

MAKING ROUNDS

Children's Healthcare of Atlanta Announces Stuart Knechtle, M.D., as Chief of Transplant Services **Page 13**



ACCOLADES

Redmond EMS Director, Robert Early, Named EMS Director of the Year



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THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

Why States Should Move Forward With Health Insurance Exchanges

BY DAVID MERRITT

Imagine that you're being required to buy a car. You will have to pay for most of it, but you can't choose exactly what you want. There are so many restrictions on your options that you're forced to choose from a few used, four-cylinder, two-door sedans with manual transmissions. And there's one more catch: If you don't choose one yourself, the dealer will decide for you.

It's not an enviable position to be in, but most of us would

grudgingly decide that if we have to get one of the cars, it's better to have a small say in what we get than to have someone else decide for us.

This is the same predicament that many state policymakers find themselves in regarding the creation of health insurance exchanges.

Health insurance exchanges are a key part of the health reform law. Supporters argue that exchanges will provide consumers with valuable information on their coverage options, while at the same time providing

stricter regulation of health insurers. They are also the only way people can benefit from the lavish subsidies included in the law.

The Department of Health and Human Services recently released a final rule governing the exchanges. The rule sets an ambitious timeline for getting the exchanges up and running in every state by January 1, 2014. Between now and then, states can either build their own exchanges and tailor them as much as federal law will allow or

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David Merritt

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WORKSITE WELLNESS

Improving Employee Wellness, One Step at a Time

BY HOLLY IFTNER

It's a warm Thursday evening as Children's Healthcare of Atlanta employees gather at their campus locations to ride the shuttle to the 5K Walk/Run in which Children's is participating. Over 700 employees are participating in the event and the excitement and fun atmosphere is contagious. At the Children's tent, employees are picking up their race shirts, dancing to the music from the DJ, eating healthy pre-race snacks and catching up with colleagues from different shifts and campuses. Children's CEO, Donna Hyland and Chief Administrative Officer, Linda

Matzigkeit are participating in the event and showing executive level support for Children's wellness initiative known as Strong4Life.

For some employees, it's their first time walking a 5K. For others, they've been participating in this event for the last few years with Children's and are hoping to beat a previous personal best time running. At the conclusion of the race, Children's employees are some of the last to leave, not wanting to stop singing karaoke, celebrating their personal victories and cheering for Children's which has been named the Healthiest Large Employer and the Company with the Highest

Industry Participation, both trophies awarded earlier in the evening.

Having fun at events like the race above, meeting employees where they are, no matter what their health status and goals are and sharing relatable journeys along the way are some of the unique ways that Children's engages employees in the Strong4Life wellness programs. At Children's, we influence others by serving as healthy role models for the patients and families we serve. We lead by example, so promoting workplace wellness is a part of our culture. Our comprehensive programs offer opportunities for preven-



Holly Iftner

Continued on page 12

HEALTHCARE CAN'T WAIT

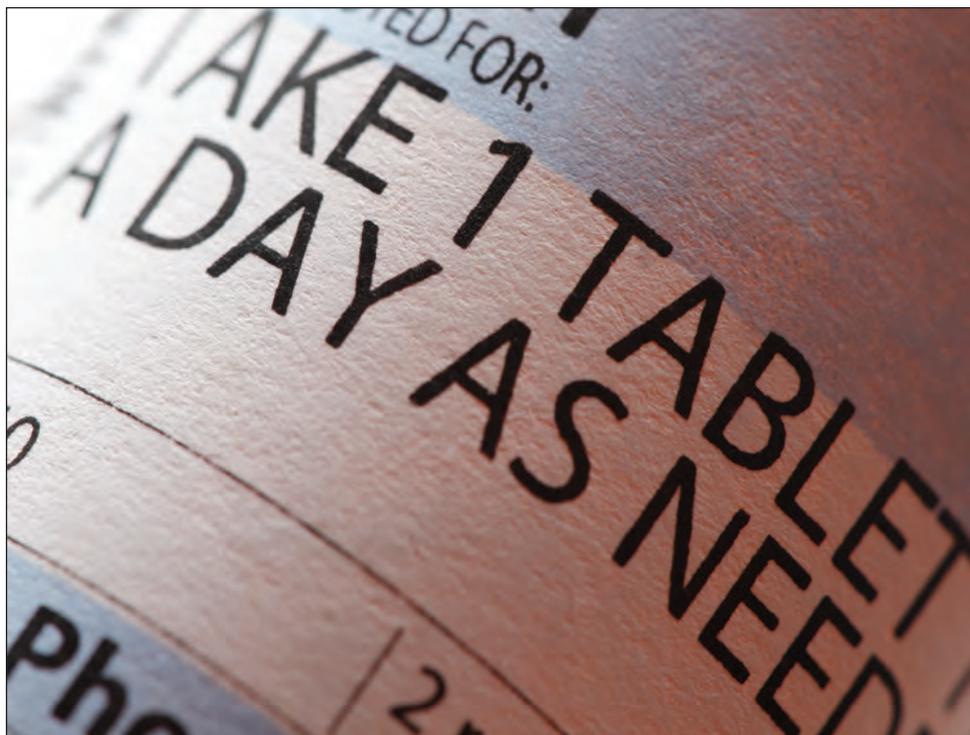
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Gordon Hospital Missionary Team Travels to Haiti



Dr. Max Parrott interviewing a patient via a one of the group's translators in the Haitian village of Bas Pinal.

Extending the healing ministry of Christ to all they serve is the mission of Gordon Hospital; however a group of employees, family and friends recently took that mission beyond the hospital walls – all the way to the Republic of Haiti.

For the second time in as many years, the Gordon Hospital Missionary Team took their medical knowledge, relief supplies, and their burden for the Great Commission to the poverty-stricken and earthquake- ravaged Caribbean country. The group of 12 missionaries returned back to Gordon County with renewed life perspectives and appreciation for items often taken for granted.

“The people of Haiti are so loving and welcoming,” Amy Jordon, Gordon Hospital's Chief Nursing Officer said. “While we go there to help them, we always receive much more than we give to them. It is very difficult to come home to all that we have after seeing such need.”

For Max Parrott, MD, chief medical officer for Gordon Hospital, the trip served as an eye-opener for not only him, but for his daughter, Meredith, as well.

“Treating patients living in these conditions reminded me of why I went to medical school in the first place,” Dr. Parrott says. “It was a very rewarding, yet humbling experience. My daughter didn't want to leave. She can't wait to go back.”

According to Gordon Hospital Chaplain Dave Smith, the organizers of Haiti Helpers, Michael and Brenda Cooper, take teams of medical professionals to Haiti two or more times every year. For the past two years, one of those trips is designated as the “Gordon Hospital Mission Trip.”



Amy Jordon, chief nursing officer for Gordon Hospital, enjoyed a special moment with a sweet baby in the Haitian village of Tampena.

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Evolving Hospital-Physician Relations: Opportunities and Challenges of ACO Formation

In the wake of the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act (Reconciliation Act), collectively referred to as “healthcare reform,” hospitals and health care systems are facing a fundamental shift in the nature of their relationships with physicians. Healthcare reform allows for the formation of “accountable care organizations” (ACOs), which are provider-based organizations (such as medical groups, hospitals that employ physicians, physician-hospital organizations, and others) that take responsibility for the health care needs of groups of patients. An ACO, among other criteria, would agree to manage all of the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years. Driven by changes in Medicare reimbursement policy, ACOs incentivize coordination among providers and suppliers to improve health care quality and reduce cost throughout the entire course of integrated patient care. Within this new framework of ACOs, hospitals and health care systems are presented with important questions, challenges, and opportunities.

Historically, the Anti-Kickback Statute, the Stark Law, the Civil Monetary Penalty Law, and other state and federal regulations have restricted the ability of physi-



BY ANGELO SPINOLA AND ANNE MELLEN

cian groups and hospitals to enter into joint compensation relationships or risk-sharing arrangements. As hospitals and health care systems consider the potential rewards for integrated care, they must be mindful of how these regulatory requirements can affect the structure of these physician-hospital relationships.

In the post-health care reform landscape, what does the creation of ACOs mean for relationships between hospitals and health care systems and physicians? Throughout the 1990s, relationships were often arranged as physician-hospital organizations, independent practice associations, joint managed care contracting, contractual risk sharing and joint operating agreements. These structural arrangements were organized primarily as a response to managed care. In contrast, the

concept of ACOs under the PPACA primarily focuses on enhanced coordination of patient care in order to control health care costs and improve health care quality. The concept is that cost of care should decrease through enhanced clinical and operational efficiencies across the entire patient health care continuum. Therefore, while many of these hospital-physician relationships already in place will continue, different approaches will evolve under this shifted focus.

