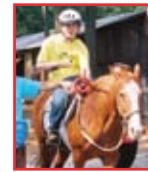


# BEYOND our backyards

*Hospital services extend  
deep into Georgia communities*



THE GEORGIA ALLIANCE  
OF COMMUNITY HOSPITALS  
2008-2009



***About this issue***

Most people won't need their community hospital this year -- at least not for surgery or emergency room care, the things that pop into most of our minds when we think of what a hospital is.

But if you live in a town served by a community hospital, you will benefit from it. Even if you never walk through the front doors of your community hospital, you will enjoy the fruits of a better, healthier, cleaner community, thanks to the efforts of the local hospital.

How can we be so sure? For one, we've examined the evidence. We've seen the reports on what these hospitals do on outreach, community education, service and research. And it's quite impressive.

Secondly, the government requires them to be community focused and holds them to strict guidelines. Georgia's not-for-profit hospitals provide a wide array of community benefits. Inside this publication, you can read about some of them.

But the stories we tell here only scratch the surface. Every one of the Georgia Alliance of Community Hospitals had a good story to tell.

Hopefully, you won't need our hospitals this year. But take a minute to find out what your hospital is doing to make your hometown a better place to live. We think you'll be pleased with what you learn.

Archbold Medical Center  
Athens Regional Medical Center  
Brooks County Hospital  
Clinch Memorial Hospital  
Colquitt Regional Medical Center  
Columbus Regional  
Healthcare System, Inc.  
DeKalb Medical  
Donalsonville Hospital, Inc.  
Dodge County Hospital  
Early Memorial Hospital  
Emory Healthcare  
Floyd Medical Center  
Grady General Hospital  
Grady Health System  
Gwinnett Health System, Inc.  
Gwinnett Medical Center – Duluth  
Hamilton Health Care System  
Henry Medical Center  
Houston Healthcare Complex  
Perry Hospital  
Jeff Davis Hospital  
Louis Smith  
Memorial Hospital  
Meadows Regional  
Medical Center  
MCG Health, Inc.  
Medical Center  
of Central Georgia  
Memorial Hospital  
and Manor  
Mitchell County Hospital  
Monroe County Hospital  
Murray Medical Center  
Northeast Georgia  
Medical Center

Northside Hospital  
Northside Cherokee  
Northside Forsyth  
Phoebe Putney Health System  
Phoebe Worth Medical Center  
Piedmont Healthcare  
Piedmont Mountinside Hospital  
Piedmont Newnan Hospital  
Putnam General Hospital  
Satilla Regional Medical Center  
South Georgia Medical Center  
Southeast Georgia Health System  
Southeast Georgia  
Camden Campus  
Southern Regional Health System  
Southwest Georgia Regional  
Medical Center  
St. Joseph's/Candler  
St. Mary's Health Care System  
Stephens County Hospital  
Sumter Regional Hospital  
Tift Regional Medical Center  
Union General Hospital  
University Hospital  
Warm Springs Medical Center  
Wayne Memorial Hospital  
WellStar Health System  
WellStar Cobb Hospital  
WellStar Douglas Hospital  
WellStar Kennestone Hospital  
WellStar Paulding Hospital  
WellStar Windy Hill Hospital  
West Georgia Health System



## Community hospitals deserve your support.

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Dear Members and Friends,

The Georgia Alliance of Community Hospitals celebrates our 25th anniversary this year, giving us an ideal time to look back at what we have accomplished and ahead to what the future may hold.

Over the past two and half decades, health care has become the most complex sector of our nation's economy. As a result, the need for a strong advocacy voice for not-for-profit hospitals has never been greater.

When we founded the Alliance, hospitals were able to focus the bulk of our time, energy and resources on our most important mission: caring for patients. Government, the media, and employers were partners in that mission, working hand-in-hand with community hospitals to give every Georgia community access to the best health care the world has ever seen.

