost 60 years, Visiting Nurse/Hospice Atlanta has cared for thousands of home health and hospice patients, worked closely with scores of physicians and case managers, and mentored hundreds of clinicians, but when new management came on board two years ago we took our commitment to the next level.

This renewed commitment was three-fold: we invested in our clinicians by providing more education, mentoring and nurse leadership; we strengthened relationships with physicians and case managers by expanding our business development team from three to 23 people; and, as an independent, community nonprofit, we kept our focus on patients not profits.

Our efforts have paid off. According to the Centers for Medicare and Medicaid Services, our hospital readmission rates are among the lowest in the state – 24% compared with the average of 29%. In 2007, we met or exceeded the national benchmarks in 10 out of 10 reported indicators and exceeded the top 20% of performers nationally in four out of 10 indicators. Our loyal donor base continues to grow because they recognize that Visiting Nurse | Hospice Atlanta sets the standard for quality in home health and hospice care in the Atlanta area.

We've achieved this level of performance by creating an organizational culture of caring and competence.

Continuing Education and Training for our Clinicians

In 2006 we hired a new director of education and staff development and invested resources and organizational support to enhance our training and continuing education program.

One of the challenges of home health and home hospice care is that our clinicians are in the field 90% of the time, working in 26 metro Atlanta counties. We needed to create innovative teaching methods that could effectively reach this remote staff. The solution was e-learning, tele-conferences and "brown bag seminars."

With the increased need in our patient

population for quality wound care, we also developed and delivered a comprehensive wound care education program to more than 200 clinicians, and gave seven RNs additional training in advanced wound practice by funding their education at Emory University's Wound Care Boot Camp.

Rewarding Clinicians' Performance

This year, we added a performance improvement/quality improvement manager to oversee PI activities and we implemented weekly chart reviews by team and by clinician. This enabled managers to better identify clinicians who deserve special recognition for consistently high standards of practice.

Additionally, clinician scorecards measured specific clinical outcomes to help leadership evaluate individual clinicians' practice and their level of patient care. We created formal Performance Improvement Teams to address specific clinical areas for improvement and utilized clinician focus groups to help us identify standards of practice. We anticipate further improvement in patient outcomes with our home telemonitoring program, which targets CHF and diabetes patients who are at a higher risk for hospitalizations.

Collaborating with Physicians and Case Managers

We can't serve the community without reaching out to the physicians and case managers who refer their patients to us and who trust us to give them quality care. In 2006, we expanded our business development team, bringing a higher level of personalized service to our referral sources. We increased the number of educational opportunities to help our referring partners understand how to more effectively utilize home health and hospice services for their patients. Being aware of the needs of the patients and families is critical but it's equally as important to understand the needs of the healthcare professionals who order or coordinate home healthcare and hospice services. Our goal is to provide services that are user-friendly for physicians, social workers and case managers.

Patients First, Not Profits

Our only financial goal at Visiting Nurse/Hospice Atlanta is to be fiscally responsible in everything we do. Because we are a nonprofit provider, our focus stays firmly on our patients, not profits. Time and again, our clinicians tell us that their longer-term patients become like family. But passion for patient care is only part of the recipe for good outcomes.

To improve customer satisfaction, we redesigned our service delivery model and redefined clinical roles to improve oversight and responsiveness to patient needs. We implemented better reporting and other tools to help managers plan and evaluate the care our staff provided.

With a dedicated staff of 500 employees and more than 300 volunteers, Visiting Nurse / Hospice Atlanta is working toward a continuum of care that will ensure patients move seamlessly from home



Robert Lamy, a physical therapist with Visiting Nurse / Hospice Atlanta, visits a patient in her home.

healthcare to hospice, as the need arises. And our commitment to the community requires us to continually raise the bar – every day, with every patient.

Andrea Stevenson, R.N., Director, Clinical Practice, Visiting Nurse/Hospice Atlanta, can be reached at (770) 454-0900 or andrea_stevenson@vnhs.org.



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