From a legal perspective, participating ACOs must meet detailed quality and performance standards set forth by the Centers for Medicare & Medicaid Services (CMS) to be eligible to share in cost savings realized by Medicare. The intricacies of creating an ACO do not stop there, however. For example, an ACO must comply with applicable state restrictions regarding the corporate practice of medicine, fee splitting, HMOs or managed care, and “any willing provider” laws. The ACO must also be mindful of HIPAA and applicable state law as ACOs share patient data internally or among an ACO’s participants and providers/suppliers. Federal antitrust laws must also be considered.

Finally, the employment status of physicians with an ACO can raise other legal compliance issues. Hospital and health care systems must consider legal requirements governing credentialing and peer

review processes and procedures for physicians so that participating providers adhere to federal and state quality standards. Physician compensation must be reviewed to ensure full compliance with the Stark Law and Anti-Kickback rules. Financial relationships should also be assessed for compliance with non-profit participants’ tax exempt status.

From a practical perspective, with the goal of improving health care quality and reducing costs, successful physician-hospital integration post-health care reform will be built on a common vision, collaboration, and trust between hospitals and physicians.

Health care reform may accelerate the trend toward physician-hospital integration and will likely result in an increase in the formation of jointly operated hospital/physician group organizations sharing profits and risk over a continuum of care. A wide range of legal and practical issues must be considered and addressed in creating an ACO, and every aspect of the physician-hospital relationship must be carefully examined to ensure legal compliance.

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Physician - Hospital Integration: A Hot Issue for 2012 and Beyond

Over the last several years, trends in healthcare reveal a marked increase in hospital and health system practice acquisitions, joint ventures, co-management and enterprise model physician arrangements, especially as it related to specialty physicians and their practices. This shift is no doubt causing a new dynamic to emerge related to hospital-physician relationships.



BY BRUCE PAYTON

and there are many win-win opportunities and options available for both the hospital and the specialty physicians. However, structuring an arrangement that will please both hospital leadership and physician counterparts can be challenging, to say the least.

Based on the complexity of today’s arrangements and the legal ramifications on both the hospital and specialty physicians, expert consulting and legal services for all facets of

relationship-building activities has become a necessity. Further, with an aging population, changing reimbursement and practice bad debt on the increase, many specialty physicians, for the first time, are feeling some angst about their futures...

Corazon strongly believes that in today’s competitive environment, hospitals and health systems MUST have strategies in place to protect or gain market share in critical specialty areas – and physician integration is key. Indeed, alignment can provide a practical and cost effective path to clinical, operational, and financial success, while alleviating the challenges associated with having to recruit new specialists, many of which are in short supply.

In working across the country, Corazon can attest to the dramatic “upswing” in

practice acquisitions and employment, or at the very least, increasing interest in what a partnership relationship can mean for a hospital and/or a practice. But, in addition to growth in traditional partnering arrangements such as direct employment there is growing interest in some physician-hospital business arrangements, such as the “virtual employment” physician enterprise model and service-line-driven co-management agreements.

Are you ready for the future of hospital / physician integration?

Structuring successful arrangements can be daunting, especially given the legal restrictions and governmental regulations surrounding today’s “deals,” and the industry focus on clinical and operational performance outcomes and transparency. Regardless of the alignment structure settled upon, the right hospital and physician governance structures to drive the partnership are a must.

Other decisions to be deliberated, for example, can be: member selection, “what’s in” vs. “what’s out”, integration within service lines and other physician practices, fair market valuation of the proposed venture, and so on. Only through understanding the options can you build the foundation required to be prepared for the future and the delivery of high-quality, efficient, and cost-effective care.

Corazon’s Physician Practice & Alignment Services (PP&A) can assist

with all facets of hospital / physician alignment and integration. Our proven approach of IDEA to INK to IMPLEMENTATION – I3, offers a step-by-step process for moving through all types of hospital / physician collaboration efforts, no matter the delivery model or its complexity. Corazon has been highly successful in assisting hospitals and physicians with finding a mutually-beneficial solution to working together.

Corazon believes that with the advent of pay for performance, accountable care in our midst, and new market forces dynamically changing hospital and specialty physician relationships, it is time for hospitals, health systems, and physicians to prioritize their partnering relationships. Doing so will help to maintain or grow service line presence and achieve the highest levels of market differentiation and improve the quality of care and delivery to patients. For all parties, partnering and alignment are becoming key, essential strategies to achieving success in the ever-changing healthcare future...and that’s a trend that’s likely to continue far into the years ahead.

Bruce Payton, Director at Corazon, Inc., can be reached at bpayton@corazoninc.com or visit www.corazoninc.com call (412) 364-8200.

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Chattahoochee Tech Takes on Remote Technology for National Health Information Technology Week 2012

With Spring in the air at Chattahoochee Technical College's North Metro Campus, the Health Information Technology program took their class outside to celebrate and recognize National Health Information Professionals Week in March. Chattahoochee Technical College chose to celebrate the week with the opportunity to test remote access with outdoor class and lunch for nine students taking the introductory class.

"Our theme is Remote Health Information Technology," explained Instructor Madeline Shorter-Hall. "Professionals are recognizing the importance of digital records, but they are also seeing the need for these records and documents to be portable."

With laptops and sunglasses on hand, the students read about future career opportunities, best practices in the industry and quizzed each other on important terms and facts. The students also enjoyed snacks and pizza during their lunchtime class.

Chattahoochee Technical College introduced its Health Information Technology program earlier this year with classes online at the North Metro Campus in Acworth. The Health Information Technology program is an associate degree level program designed to prepare students to manage patients' health information. All of the courses for the program will be online or in hybrid format – a combination of online and in class settings. Once a student has completed pre-admission courses, the program will take three semesters to complete, including full-time course work for two semesters and a part-time



Chattahoochee tech students Simona Nacheva and Shelly Shealey look at websites about the Health Information Technology career field.

externship/practicum. Once completed, students will be eligible to sit for the AHIMA/RHIT exam – the test required to become certified.

The switch from paper to electronic health records will help doctors, nurses and other medical staff make important health care decisions on a real-time basis. But who ensures the information is complete, accurate and kept confidential? This is the role of the health information management professional. Career opportunities in HIM include coders, management, implementation of the electronic records or designing health information systems for software vendors.

"Managing health information is vital as new technology, funding, and policies continue to evolve," said Shorter-Hall. "Because of the numerous complexities within the current healthcare landscape the training and skill-sets of health information professionals are required for the efficient organization and management of health information."

"Managing health information is vital as new technology, funding, and policies continue to evolve," said Shorter-Hall. "Because of the numerous complexities within the current healthcare landscape the training and skill-sets of health information professionals are required for the efficient organization and management of health information."

For more information on the Health Information Technology Program at Chattahoochee Technical College, call (770) 528-4545 or visit www.ChattahoocheeTech.edu.

Northside Hospital and Atlanta Perinatal Consultants Partner to Offer Advanced, Non-Invasive Test for Prenatal Detection of Common Trisomies

Northside Hospital and Atlanta Perinatal Consultants announce the availability of an affordable, safe and advanced screening test for common fetal trisomies, such as trisomy 21 that causes Down syndrome and trisomy 18 that causes Edwards syndrome.

The Harmony Prenatal Test, developed and offered by Ariosa Diagnostics utilizes a novel testing platform to analyze DNA in maternal blood so as to provide more accurate and personalized risk assessments for patients compared to current prenatal screening options. Published data in the American Journal of Obstetrics and Gynecology as well as Prenatal Diagnosis highlight the enhanced performance for trisomy 21 and 18 detection. The test is available to women of at least 10 weeks gestational age and is performed exclusively by Ariosa Diagnostics.

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*-Eric Norwood
CEO, DeKalb Medical Center*

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Telemedicine in Georgia

Hospitals and providers across Georgia are increasingly exploring the possibility of providing patient care remotely via telemedicine technology. Telemedicine, when properly delivered, has the potential to benefit both providers and patients by providing more timely, convenient, efficient, and cost-effective patient care, especially for patients in rural areas far from medical centers.



BY ROBERT C. BYRD, JR.

formed by a Georgia licensee. This shall not prohibit a licensee who is on call or covering for another licensee from treating and/or consulting a patient of such other licensee. Also, this paragraph shall not prohibit a patient's attending physician from obtaining consultations or recommendations from other licensed health care providers."

(emphasis added)

Ga. Comp. R. & R. 360-3-.02(6). Thus, a Georgia physician may not furnish telemedicine services prior to conducting a history and physical examination of the patient.

Georgia has embraced telemedicine since 2005. Under the Georgia Telemedicine Act, O.C.G.A. section 33-24-56.4 (the "Act"), every health benefit policy as of July 1, 2005 shall include payment for services that are covered under such health benefit policy and appropriately provided through telemedicine. As indicated by the language of the Act, it was the intent of the Georgia Assembly to mitigate geographic discrimination in the delivery of health care by recognizing the application and payment for covered medical services provided by means of telemedicine.