Today, we still focus our attention on patient care. However, many of the institutions we relied on for support are buckling under the strain of funding and managing the care patients need. Rising numbers of uninsured patients and declining government reimbursements for indigent care have taken their toll on the system. Given our role as the only institutions willing to care for any sick person in the communities we serve, not-for-profit hospitals have borne more than our share of the burden.

The most important consequence of this change has been that hospitals cannot afford to ignore the public policy process and expect to survive. This is a principle we continue to see in operation each year.

And, when it comes to advocating for not-for-profit hospitals, no other organization fills the Alliance's role of being a relentless and unified voice for the community hospitals that treat the majority of Georgia's sick and injured citizens.

Last year, the Alliance worked hard and successfully to improve Medicaid reimbursement rates and secure adequate indigent care funding in the state budget. We fought hard for trauma care funding and won a significant appropriation to provide short term stabilization to our state's system for caring for critically ill patients.

Additionally, we spent countless hours working to improve problematic Certificate of Need legislation to minimize its negative impact on our member hospitals. We also helped to block attempts to water down tort reform legislation that has

made a real difference in preventing frivolous lawsuits aimed at hospitals.

In the courts and legal system, the Alliance has been the tip of the spear on fighting efforts to undermine the ability of our member hospitals to operate on sound financial footing. Federally, we continue to manage the Safety Net Coalition, which works to stop agency rule changes that would hurt our largest Medicaid hospitals.

In short, if there is a threat to community hospitals, the Alliance is the only advocacy group that will respond quickly and effectively, no matter the odds.

This year, the state budget situation has created one of the largest threats we have ever faced. Historic budget shortfalls have put hospitals in the position of dealing with both revenue cuts and tax increases at the same time. Additionally, for-profit hospitals and surgery centers continue to work with agenda-driven activist groups to attack the non-profit status that allows us to serve our communities. And, wrongheaded regulations from state agencies have hurt our ability to expand the medical workforce.

In response, the Alliance has stepped up our advocacy efforts in the public arena, building an active voice to deliver facts to the news media, opinion leaders and the health care industry. Paired with an already strong lobbying team, this new approach will enhance our ability to win debates in the court of public opinion.

I believe the future holds challenges, but also opportunities. If we stay united and focused on delivering the best possible care to our communities, the next 25 years can be just as bright for us as the last 25. Thank you for the role you play in that effort.

Sincerely,

A handwritten signature in black ink, appearing to read 'Monty Veazey', written in a cursive, flowing style.

Monty M. Veazey  
President, Georgia Alliance of Community Hospitals



# *Taking Community Benefits to the People*



Perhaps there was a day when a community hospital could merely keep its doors open 24/7 and wait for sick people to come.

If so, that day was yesterday. And the Georgia Alliance of Community Hospitals knows that better than anyone. Alliance members believe it's their job to make sure their communities reap the real and tangible benefits that only they can provide.

"Hospitals need to improve health in their communities," said Julie Trocchio, senior director of long-term care for the Catholic Health Association of the United States. "Twenty-five years ago it was enough to take care of them when they came in. If a lot of people had asthma in a community, what we used to do is become the best place for asthma care. Build a wing.

"Now, we say, 'Why do we have so much?' We work with schools, local communities, the EPA. We attack the problem at the root."

Trocchio is a leading national authority on the subject of community benefits provided by not-for-profit hospitals, which in recent years have attracted critical scrutiny from the Internal Revenue Service, Congress and the Georgia General Assembly.

Make no mistake, she says, having a facility that offers the most basic of services – being open 24/7 for sick people – serves a purpose. But in the 21<sup>st</sup> century, a higher standard is emerging – having caregivers go to patients, using technology to extend and improve care, giving special needs children a new reason to smile.

Four Georgia Alliance of Community Hospitals facilities serve as ideal examples of how hospitals can provide community benefits. They were selected as the Alliance Hospitals of the Year.

"Benefiting the community is core in what we do," said Monty Veazey, president of the Georgia Alliance of Community Hospitals. "All of the Alliance's hospitals take this seriously. The four selected as Hospitals of the Year are wonderful examples of the way these hospitals serve their communities."