However, the Georgia Assembly has placed limitations on furnishing telemedicine services to patients located in Georgia. O.C.G.A. section 43-34-31 requires that any person located outside Georgia who "performs an act that is part of patient care located in this state... and that would affect the diagnosis or treatment of the patient" by any means, including telemedicine, is engaged in the practice of medicine and must be licensed in Georgia and subject to regulation by the Georgia Composite Medical Board. Additionally, such out-of-state practitioner shall not have ultimate authority over the care or primary diagnosis of a patient located in Georgia. Id.(1)

In addition to statutory limitations, the Georgia Composite Medical Board restricts the use of telemedicine by deeming the following conduct unprofessional and potentially subjecting the provider to discipline:

"Providing treatment via electronic or other means unless a history and physician examination of the patient has been per-

Moreover, from a federal reimbursement standpoint, the Center for Medicare and Medicaid Services ("CMS") has authorized Medicare reimbursement for telemedicine services provided certain conditions are met. Under 42 C.F.R. section 410.48, Medicare Part B pays for certain services furnished by an "interactive telecommunications system" that contains, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and the distant site physician or practitioner (not including telephones, facsimile machines, and e-mail systems). These reimbursable services include but are not limited to:

- Office or other outpatient visits;
 - Subsequent hospital care services (with the limitation of one telehealth visit every 3 days);
 - Professional consultations;
 - Individual psychotherapy; and
 - Pharmacological management
- Additionally, the following conditions must be met for reimbursement:

- The physician or practitioner must be licensed under State law to furnish a covered telehealth service a and delivery the service via a telecommunications system;
- The practitioner at the distant site must be on the list of approved providers, such as a physician, nurse, psychologist, or social worker.
- The services are furnished to a bene-

ficiary located at an approved originating site, such as the physician office, critical access hospital, hospital, or skilled nursing facility.

- The medical examination of the patient is under the control of the physician or practitioner at the distant site.

42 C.F.R. sections 482.12, 482.22, and 486.616 permit hospitals and critical access hospitals to provide telemedicine services to its patients through an agreement with a distant site hospital, provided the agreement is written and specifies the governing body and medical staff of the distant site hospital comply with the applicable provisions in the regulations. The governing bodies may grant privileges based on its medical staff recommendations that rely on information provided by the distant site hospital.

As discussed above, hospital and providers in Georgia have the opportunity to avail themselves of telemedicine as a tool to both improve the quality of patient care while reducing the cost of delivery of such care. It is important, however, that a telemedicine program be carefully implemented to ensure the furnishing of telemedicine services is both lawful and reimbursable.

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⁽¹⁾ This prohibition under section 43-34-31 does not apply to:

- The acts of a doctor of medicine or doctor of osteopathic medicine located in another state or foreign country who:
 - Provides consultation services at the request of a licensed physician in Georgia; or
 - Provides services provided on an occasional rather than regular or routine basis.
- The acts of a physician or osteopathic physician licensed in another state or foreign country who:
 - Provides consultation services in the case of an emergency;
 - Provides consultation services without compensation or remuneration; or
 - Provides consultation services to a medical school in Georgia.
- Lectures, clinics, or demonstrations provided for the sole purpose of medical education by a practitioner licensed in another jurisdiction.

St. Mary's Expands Minimally Invasive Cardiac Procedures

Using advanced technology available in St. Mary's Cardiac Catheterization Laboratory, cardiologists can now close holes between chambers of the heart, access the heart through a blood vessel in the wrist instead of a much larger vessel in the leg, and reopen clogged blood vessels in the arms, legs and other parts of the body – all through one small incision.

Oconee Heart and Vascular Center cardiologist Patrick Willis, M.D., recently performed the first procedure ever done at St. Mary's to close a hole inside the heart. In this minimally invasive procedure, performed on an adult man, Dr. Willis closed a patent foramen ovale (PFO) by inserting a device into the heart using the advanced capabilities of St. Mary's Cardiac Catheterization Laboratory.

Also new at St. Mary's is transradial catheterization and intervention. In this procedure, the goal is to reopen a clogged coronary artery that is causing chest pain or even a heart attack. The cardiologist uses a catheter to insert a tiny balloon into the artery, inflate it to restore blood flow, and then insert a medicated spring called a stent to hold the artery open. In addition, minimally invasive catheter procedures can now also be used at St. Mary's to treat peripheral artery disease, or PAD. Plaque build-up can happen in any artery in the body, not just the coronary arteries.



Interventional cardiologist Dr. Patrick Willis (right) performs St. Mary's first PFO closure in St. Mary's Cardiac Catheterization Laboratory. Dr. Willis is assisted by cardiovascular technologist Lauren Baxley.

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Tranquility at Kennesaw Mountain

Nestled at the foot of historic Kennesaw Mountain in Marietta, Georgia is the most recent addition to the WellStar Health System. Tranquility at Kennesaw Mountain. The 27,622sf hospice facility resembles a mountain lodge more than a hospital facility but make no mistake, it is fully outfitted with all the necessary equipment required for a fully operational mini-hospital.

Serenity and comfort has been the absolute focus of the 18-bed facility; from its design by CDH Partners (architect) and Bilson & Associates (landscape architect) to its construction by Cork-Howard Construction Company. Each room opens onto a large deck which looks into the natural area and with a view of the base of Kennesaw Mountain. The area is complete with walking paths, gardens, a natural bridge, gazebo, and an abundance of flowers and trees.

Offering a peaceful atmosphere for the terminally ill residents and their families and visitors, Tranquility at Kennesaw Mountain also offers a chapel, serenely furnished with pews and beautiful stain glass windows; the latter which have ample opportunity to collect and disperse sunshine giving the room an extra special calm.

Family rooms with bookcases and fireplaces offer visitors and families the opportunity to gather while their loved ones are resting or when they need privacy while being assisted by the caring staff. There is a kitchenette and dining area for use by the patients' visitors, allowing them the ability to fix a quick meal or eat without disturbing the patient or being gone too long from them; as most visitors are quite cognizant of how precious and limited time is with the patients.

With the homey atmosphere it's easy to overlook the complexity of the building. This is a fully functioning mini-hospital, complete with medical gas and treatment areas. While the patients, families, visitors, and staff are located on the ground floor, the patient's warming kitchen and the large generators and chillers are housed on the basement level. Besides patients and employees, the hospice is designed to house the administrative offices for the in-home care hospice staff that support over 100 off-site patients. Offices for this separate group are also located in the basement.

Cork-Howard's construction team of

Project Manager, Powell Turner, and Superintendent, Eric Turner, worked with drive, determination, and dedication to ensure that all the stakeholders of the facility were pleased; this included not only future patients and their families but also the staff and WellStar Foundation.

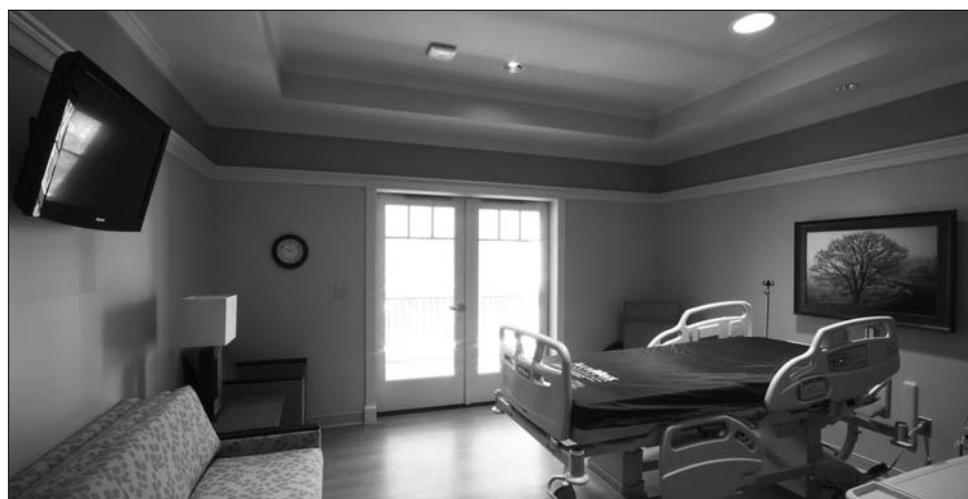
Project Manager, Powell Turner commends and credits the subcontractors involved for understanding the nature of the project's end use and their willingness to rise to the occasion to make certain the building was completed on time and with the desired building quality.