Floyd Medical Center in Rome has several outreach programs that are serving northwest Georgia residents, including free

medical and dental clinics that treat thousands of low-income, uninsured people. Floyd's We Care program provides an outlet for patients with chronic medical conditions to get their medical and pharmacy needs met in a setting outside of the emergency room. No one likes sitting in an ER waiting room. We Care is moving a significant portion of patients away from the ERs, benefiting everyone.

But it's the Mobile Mammography program that is Floyd's latest attempt to reach out to its community. The state-of-the-art mobile mammography machine travels to rural portions of the area where it reaches many woman who have never had a mammogram, screens them for free and teaches them about breast exams. (See page 4.)

State Rep. Katie Dempsey, of Rome, praised the program.

"The hospital's efforts to bring mobile mammography to women in northwest Georgia shows an understanding that the underserved populations cannot be defined by using socioeconomic criteria only," she said.

At Memorial Hospital and Manor in Bainbridge, offering school nursing and athletic training programs in the public schools has been the norm for some time. But doctors and administrators at Memorial Hospital and Manor noticed that being involved in the lives of disabled children could not be a nine-month-a-year effort. The hospital had to do something to help these kids in the summer. They started Camp Joy to see to it that the improvements kids made during the school year didn't fade over the hot summer months.

The two-week camp, serving children ages 5 to 17, offers physical and occupational therapy to kids who suffer from a wide range of ailments – including cerebral palsy, autism and spinal muscular atrophy – a chance to do things other kids at a summer camp would be doing. These activities include horseback riding, swimming and bowling. (See page 5.)

Gwinnett Medical Center, in Lawrenceville, serves one of the largest youth sports communities in all of Georgia. Gwinnett high schools' athletic prowess has been well documented. But where there is a lot of participation, there are a lot of opportunities for injuries.

Gwinnett Medical Center became the first hospital in Georgia to offer ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) countywide. According to the American Medical Association, two million sports-related concussions occur every year. And 85 percent of those go undiagnosed and untreated.



ImPACT testing can help physicians, coaches and medical trainers know the presence and severity of a concussion and determine when the student-athlete can get back on the field. (See page 6.)

Emory Healthcare's Wesley Woods Center in Atlanta, has made serving the geriatric population a priority. Its 100-bed geriatric hospital and 18-bed, long-term acute care hospital served more than 30,000 senior citizens last year, offering not only traditional medical care, but also psychiatric and dental care, as well as a transition program for seniors needing partial hospitalization.

But Wesley Woods saw that too many older adults in medically underserved rural areas were unable to take advantage of programs such as the Transitions Senior Program. In response, they developed a video conferencing course offered at more than 30 sites statewide. Translation: These patients drive less than 30 minutes to "see" their doctor. (See page 7.)

***Subsidized services, such as mental care, burn units that are not used most of year, hospice service, and drug and alcohol programs, are ones that we all continue to lose money on, Trocchio said. If the question is why are we offering these services? The answer is because the community needs them. Even though we are losing money, that's a community benefit.***

While these four hospitals were our winners this year, every not-for-profit hospital must keep community benefits atop its list of priorities.

Trocchio has studied the IRS' definition of what constitutes community benefits and has become an expert in helping not-for-profit hospitals understand the specifics of the law.

Not all good deeds or compassionate acts constitute community benefits – at least not for tax purposes.

Trocchio said simply put, the definition is this: A community benefit is an action that is in response to a community need – meaning the hospital must be able to identify the need – and the services must not be provided for marketing purposes.

There is a core belief that what underscores the Catholic Services program is that the poor have a moral priority for services.

"We have to pay attention to those in the margins of society," she said. "Some would say only programs for the poor should count as a community benefit. We disagree with that."

But as every not-for-profit hospital knows, charity care is a big piece of the puzzle. According to the 990 tax-exemption forms, charity care should be reported at cost and separated

from bad debt. Charity care and those who just will not pay are two different classifications.

Teaching community health issues is also a good way to serve the community.