Safety measures were strictly followed resulting in no lost days or accidents; which is remarkable considering the length of the project and the many safety and environmental issues including involved rock blasting, land disturbance, runoff, and maintaining a delicate balance to the natural eco-system. Cork-Howard's Director of Safety, Vicki Blahut, made regular site visits to oversee safety matters such as trenching and excavation operations, fall protection, scaffolding, and required safety procedures were followed.

There were issues with constant flooding during excavation and pipe installation that could potentially impact the overall schedule; however, one of the most challenging aspects of this project surrounded its "hidden" location. Because the property was adjacent to a National Park and was situated at a dead-end of a small road, access was limited. Superintendent, Eric Turner, stated that it required detailed planning and scheduling during material delivery and as well as during the lay-down process. Some of the delivery trucks were too large to make the trip to the jobsite and were offloaded at the end of the street with material hauled in by forklifts.

In addition to the physical barriers of the jobsite location, there was a more stellar limitation. One being that the zip code boundary split on this particular street. The neighboring nursing home resides in one zip code and the hospice in another. Additionally, Marietta has two streets with the same name, with the location of the hospice being the newer of the two, many times deliveries utilizing GPS ended up several miles from the intended destination.

Cork-Howard was honored to be chosen as the General Contractor for this project



and is very pleased with how all parties worked together to build a first-class facility for patients and their families facing the most heart wrenching phase of life. It is the hope and desire of all project members

that Tranquility at Kennesaw Mountain allows those who reside or visit the facility to find a little serenity, peace, and calm during their stay at this lodge retreat at the foothills of Kennesaw Mountain.

Cover Story: Why States Should Move Forward With Health Insurance Exchanges

Continued from page 1

decide not to build exchanges at all.

But there's a catch: If states don't build their own exchanges, the federal government will do it for them.

Governors like Bobby Jindal in Louisiana and Rick Scott in Florida, who are not only national conservative leaders but health care experts, are staunchly against any state action on exchanges. Legislators in other states, such as Oklahoma, Wisconsin and Missouri, have blocked efforts to build exchanges in their states.

That is a principled and understandable position. Many see building an exchange as an endorsement of the law, which virtually all conservatives are loathe to do, particularly those who represent states that have filed suit against the law.

Many, like Bob McDonnell, governor of Virginia and chairman of the Republican Governors Association, say the rules are

overly prescriptive: "The regulations issued today by the Department of Health and Human Services extend the federal government's reach into the states and will cost the states millions of dollars annually to operate."

Still, if states do not move forward on their own, the federal government will. Because of this fact alone, states should move forward with creating their own exchanges. It's better for states to exert some control over the structure of their exchanges than to abdicate control to Washington.

Plus, no one knows what a federal exchange would look like.

Take, for example, the treatment of high-deductible health plans with health savings accounts. A state exchange could and should include them as an option. They have proven to lower costs and expand consumer choice. But considering that many on the left oppose consumer-

directed plans, a federal exchange may very well exclude them.

Perhaps a federal exchange will lard mandate upon mandate on participating plans, driving costs through the roof. Perhaps it will be so restrictive in its plan eligibility that only a few options will be available. Perhaps HHS will offer a public option.

We simply don't know what a Washington-controlled exchange will look like — but it's safe to assume that folks in states like Oklahoma won't like it.

Unless and until the law is repealed by Congress or overturned by the Supreme Court, all health care stakeholders — including state policymakers — need to prepare for it as though it will be the law of the land forever. Wishing the law away is not a strategy. Hoping that it is overturned is not a plan.

Brian Robinson, a spokesman for Georgia Governor Nathan Deal, captured

it best last year: "The governor has to follow federal law as it stands. If Georgia must have an insurance exchange under federal law, the governor wants to ensure that our exchange is established by and run by Georgians. The alternative is having an exchange established by and run by Washington bureaucrats. The governor considers the latter unacceptable."

There is no doubt that state lawmakers are in a bad position, and neither choice is a good one. But controlling what they can and keeping Washington out as much as possible is what's best for their states' residents.

David Merritt is the former CEO of the Center for Health Transformation and the Gingrich Group and currently a senior adviser at Leavitt Partners. His views are his own and are not made on behalf of any organization or affiliation. David can be reached at dqmerr@gmail.com.

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BY RUSS JONES

Managing Your Career



In Lewis Carroll's *Alice in Wonderland*, one segment of dialogue between Alice and the Cheshire Cat went like this:

Alice: Will you tell me please, which way I ought to go from here?

Cheshire Cat: That depends on where you want to get to.

Alice: I don't much care.

Cheshire Cat: Then it doesn't matter which way you go.

As we consider our own careers, many of us are much more like Alice than we would care to admit. Most times we are too focused on the tasks at hand and very passive with regard to the outcome of our career. Clearly, this is not a desirable situation. Let us consider the following concepts as components of a plan to self manage our careers.

1. Responsibility: The single most important guideline for managing a career is accepting responsibility for it. Too often we hear that "they" are being unfair, not providing the challenges we deserve, "they" have passed us over for promotions we deserve, etc. In some instances, these may be valid points. It is a sign of maturity to recognize that no matter what happens to you, you must accept responsibility. A strong sign of immaturity is the unwillingness to accept the responsibility and then attempt to pass it off to someone else.

2. Commitment: In today's business world downsizings, strategic redirections, consolidations, mergers and other similar activities are a way of life. There is a temptation to develop a real cynicism towards organizational commitment to employees. No doubt, there is a strong temptation to yield to the cynicism. Don't do it! Individuals cannot operate effectively and achieve their potential without a strong commitment. As it has often been said, "the harder and smarter we work, the luckier we get."

3. Recruitment/Hiring: In order to be the best possible hire, we need to be as broadly and deeply prepared as possible in terms of developing our intellectual functioning, interpersonal skills, and communication skills. All of us need to identify and pursue the most rigorous educational and experiential opportunities available. And, we need to make good decisions about the positions we choose; from the first position out of college through our entire career.

4. Continuing Education: We must convince ourselves that life long learning is an essential component to our career in order to achieve our potential. Harry Truman once said, "Not all readers are leaders, but all leaders are readers." If we are not taking on the task of keeping pace with our work, our company, our industry and our world, we cannot be high achieving business people. We also need to continue to develop our intellectual, interpersonal and communication skills. We should also emphasize, rather than ignore, development of our weakest areas.

5. Performance Appraisal: Understanding our employer's goals and performance expectations is essential. We need to document these expectations and focus on how our performance will be measured and quantify wherever possible. We must strive to do our best at all times and it is essential to seek ongoing feedback our performance. Do not shy away from it. In fact, reluctance to talk to superiors about performance is an indicator of when we need to talk most seriously.

6. Rewards/Satisfiers: We need to understand how the reward system works. We further need to understand the degree of compatibility between goals and expectations of the organization and its reward system. Does the reward system encourage or discourage the stated goals and objectives? How does it deviate, if at all? Are risk-taking, innovation, and superior performance rewarded? If not, why? Do we have to play it safe? If so, we will never learn our limits and never really know what we are able to achieve.

7. Self-Appraisal: With regard to career aspirations, we need to understand ourselves, know what we want, and what we can expect. We also need to understand our willingness or lack thereof to make sacrifices in order to achieve our ambitions. It is critical that we don't fool ourselves or our employer into expecting more than we are willing to contribute or capable of delivering. In turn, we cannot expect a greater reward than our contribution justifies.

8. Be Pro-Active and Flexible: Actively seek responsibility, challenge, exposure and visibility. Also, be flexible and consider non-traditional opportunities. Pro-active participation and flexibility is required to avoid boredom and burnout, to achieve commitments and realize our potential.

9. Other Interests: We need to develop outside interests not associated with our careers. This is essential to avoid dependency on and identity with our jobs. We must pay attention to our family, friends, faith, community and society. Making contributions outside of our work allows us to gain satisfaction from every aspect of our life and gives our life richness and balance.

10. Separation: When we are in the wrong job or organization, it is essential that we leave. If we are in the wrong job, perhaps we can seek opportunities within the organization. If we are in the wrong organization we should seek opportunities in a new one. It is imperative that we not stay where we cannot contribute effectively or we will not be happy.

If the organizational ethics are out of sync from yours and you are required to come down to their level, don't. Leave. If the organization repeatedly demonstrates a lack of commitment to your long-term success, don't stay. In every case, don't burn bridges. Leave with proper notice and with respect. When you move on, take your pride, dignity, character and good name with you.

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United States Supreme Court Hears Oral Argument on Health Care Reform



The fate of the landmark healthcare reform law now lies in the hands of the nine justices of the United States Supreme Court. Oral arguments were heard March 26-28, 2012, leaving many attempting to predict the decision. Regardless of the outcome, healthcare reform will remain in the spotlight, especially in the upcoming Presidential election.