"We're all teaching hospitals to an extent," Trocchio said. "And when we lose money on it, it can be put under the community benefits."

Trocchio offers a couple of anecdotes as examples:

☛ Willie has prostate cancer. His local hospital is working in conjunction with area barbershops, replicating an evidence-based program in the barbershops. To put it plainly, come in for a haircut and shave and leave with a brochure about prostate screenings and very possibly a gentle nudge from the man with the clippers.

☛ Too many children are entering a hospital's emergency room with asthma attacks. Everyone knows that asthma should be managed better than that. So the hospital starts sending "Breathmobiles" to local schools, teaching students, teachers and parents how to manage asthma. The result is fewer emergency room visits and better attendance records at the schools. Everyone wins.

But there are times when hospitals just do not win – at least economically. Those financial losses can be categorized as such, and they go a long way toward helping a hospital stay in good standing with the IRS.

Subsidized services, such as mental care, burn units that are not used most of year, hospice service, and drug and alcohol programs, are ones that we all continue to lose money on, Trocchio said. If the question is why are we offering these services? The answer is because the community needs them. Even though we are losing money, that's a community benefit.

# Big Wheels Turn, Womens' Lives Saved

When the rolling 38-foot mammogram unit pulls into a northwest Georgia Wal-Mart parking lot, some heads are bound to turn.

Just maybe some lives will be saved too.

Floyd Medical Center (FMC), this fall, has begun offering mobile mammography screenings in and around the Rome area. Incident and mortality rates in the more rural parts of Polk, Floyd, Gordon and Chattooga counties have FMC staff convinced that hundreds, if not thousands, of women in northwest Georgia have not had a mammogram in years – if ever.

"Ease of access is the key to this," said Aimee Griffin, director of the Floyd Breast Center. "A lot of women just can't or won't take off work or think about finding a place and getting an appointment for a mammogram. We're trying to make it as simple as possible and make sure that everyone can be screened."

Mobile mammography works like this: the mobile-home-size unit arrives at either a business, which had scheduled the visit, or at a Wal-Mart or library parking lot, and hangs out a shingle.

The women simply need to fill out some paper work in the unit's waiting room, go to the private screening room, get tested, and go about their business. By the next day, they will be called by FMC with results.

For patients who have insurance, a fee of \$150 will be charged to the insurance provider. Griffin knows many, if not most, will not have insurance or the means by which to pay.

"If they are not insured, we'll put them into the normal hospital grid to see if they qualify for indigent care. Or we'll work with them for a complete or a partial scholarship. We're anticipating that many won't be able to pay, and we have a couple of very generous donors here as well as a fundraising program within the hospital."

One of Floyd's first big efforts was at Mt. Vernon Mills, a fabric mill in Trion, Ga.

"Before we were totally up and running, we took the unit up there for an eight-hour health fair and got 44 employees to sign up," Griffin said. "One of our key missions will be the industrial mills in surrounding counties. Women may feel they can't take off work to get a mammogram, so we're working with employers, who are very excited and engaged in the idea of us coming. They all seem happy to give employees 30 minutes off the job."

Joyce Stalker, the medical department manager at Mt. Vernon Mills is indeed thrilled.

"I think it's awesome," she said. "With gas high and work slow, women feel they can't afford to take a half day off work and drive the 30 miles to Rome or Chattanooga," she said. "We try to bring in as many services as we can. The mobile mammogram machine will be here for two full days to start with, and we expect to have them back every three months."

Mt. Vernon has roughly 600 women workers.

Local Wal-Marts have also been particularly inviting, Griffin said.

The first time Floyd sets up shop at a Wal-Mart it will be screening employees. But the mammogram team expects the visible presence to create interest within the community. Screeners will start taking appointments for the next go-round. After that, regular visits to the Wal-Mart parking lot – and some library parking lots – will take appointment patients as well as walk-ups.

Griffin said several of the schools are trying to set up ways for teachers to get screened on teacher workdays as well as getting mothers screened, perhaps organizing with the PTAs.