BY JENNIFER E. TYLER

to argue in favor of the law, the justices seemed to indicate an unwillingness to apply the bar to this case. As Justice Scalia stated, "Unless it's clear, the courts are not deprived of jurisdiction. Whatever else this is, I find it hard to believe that this is clear." If the Court did decide that the AIA blocks them from deciding the merits of the case, the federal government would likely go forward, full steam ahead, in implementing the reforms, until a penalty is assessed in 2014.

The second day of oral argument focused on the most controversial aspect of the healthcare reform law: the mandate requiring individuals to purchase minimum health care coverage. Opponents of the mandate, including the 26 states who filed the lawsuit and the National Federation of Independent Business (also a party to the lawsuit) argued that Congress exceeded its enumerated constitutional powers by forcing individuals to purchase healthcare insurance.

The justices asked numerous questions regarding whether, and to what extent, limitations exist on the Commerce Clause. The Court and the parties used examples and comparisons, including comparing the requirement to purchase health insurance to burial services, broccoli, cell phones, cars and wheat. The purpose of these examples was not only to find the

limit on Congress's power to regulate commerce, but also to determine whether "commerce" even exists where the individuals being regulated are not purchasing healthcare insurance. The comparisons were also used to determine whether a decision in favor of healthcare reform would lead to a slippery slope of expanding Congressional regulation in the name of commerce.

The federal government argued, however, that the healthcare market is unique in that all individuals will eventually use healthcare services, will need them at unpredictable times, and those individuals who do not pay for the healthcare services they receive drives up the cost of insurance for those individuals who do buy insurance.

Predictions regarding the outcome of this argument are difficult to gauge. Many believe that the decision will ultimately come down to Justice Kennedy as the deciding vote. If the individual mandate were struck as unconstitutional, the Court would have to decide whether the entirety of the healthcare reform law must be struck.

The third and final day of oral argument focused on just that issue: whether, if the individual mandate were held unconstitutional, would the remainder of the reform law be struck. The federal government argued that, assuming the mandate is found unconstitutional, only two other portions of the law should be struck: (1) the law's requirement to cover people with

pre-existing conditions and (2) the requirement that insurance companies use community rating, as opposed to experience rating (through which premiums are based on health history). The states, on the other hand, argued that the individual mandate is essential to the core provisions of the reform law, and therefore, if ruled unconstitutional, then the entire law must be overturned.

The second half of the final day addressed the reform law's proposed expansion of Medicaid. According to the law, states must either accept the expansion or forgo all Medicaid money from the federal government and the states argued that the forced expansion amounts to coercion. Many states receive half of their Medicaid funding from the federal government. Many commentators believe this is the weakest argument on behalf of the states because the Court has never found any condition placed on any federal money granted to the states to be coercion.

The arguments before the Supreme Court are some of the most important that have ever been presented to the Supreme Court. Regardless of the Court's decision, the decision will be a landmark one, and will significantly impact the healthcare industry. The decision is expected in late June.

For more information, contact Jennifer Tyler at (404) 962-3558 at Balch & Bingham LLP.



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WORKSITE WELLNESS

Visiting Nurse Health System Health and Wellness Programs

Three afternoons a week, Visiting Nurse Health System employees gather in a makeshift gym converted from unused office space to swing kettle bells, row on rowing machines and press barbells. They are participating in a CrossFit workout supervised by a certified CrossFit trainer. CrossFit is the principal strength and conditioning program for many police academies and military special operations units, but Visiting Nurse's workouts are scaled to accommodate normal mortals. Visiting Nurse subsidizes the cost to make the training sessions affordable.

For employees who can't fit the CrossFit workouts into their schedules, a free membership to a small gym in a neighboring building is available. With a swipe of their ID badge, employees can work out with treadmills, stair steppers and free weights.

Visiting Nurse employees can also attend weekly Weight Watcher's meetings without leaving the office. Spurred by the encouragement of other Weight Watchers, heartening signs posted in the break rooms and a partial reimbursement for every meeting attended, employees have lost a cumulative total of 1,194 pounds since the program's inception in July 2010.

Every Visiting Nurse employee gets a mandatory flu shot each year, and all new hires go through an orientation that includes detailed instructions and demonstrations of proper hand-washing techniques. In addition, Visiting Nurse encourages employees to be engaged healthcare consumers through educational efforts and benefits such as a health savings account.

"We are in the business of providing healthcare at home, so it only makes sense that we take steps to improve the health within our own home," says Mark Oshnock, president and CEO of Visiting Nurse Health System. "We are committed to doing everything we can to support the health and wellness of all of our employees."

Piedmont Hospital Encourages Worksite Wellness

Piedmont Hospital encourages worksite wellness by promoting a culture of physical activity. The hospital has mapped walking routes inside and outside the facility and has a 25,000 square foot health and fitness center, which offers cardio and strength training equipment, lap and therapy pools and locker rooms with showers. Membership initiation fees for the fitness center are waived for staff who join within the first month of employment and employees benefit from a 47% membership discount.



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Accolades Accolades Accolades Accolades

Redmond EMS Director, Robert Early, Named EMS Director of the Year

Robert Early, NREMT-P/AAS EMS, Redmond Director of Emergency Medical Services has been named the Stanley Payne Memorial Region One EMS Director of the Year by the Region 1 EMS Council. This annual award is given to an EMS leader that demonstrates the highest quality of service, support for employees development and commitment to improve his or her community.

Early has served as the director for Redmond EMS for the past six years and has worked at Redmond for the past 19 years. Early is responsible for all operations, planning, staffing and financial functions for Redmond EMS in three counties including Floyd, Polk and Chattooga Counties. Prior to his current position, Early worked in several roles at Redmond including EMS Supervisor, Paramedic and EMT.



Robert Early

Physical Therapist Receives Outstanding Clinical Instructor Award

A passion for teaching earned Dawn Hicks, PT, CCCE, physical therapist at Piedmont Henry Hospital, the 2012 Georgia State University Division of Physical Therapy's Outstanding Clinical Instructor Award. Faculty at Georgia State University nominates clinicians, sites and students for various awards to be given during the Physical Therapy division's annual Honor's Day event. This year, Hicks was chosen as the Outstanding Clinical Instructor from the more than 100 clinical instructors eligible for the award.

Hicks has worked at Piedmont Henry Hospital for eight years. She also has been a clinical instructor in the Georgia State University Division of Physical Therapy Doctorate program for seven years.



Dawn Hicks, PT, CCCE, at Piedmont Henry Hospital with Jennifer Cline, PT, ACCE, for the Physical Therapy Doctorate program at Georgia State University.

Gordon EMS Names EMT and Paramedic of the Year

Members of the Gordon EMS team were honored at the 2012 Gordon EMS Service Awards Banquet.

According to Courtney Taylor, director of Gordon EMS, among the 11 categories of awards presented during the evening were the Emergency Medical Technician (EMT) of the Year, which was presented to Amy Mantooth, and the Paramedic of the Year award, which went to Heath Derryberry.

The Rookie of the Year award, which is presented to an individual that best represents excellence in the performance of their duties in their first year of service with Gordon EMS, went to Tad Helms

In addition to honoring their own, Gordon EMS also presents a Citizen's Hero Award each year, which is presented to a citizen who has gone above and beyond to provide assistance to another person in time of need. This year's recipients were Donald Bridges and Todd Piesel.



(l-r) Gordon EMS Director Courtney Taylor, EMT of the Year Amy Mantooth, Rookie of the Year Tad Helms, sharing his award with daughter, Emma; Paramedic of the Year award Heath Derryberry, and Gordon EMS Deputy Director Donald Bowen.



(l-r) Gordon EMS Paramedic Stephen Whitfield, Citizen's Hero Award recipients Donald Bridges and Todd Piesel, and Gordon EMS EMT Adam Dortch.

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Atlanta Medical Center Opens Primary Care Center in Forest Park

Atlanta Medical Center (AMC) announces the opening of AMC Primary Care Physicians at Forest Park to better serve the primary care needs of Forest Park residents. Patrice Pearson, M.D., an Emory School of Medicine graduate and an AMC resident-trained physician, will be leading the medical team to provide primary care services.



Dr. Patrice Pearson

Peach Regional Medical Center to Break Ground on New Facility

The residents of Peach and surrounding counties will soon have access to a new, modern, 25-bed hospital complete with a larger emergency center and an operating room suite, expanded outpatient services and all-private rooms. This new facility will be operated through a partnership with Peach Regional Medical Center and Central Georgia Health System.

The new facility will be 68,000 square feet, roughly 15,000 square feet larger than the current Peach Regional Medical Center facility. Construction will begin in May, with completion in the summer of 2013.

GHSU Opens Dental Clinic in South America

In Peru, a country with only one dental professional per 9,000 people and a 95 percent prevalence of dental cavities and periodontal diseases, the College of Dental Medicine at Georgia Health Sciences University is reaching across international borders to help improve the standard of dental care in the region.

In the city of Cusco, officials from GHSU recently joined Peruvian officials to celebrate the official opening of a dental clinic.

The collaboration between the university and the local health care community began in 2006 when Dr. Daron Ferris, Professor of Family Medicine at GHSU's Medical College of Georgia, opened CerviCusco, a medical clinic to help treat and prevent cervical cancer in Peruvian women.

The country's pressing need for improved oral health care led to the opening last fall of a state-of-the-art dental clinic on the building's third floor. Furnished with donated equipment and supplies, the clinic hosts skilled dentists and students from the United States and other countries who consult with the Peruvian staff to expand oral health care.

Children's Wish Foundation International Announces New "Just Because" Program

Wanting to provide solace to children who are hospitalized and away from the comforts of home and family, Children's Wish Foundation created the "Just Because . . ." program. This unique program provides children with a "simple wish". The wish may be for a favorite toy, doll, stuffed animal, game or other gift of their choice that will help distract them from the sometimes overwhelming fear of hospitalization. Even simple procedures can be scary for a child but a small gift can help them overcome their anxieties.

Working with medical professionals for the past 25 years, CWFI has learned that the attitude of a child facing surgery, procedures, chemotherapy, radiation and other treatments has an unexplainable but certain effect on their outcome. The less frightened a child is the better their chance of a quick recovery and a better long-term outcome.

CWFI is delighted to introduce this program to pediatric hospitals to benefit their patients. These small "Just Because... wishes" are available any time a child has a hospital stay and needs encouragement. The requirements to qualify are simple and easy creating almost no delay in getting that special toy or item to a child in need. Having a fast turn-around time means the child will receive their comforting toy or item while they are still at the hospital. A special toy could also be requested by a medical professional at the hospital for a child who will soon be admitted for a stay and who may have a difficult time when they first arrive. A child who knows that they will have something waiting for them at the hospital will have less anxiety and worry allowing them to focus their energy on their recovery.

For more information, contact Jacque Niles at (770) 393-9474 or visit www.childrenswish.org.

Piedmont Fayette Hospital to Open Newly Renovated Wound and Hyperbaric Center

Piedmont Fayette Hospital is set to open a newly renovated Wound and Hyperbaric Center in May, complete with an entire staff of wound care certified specialists and two new hyperbaric chambers.

The center will provide a variety of services including hyperbaric oxygen therapy, debridement, compression therapy, negative pressure and specialty wound dressing.

In addition to offering wound care services, the Wound and Hyperbaric Center will serve as a resource for specialty beds, cushions, diabetic footwear, supplies and diabetes education.

Floyd Emergency Medical Service Establishes Station at Polk Medical Center

Floyd Medical Center's Emergency Medical Service (EMS) has opened a third Polk County location at Polk Medical Center, a member of the Floyd health system.

The new location provides the department with a Cedartown headquarters to better meet the needs of residents in west Polk County. Floyd also has two emergency medical stations in Rockmart.

First-of-its-kind eBook Helps Hospitals Report "Return on Invested Giving"

Community-based health programs, which are often subsidized by local hospitals, can better measure and report a return on the hospital's charitable service efforts, according to a recently published eBook by Jackson Healthcare.

Titled, *Leveraging Your Story: Applying Business Acumen to Hospital Charitable Service*, the eBook is a free resource available to all hospitals in an effort to help them expand the impact and public support of their community service programs. It emerged from research conducted through the Hospital Charitable Service Awards, a national program that recognizes and rewards charitable hospital programs that demonstrate sustainable community impact.

"This project began with one question," said Charles R. Evans, FACHE, who chairs Jackson's Awards program. "Can hospitals more effectively measure and communicate a return on the charitable investments they make in their communities?"

Evans said the term "return on invested giving" is one of several new metrics developed as part of the eBook project that communicates how much a program measurably achieves with the funding and in-kind services it receives. He said Calvin Edwards & Company, an Atlanta-based firm that specializes in measuring the impact of nonprofit organizations for the benefit of donors, was instrumental in providing the research, methodology and content of the eBook.

Hospitals can download the free eBook at <http://bit.ly/hospitalimpactstudy>.

Collins Project Management Hired to Oversee Design, Construction of New St. Mary's Good Samaritan Hospital

St. Mary's Good Samaritan Hospital has contracted with Collins Project Management of Norcross (CPM) to oversee design and construction of the new Good Samaritan replacement hospital, with groundbreaking expected this summer.

The new replacement hospital will be located on a 24-acre tract on Ga. 44 between Carey Station Road and West Lake Road. The 25-bed, state-of-the-art critical access hospital will have a 24/7 emergency department, a broad range of surgical services, advanced imaging services with a 64-slice CT scanner, nuclear medicine imaging capability, telemedicine capabilities for remote and shared diagnosis and treatment, and extensive rehabilitative services.

The new replacement hospital is expected to be about twice as large as the existing facility, to cost approximately \$40 million, and to open in early 2014. Funding for construction and equipment will be provided by St. Mary's, Catholic Health East and the generous support of private donors.

Piedmont Henry Hospital Celebrates a Successful First Year for Its Coronary Angioplasty Program

Piedmont Henry Hospital launched its coronary angioplasty program one year ago following six months of collaboration with Piedmont Heart Institute.

On February 28, 2011, staff at Piedmont Henry Hospital performed the first coronary angioplasty alongside cardiologist Muthusamy Sekar, M.D. Since that day, more than 487 coronary angioplasties have taken place at Piedmont Henry Hospital. That is nearly double the number of procedures expected to occur in the hospital's first year.

Piedmont Henry Hospital's coronary angioplasty program already tops the accepted gold standard of 90 minutes for getting patients from their first intervention when they arrive at the hospital until they have balloon(s) inserted to widen blocked coronary arteries. Only one year after introducing the coronary angioplasty program, the average time for these patients at Piedmont Henry Hospital is 53 minutes.

Paul Hastings Continues Atlanta Expansion with Addition of Market-Leading Healthcare Lawyers

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Paul Hastings LLP announced that Phillip Street and Craig Smith, market-leading healthcare lawyers, have joined the firm's Healthcare and Life Sciences practices in Atlanta. They both join from Kilpatrick Townsend & Stockton, where Street co-chaired the Health and Life Sciences group.

Street has practiced law in the life sciences/healthcare field since 1986. His primary areas of practice include healthcare and life sciences transactions, including business formations, strategic alliances, venture financings, mergers, acquisitions and joint ventures and the commercialization of life sciences research.

Smith focuses his practice on the representation of private and non-profit clients in the healthcare and health and life science industries, including health systems, hospitals, medical groups, physician groups, long term care facilities, continuing care retirement facilities, hospice providers, medical device companies, clinical research organizations, and research consortiums.

Balch & Bingham Expands Public Finance, Healthcare Capabilities as Presley Burton & Collier Joins Firm

Presley Burton & Collier, LLC will join Balch & Bingham LLP, marking the continued expansion of Balch & Bingham's public finance practice and healthcare capabilities. The combined firm will retain the name Balch & Bingham and include attorneys who represent clients in all facets of securities work, including serving as bond counsel and underwriters' counsel in public offerings of securities and in private placements.

The lawyers will move into Balch & Bingham's downtown Birmingham offices on May 16 and will join the firm's Business Section. With the addition of the new team members, Balch will now have two former presidents of the National Association of Bond Lawyers (NABL) on its staff. J. Hobson Presley served as president from 2000 - 2001 and J. Foster Clark, Balch & Bingham partner and chair of the firm's Business Section, served from 2007 - 2008.

Cover Story: Improving Employee Wellness, One Step at a Time

Continued from page 1

tion, maintenance and health and wellness improvement.

We have various programs aligned to the four pillars of Strong4Life: 4Support, 4Activity, 4Fun and 4Nutrition. 4Support, our employees can take advantage of personalized on-site health coaching, smoking cessation, prenatal and mommy-and-me classes, an online portal providing wellness information and progress tracking and our family wellness program. 4Activity and 4Fun, we offer wellness challenges and contests, race discounts, and rewards and recognition for Strong4Life participation and milestone achievements. We offer complimentary on-site fitness classes in our dedicated Strong4Life rooms, marked walking trails on each campus and specially designed "stairgyms" to encourage the use of our stairwells. 4Nutrition, our employees participate in Weight Watchers at Work as well as healthy cooking demonstrations and learning-at-lunch sessions. Our healthy vending machines make it easy for employees to 'snack smart' by offering reduced prices for healthier items and clear indications of healthier selections within each machine.

One of the most important and effective tools for creating and maintaining a culture of wellness at Children's has simply

been sharing our employees' success stories. We recognize that sharing employees' ups and downs, tribulations and triumphs, and their journeys while pursuing better health, helps inspire others to join the movement.