Floyd expects the mobile unit to cost about \$100,000 per year, just for operating costs.

"That's a lot of money," Griffin said. "But think about the intrinsic benefits – not just the human benefit, which is tremendous, but the economic benefit of catching a handful of breast cancer cases early."



*"Women may feel they can't take off work to get a mammogram, so we're working with employers, who are very excited and engaged in the idea of us coming."*





# Overjoyed with Year Round Care

As any kid knows, summer is a time for more physical activity, not less.

But for physically disabled children that doesn't always happen. Once schools dismiss for summer break, programs that provide a way for these children to stay active diminish.

Therapists at Memorial Hospital and Manor (MHM) in Bainbridge said "not in our backyard."

Camp Joy, a two-week summer camp for children with physical and developmental disabilities, was created to fill a void in the South Georgia town and to give MHM a chance to engage even more with the community.

For years, therapists at the hospital had noticed that their patients' ability to function declined considerably during the summer. Improvements that were made the previous school year were, at least in part, lost over the break.

That was unacceptable to Memorial Hospital and Manor, which had a vision for a new way to benefit the community.

Ardeth Dukes, of Bainbridge, had noticed that pattern in her grandson Chris Cook. Now 18, Chris has lived with a brain injury for the last 13 years following a car crash that killed his father.

"Chris would get therapy through the school year, then he was out for three months and would lose ground that he'd gained," she said. "I'd try to do therapy with him, but I don't have the experience or all of the equipment.

"The ladies over at Memorial came up with this camp, and the kids just adore it. They have a ball and are learning without knowing they are learning."

Camp Joy is just one of the ways Memorial Hospital and Manor reaches beyond its walls to provide care and compassion for its South Georgia community. The staff has been offering Camp Joy for three years, with about a dozen patients taking part each year. Insurance companies are billed for the therapists' time with the children, but there are no additional costs for the camp, meaning the extras are essentially provided free of charge.

During the camp, the rehabilitation staff provides physical and occupational therapy to children with cerebral palsy, autism, spinal muscular dystrophy as well as other developmental ailments. After determining specific goals and needs of the child, therapists put together a fun-filled regimen of activities designed to improve the student's fine motor skills, gross motorskills, balance and coordination.

And what kid wouldn't want a chance to do things like go horseback riding, swimming, bowling and fishing?

"Chris loves the horseback riding the most," Dukes said. "There is a therapeutic horse farm in Thomasville, and he just loves being out there. You'd have to see these kids faces when they do something like that to really appreciate it."



*"You'd have to see these kids faces...to really appreciate it."*

Laura Winburn, director of rehab services at MHM agrees. "When you see these faces, it's magical.

"I've seen a lot of differences in the confidence these patients have," she said. "For many of them, it's the first time they've been on a horse or in a pool. They are mostly from underprivileged families. After a few times on a horse or something like that, they don't see those things as a scary challenge any more, but as an opportunity."

The relationships that the patients develop with the therapists don't end when the summer ends. There's too much love and compassion for that to happen.

"We do take a special interest in these kids," Winburn said. "With Chris, he's a big FSU football fan and Allison Gibbs, his physical therapist, helped him accomplish one of his dreams, which was to meet some of the coaching staff and see an FSU game. He even got a signed photo and a game ball."

It was a gesture that spoke volumes to Dukes.

"The patients are not just a number," Dukes said. "They care about that child. Chris had a seizure a couple of years ago and was in the hospital a couple of days. Those ladies from Camp Joy kept coming in and checking on him, always asking what they could do."

Dukes knows her grandson will always have developmental issues. But she says he's doing great and keeps a positive spirit.

"He doesn't let anything defeat him," she said.

*Memorial Hospital and Manor was named the Georgia Alliance of Community Hospitals' "2008 Small Hospital of the Year."*

# Making an Impact on Young Lives

Catherine Wise would have let her son Kadeem get back on the football field a couple of days after he hit his head while making a tackle for Berkmar High School in Lawrenceville.

And who could blame her?

Kadeem was telling her and his coaches that he was feeling fine. And he is one of the best cornerbacks in Georgia, having committed to play football next fall at Duke.

"I knew by looking at his eyes that something wasn't quite right, but yeah, we probably would have let him play because he said he was OK and his team needed him," she said.

Fortunately for the Wise family, Gwinnett Medical Center (GMC) had implemented a new program in all 18 county high schools, called ImPact, which allows doctors to tell definitively the severity of a concussion and when the athlete has fully recovered.

For Kadeem, that meant missing the better part of three weeks instead of three or four days.

Gwinnett Medical Center tested every football player in the Gwinnett County School system before the season began. Each athlete took cognitive, computerized tests, giving them a baseline score. ImPact tests a variety of brain functions. After a concussion, the scores of affected players tend to drop drastically.

"ImPact tests visual abilities, reactive time, short-term memory, shapes, words and letters, and it is all timed," said Tim Simmons, GMC's coordinator for athletic training services. "When we go into schools and baseline test every football player, it gives us the kind of normative, objective data, and the healing process, MRIs and CTs can't show.

ImPact is important because 85 percent of concussions go undiagnosed. And secondary concussions -- a new concussion on top of the concussion that hasn't healed -- can lead to death or serious long-term damage.



For Kadeem, it might have made the difference in him fully recovering.

"We took Kadeem Tuesday morning after the Friday night game and they tested him and he didn't do too well on the memory part of the test," Wise said. "It was like 40 percent lower than his baseline score. We went back four times over the next three weeks until his score actually exceeded his baseline."



***"Concussions are the No. 1 serious issue we see as sports trainers."***

Simmons said they look for a score of at least 90 percent of the athlete's baseline score before they will clear them to return to physical activities.

"Time off and care is key to recovery," Simmons said. "Post-concussive syndrome, returning too early and suffering a secondary blow, can result in death, stroke or cardio problems."

That means also working with teachers to make sure they give the students time off from having to overwork their brains for a few days too.

Simmons said there were more than 60 recorded concussions during the 2008 football season in Gwinnett County high schools.

"There is no doubt in my mind that a lot of those would not have been diagnosed without the testing," Simmons said. "We have one of the largest sports medicine programs in Georgia. Concussions are the No. 1 serious issue we see as sports trainers."

Mike Emery, Gwinnett County Schools' director of athletics/student activities and community schools, said as quickly as Simmons' crew could accommodate it, Gwinnett wants to expand the testing to wrestling, soccer and basketball.

"From an athletic director's standpoint, it's nothing but a benefit to the players," he said. "It provides some comfort to us, and to parents, that the kids aren't going back on the field too soon."

"In the past, I think we'd ask all the right questions, but kids would often say no to all of the symptoms to get back on the field. This takes that out of the equation, and it takes so little time to establish those baseline scores. It's been well worth the effort."

*Gwinnett Medical Center was named the Georgia Alliance of Community Hospitals' "2008 Large Hospital of the Year Runner-Up"*



# Time for Change

Five years ago, Sandra Ballchine didn't think anyone could help her elderly mother. Alma Smith's depression had gotten so bad that "she was curled up in a fetal position," Ballchine said. "I was worried sick that I'd never have my mother back again."

To make matters worse, it often seemed like the cure might be worse than the ailment itself. Every couple of months, Ballchine would drive from Fayetteville to Sparta, pick up her mother, and bring her back to Atlanta, where she would see a psychiatrist at Wesley Woods Geriatric Center in Atlanta. Then they had to turn around and drive back to Sparta, a round-trip of 120 miles. "Being on the road that much got to Mother's nerves," Ballchine said.

But then they found out about a new telemedicine program Wesley Woods was offering. Now, Ms. Smith has to travel only about 30 miles from Sparta to Sandersville, where she makes use of a telemedicine set-up at a local doctor's office. That set-up simply consists of a monitor screen at the Fuqua Center for Late-Life Depression and one at the remote site.