During our annual biometrics screenings, a Children's blogger, who has lost over 100 pounds, wrote about her personal experience relating to the annual screenings. In 2010, she had no idea what she weighed, didn't want to participate in the screening or her department wellness challenges and would never participate in a discussion of her weight issues with strangers. Fast forward to August of 2011, she was the first to sign up for her screening, is the team captain for her department wellness challenges, and she exercises 5 days a week while watching the scale continue to go down. To date, this Children's blogger has over 109,000 hits to her blog since inception in 2010. Its stories like this, on our Company Intranet, that help to engage employees in the wellness programs and activities we offer. While our wellness team offers a foundation of tools, programs and a supportive environment, it's our employees that keep the momentum going.

Holly Iftner, Manager, Wellness and Worklife, Children's Healthcare of Atlanta, can be reached at holly.iftner@choa.org.

Physical Therapist Dustin Sharp and Kirstin Reggel Join Floyd



Dustin Sharp



Kirstin Reggel

Dustin Sharp has joined the staff of Floyd Physical Therapy and Rehab as a physical therapist in the Rehabilitation Services department. Sharp holds a Doctorate of Physical Therapy and Bachelor of Science in rehabilitative science from the University of Tennessee at Chattanooga.

Kirstin Reggel has joined Floyd Medical Center's Rehabilitation Services Department. Reggel works as a physical therapist, providing therapy to patients hospitalized at Floyd Medical Center.

Reggel holds a doctor of physical therapy degree and her bachelor's degree in health professional sciences from the University of South Alabama, Mobile.

Reggel is member of the American Physical Therapy Association and the Physical Therapy Association of Georgia.

Scott Schmidly Named New CEO for Saint Joseph's Hospital

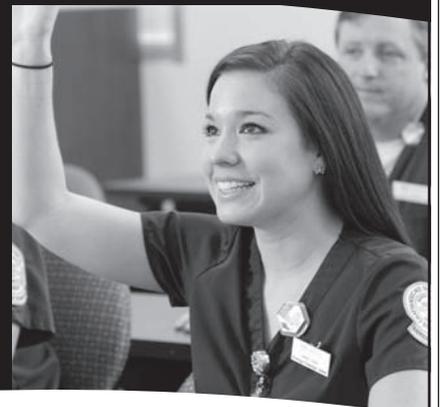
Scott Schmidly, a health care executive from Hospital Corporation of America (HCA), has accepted the position of Chief Executive Officer of Saint Joseph's Hospital in Atlanta.

Schmidly comes to Saint Joseph's Hospital from Dallas, where he has been the Chief Operating Officer and Ethics and Compliance Officer at Medical City Dallas Hospital and Medical City Children's Hospital since 2007. He has more than 15 years of progressive health care experience in a variety of adult and pediatric hospitals, including investor owned, joint ventured for-profit/ not-for-profit, and community-owned academic teaching institutions.

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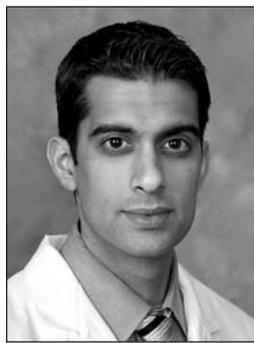
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Piedmont Physicians Open New Urology Practice at Piedmont West

Piedmont Physicians Group is pleased to announce the opening of a new practice of urologists: Rajesh Laungani, M.D., associate director of Piedmont Hospital's robotics and minimally invasive surgery program, and Nikhil Shah, D.O., chief of minimal access and robotic surgery at Piedmont Hospital. Their practice, Piedmont Physicians Urology Specialists, will be located at Piedmont West Medical Office Park.

Dr. Laungani is fellowship trained in minimally invasive and robotic oncology, and specializes in robotic prostatectomy, robotic radical cystectomy, and robotic radical/partial nephrectomy. He is board-certified in urology, a Diplomate of the American Board of Urology, a member of the American Urological Association and a reviewer for the Journal of Endourology.

Dr. Shah is board-certified in urology and received his fellowship training in robotic oncology and minimally invasive surgery. He is a member of numerous academic societies and professional organizations, including the Minimally Invasive Robotic Association, Medical Association of Georgia and the American College of Osteopathic Surgeons.



Dr. Rajesh Laungani



Dr. Nikhil Shah

Dr. Michael Gonsalves Earns Award

Michael Gonsalves, M.D., a Floyd Primary Care physician at Chattooga Medical Center, was recently presented with the Service with a Smile Award.

The award recognizes outstanding customer service

Marie Hanna nominated Dr. Gonsalves for the award, noting that he makes a personal follow-up call to his patients after their appointment and uses modern medicine and up-to-date technology while providing an old-fashioned personal touch.



Dr. Michael Gonsalves

Georgia CORE Elects New Board Members

Georgia CORE, the Center for Oncology Research and Education announced the appointments of Dr. James Burke with Memorial University Medical Center in Savannah and Dr. Jayanthi Srinivasiah of Georgia Cancer Specialists and DeKalb Medical to its Board of Directors. Both doctors have been appointed for three-year terms.

Dr. Burke is with Memorial's Division of Gynecologic Oncology and serves as the Co-Principal Investigator for the Georgia CORE Gynecologic Oncology Group Consortium.

Dr. Srinivasiah is also an active participant in Georgia CORE's research network. Recently Dr. Srinivasiah received a leadership award from the National Cancer Institute for her commitment to enrolling patients in clinical trials.



Dr. James Burke



Dr. Jayanthi Srinivasiah

Mary M. Saltz, M.D., Joins Hospital Radiology Partners as Chief Medical Officer

Mary M. Saltz, M.D., has joined Atlanta-based contract management company, Hospital Radiology Partners, as its Chief Medical Officer.

Dr. Saltz is a board certified radiologist who has led quality assurance programs in Florida and Ohio and served as Chief Quality Officer for Community Practice Initiatives at Emory Health Care.

Dr. Saltz received a medical degree from Duke University Medical Center. Her post-graduate medical training was performed in Boston, including an internship in medicine at St. Elizabeth's Hospital, clinical fellowship in pathology at Brigham and Women's Hospital, diagnostic radiology residency at Boston University, and fellowship in interventional abdominal radiology at Massachusetts General Hospital.



Dr. Mary M. Saltz

Dr. Ben Akosa Joins Northeast Georgia Physicians Group Psychiatry

Ana Segarra-Brechtel, M.D.; Amelia Mathew, M.D.; and the staff at Northeast Georgia Physicians Group (NGPG) Psychiatry welcome Ben Akosa, M.D., to the practice.

Dr. Akosa received his medical degree from the University of Nigeria and completed his residency in psychiatry at the University of Maryland. He is a member of the American Psychiatric Association and Georgia Psychiatric Physician Association. Dr. Akosa is certified by, and is a diplomate of, the American Board of Psychiatry and Neurology.



Dr. Ben Akosa

Children's Healthcare of Atlanta Announces Stuart Knechtel, M.D., as Chief of Transplant Services

Children's Healthcare of Atlanta announces Stuart Knechtel, M.D., as Chief of Transplant Services. He adds to his roles of Surgical Director of the Liver Transplant Program and the Carlos and Marguerite Mason Chair for Liver Transplant Surgery.

Dr. Knechtel is also Clinical Director at the Emory Transplant Center, Director of Liver Transplantation at the Emory Clinic, Chief of the Division of Transplantation and Professor of Surgery at Emory University School of Medicine.

Prior to joining Children's and Emory, he led a team at the University of Wisconsin-Madison that performed the state's first living donor liver transplant and Wisconsin's first combined liver and pancreas transplant.



Dr. Stuart Knechtel

Brain Tumor Group for Children Honors Winship Executive Director

Walter J. Curran, Jr., M.D., executive director of Winship Cancer Institute of Emory University, received the Brain Tumor Foundation for Children's "Visionary Award" for 2012. Curran is received the award based on his work at Winship on brain tumor research and for his role in helping to bring a proton beam therapy treatment center to Atlanta, scheduled to open in 2015.

Curran, a radiation oncologist, has spent years studying how to best identify better treatment options for brain tumor patients and how to reduce the side-effects of radiation so critically needed for treatment. Proton beam radiation therapy is the most precise radiation therapy available and is likely to minimize damage to nearby, non-cancerous tissue. This is especially important when treating children. Because their bodies are still growing, their organs are more vulnerable to lasting damage from radiation than those of adults.



Dr. Walter J. Curran, Jr.

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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

Salute to Volunteers

VISITING NURSE HEALTH SYSTEM

Forrest Leef

As a Visiting Nurse Health System volunteer, Forrest Leef takes his hospice training to heart. Those instructions are to meet the patients where they are. Forrest, a retired commercial airline pilot, regularly visits hospice patients and listens to their stories. But he does not stop there. One patient reminisced about the Swedish meatballs he ate growing up in Scandinavia, so Forrest found a restaurant that prepared the delicacies and delivered them to the patient. Another time he talked with an architect who had designed a building on the Georgia Tech campus but had fallen ill before it was completed. Forrest arranged to take the man on a tour of the finished site so he could see his work completed. This year Forrest broadening his already generous support by chairing the Visiting Nurse Fall Event, an annual benefit that raises funds for various hospice programs.



Dr. Mary Jane Nations

Dr. Mary Jane Nations became interested in working as a hospice volunteer after her father died in the compassionate care of hospice. These days she lends her time to Visiting Nurse Health System's hospice program, visiting patients in their homes and in the in-patient facility, the extraordinary Hospice Atlanta Center. Though she has comforted patients from all walks of life, she has become particularly involved in the pediatric program. Fluent in Spanish, Mary Jane has taken on several Latino families with terminally ill babies and limited English skills. Her caring, compassionate presence helps ease the isolation and fear faced by the mothers of children with life-limiting illnesses. Says Mary Jane, "Honoring their lives in the last moments is not a service, it's a privilege."



THE MEDICAL CENTER OF CENTRAL GEORGIA

Harriett Carter

Harriett Carter is the type of volunteer any organization hopes for because she is passionate and committed to its purpose and mission. She has been an integral part of the services of Hospice of Central Georgia for nearly two decades. Her altruistic efforts to help secure funds for The Medical Center of Central Georgia's \$5.5 million state-of-the-art inpatient hospice house earned her a 2011 Georgia Hospital Heroes Award from the Georgia Hospital Association.

"A good hospice volunteer is someone who exemplifies compassion, enthusiasm, loyalty, dependability and reliability," Pine Pointe Hospice and Palliative Care Volunteer Coordinator Laura Aulds said. "It is someone who has a warm and inviting smile and a loving and caring heart. Harriette displays all of this."

Part of Harriette's volunteerism is as a member of the Hospice of Central Georgia Advisory Board, a fundraising branch of the Medcen Community Health Foundation, which through community-wide endeavors helps fund services of MCCG.



DeKalb Medical Volunteers Rock!

Volunteers Rock is the 2012 theme for National Volunteer Week, and DeKalb Medical volunteers do more than just rock, they really rock. From nursery care to emergency services, this group of committed humanitarians continues to make a major impact on day-to-day functions within the DeKalb Medical organization. With more than 110 devoted volunteers, the three-campus hospital is able to provide patients with extra special care when needed, which in turn aides in making the healing process a little easier. "Not a day goes by that I don't hear someone commenting on how great our volunteers are," said Leigh Minter, DeKalb Medical Foundation and Volunteer Services Executive Director. "They are constantly working behind the scenes, helping out wherever they are needed, and I know I speak for the entire organization in saying we couldn't do this without them."

Many of DeKalb Medical's volunteers are retired men and women who have a passion for helping people, and some have been doing so for more than 40 years – but for those who think these services are solely provided by retirees, guess again. DeKalb Medical's volunteer base is made up of a diverse group of residents who simply enjoy serving the community. Volunteers at DeKalb Medical are broken up into four distinct categories; adult, college, teen and the Community-based Vocational Training (CBVT) auxiliaries/volunteers, each with different requirements and responsibilities. Adult auxiliaries make up the largest portion of the group and are required to maintain a minimum of 100 hours per year. College as well as teen volunteers are required to maintain a GPA of 3.0 and respectively have a minimum commitment of two semesters and four weeks of volunteer hours to complete. CBVT gives special-needs students in surrounding high schools the opportunity to volunteer in both the environmental services and nutrition services departments.

Since 1973 DeKalb Medical volunteers have donated more than 1.4 million hours of service to the hospital and have been influential in helping raise more than \$3.6 million for the hospital to fund building and equipment projects as well as scholarship programs. DeKalb Medical is grateful for the loyalty of this dedicated group and appreciates all they do to make the hospital a leader in healthcare services.

The Volunteer Auxiliary of Emory-Adventist Hospital Celebrates Thirty Five Years of Service



This year Emory-Adventist Hospital is celebrating thirty-five wonderful years of Volunteers brightening the lives of patients and staff! Wherever you enter our hospital, you can find that special person wearing a bright blue jacket offering a helpful hand, kind word and a warm smile. Our volunteers are an important part of this hospital. They support our staff in almost every department, and work diligently to raise money to purchase special hospital items, that might otherwise have to wait. Whether our volunteers are answering phones, delivering newspapers or serving as a standby chaplain offering families spiritual comfort in their time of need; every person is fulfilling this hospital's mission. From the staff of Emory-Adventist Hospital at Smyrna, "Thank you for time, talents and dedication! We love you all!"

E-mail your editorial submissions to judy@hospitalnews.org

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DATEBOOK

Emory Healthcare Garners Numerous Patient Safety Awards

Emory Healthcare and three of its hospitals recently received numerous awards, including the prestigious Overall Circle of Excellence Award, from the Partnership for Health and Accountability (PHA) during its annual Patient Safety Summit.

The Emory Healthcare system earned the prestigious Quality and Patient Safety Award for a project that reduced patient restraint usage. The project titled, "Please Release Me: A Restraint Reduction Initiative in a Healthcare System," won first place in the Hospital/Health Systems Category.

Gwinnett Medical Center Acknowledged for Critical Care Excellence

Gwinnett Medical Center's (GMC) Intensive Care Units at Duluth and Lawrenceville were recent recipients of silver level Beacon Awards for Excellence from The American Association of Critical-Care Nurses (AACN). This is the first year Gwinnett Medical Center-Duluth has received the Beacon Award. Gwinnett Medical Center-Lawrenceville was previously recognized by the AACN for its commitment to critical care quality improvement in 2007, 2008, and 2009. This association created the award to spotlight units that distinguish themselves by improving every facet of patient care.

May 5 Derby Day

The 6th annual Derby Day, hosted by Johns Creek FRIENDS to benefit Children's Healthcare of Atlanta, will be held Saturday, May 5 from 4:30 - 8:30 p.m. This year's event will take place at The Country Club of the South in Johns Creek. The 138th Kentucky Derby will be the focal point of the day with "horse voting" booths, an extensive silent auction, authentic Derby-style food and beverages, entertainment and large screen televisions to view "The Most Exciting Two Minutes in Sports." For more information, contact Lynn Leslie at lynn.leslie@choa.org or (404) 785-7337.

May 19 Trot to Clot Walk & Run

Hemophilia of Georgia's 3rd annual Trot to Clot Walk and Run will be Saturday, May 19 at Stone Mountain Park. This fun, family-centered event will raise money to fund Camp Wannaklot, the only camp in Georgia that gives kids and teens who have inherited bleeding disorders the chance to have fun, learn new skills, and be with other kids just like them. Everyone who registers to walk or run

by April 27 will receive a Trot to Clot t-shirt and free admission to Stone Mountain Park. Additional information and registration details are available online at www.hog.org/trot.

May 19 The Atlanta Kidney Walk

The Atlanta Kidney Walk will be held Saturday, May 19 at 9:00 a.m. at Turner Field, Atlanta. The Kidney Walk is a fun, inspiring community fundraiser that calls attention to the prevention of kidney disease and the need for organ donation. It's also an opportunity for patients, family, friends and businesses to come together. For more information, contact Cara McKinney at cara.mckinney@kidney.org or (770) 452-1539 ext. 11.

June 7 International Evening: Thai-tastic

Cancer Wellness at Piedmont Fayette Hospital, 1255 Highway 54 West, Ste. 3100, Fayetteville, will host an International Evening: Thai-tastic on Thursday, June 7 from 6:30 to 8 p.m. With its gaining popularity and richly diverse cuisine, Thai food is one fantastic way to eat healthy. With cre-

ative dishes and exotic flavors, Chef Nancy Jaworski will lend her culinary expertise in celebrating the spices, herbs, vegetables and grains predominantly found in Thailand. Plus, we'll help you understand why you can eat Thai food and fight cancer at the same time. The program is free; however, registration is required. To register, call (770) 719-5860.

June 14-15 Conference on Ethics of the Drug Shortage

The Emory University Center for Ethics in partnership with the American Society of Anesthesiologists (ASA) will host a consensus conference on the critical drug shortage and its impact on patient health in the United States and Canada. Participants from various academic disciplines, industry, and different professional associations will gather on June 14-15 at the Emory University Center for Ethics in Atlanta to discuss the ethical concerns of this pressing issue and to provide a consensus report as a basis for future practice and policy actions. For more information, contact Tanya Anderson Woodward at (404) 727-1179 or lande22@emory.edu.



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