The Fuqua Center for Late-Life Depression was established in 1999 on the Wesley Woods campus. Its mission is to improve older adults' access to treatment of depression and to increase the public awareness and understanding of depression.

"The telemedicine program is just wonderful. It's like being in the same room with your nurse or physician assistant," Ballchine said. "It's the same as being there, just without the hassle."

That could well be the motto of the Wesley Woods' program: The same as being there, just without the hassle. Reaching out to senior citizens – in their environment – is a staple of care for Wesley Woods.

The Fuqua Center/Division of Geriatric Psychiatry at Wesley Woods offers evaluations by a geriatric specialist for depression, dementia, and anxiety; psychopharmacology management; group therapy in collaboration with the Senior Transitions Day Treatment Program; individual psychotherapy; referrals to collaborating community therapist; telemedicine

assessment and follow-up; peer led Depression Support Group and Geriatric and medical referral services.

Some older adults living in medically underserved rural communities are too far away to take advantage of these services. That's where telemedicine comes in.

"When patients call to make an appointment for psychiatric evaluation, they are given the option to come to us, or one of the various sites designed and equipped for telemedicine," said Eve Byrd, executive director of the center. "Most patients have to drive less than 30 minutes to the nearest site."

That's exactly how far Smith has to travel now.



Before coming to the Fuqua Center, Ballchine had just about run out of ideas.

Smith had been seeing a psychiatrist in Macon, but she wasn't improving, Ballchine said. So she decided to give Wesley Woods a call.

"I looked in the phonebook and gave them a call and said, 'I don't know what I need to do to get her seen.' The woman on the other end said all it takes is this phone call. My mother was seen the next week."

Twice, Smith underwent Electroconvulsive Therapy (ECT), a life-saving treatment for depression which usually works in a week as opposed to taking six to eight weeks.

"Once she had those treatments, and they stabilized the medication she was on, she was fine," Ballchine said. "She's doing great now."

So the Fuqua Center/Division of Geriatric Psychiatry at Wesley Woods first gave Ballchine her mother back. Then with the telemedicine offering, it gave them both some peace of mind.



Sherry Dey, Smith's advanced practice nurse, said telemedicine works wonders with patients like Smith.

"For people who have been treated at Wesley Woods but live too far to come back to the clinic, or for those who come into the outpatient clinic for a consultation because their community doctor has exhausted his or her knowledge of how to treat geriatric psychiatric patients, it's great."

*Some older adults living in medically underserved rural communities are too far away to take advantage of these services. That's where telemedicine comes in.*

*Wesley Woods Geriatric Center was named the Georgia Alliance of Community Hospitals' "2008 Small Hospital of the Year Runner-Up."*

# Proud To Support The Georgia Alliance of Community Hospitals

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Parker, Hudson, Rainer & Dobbs  
is pleased to announce  
the opening of its South Georgia Office  
in Tifton effective October 1, 2008.

# Communicating the Benefits of Community Hospitals

*Julie Windom, Vice President  
Georgia Alliance of Community Hospitals*

The Georgia Alliance of Community Hospitals recently celebrated 25 years of service to the state's not-for-profit hospitals – and to Georgia itself.

But even after a quarter century of success as the voice of not-for-profit hospitals, many of Georgia's policy makers, business and community leaders, and citizens do not understand and appreciate the critical role and contributions of community hospitals.

The Alliance is addressing this challenge in 2009 and beyond with a strategic effort to enhance the understanding of the importance of not-for-profit hospitals.

Here's why it matters.

State and federal policy makers assess, and ultimately control, the tax-exempt status of not-for-profit hospitals. In recent years not-for-profit hospitals have had to contend with hostile legislation and rhetoric – best exemplified in Georgia by the House Study Committee on Tax-Exempt Hospitals chaired by State Representative John Lunsford, who portrays not-for-profit hospitals as thriving operations that hoard money and have deep resources of discretionary funds.

The policy makers – along with the community leaders, business executives and citizens who can influence the policy makers – need to understand what community hospitals do. These groups need to know the difference between not-for-profit and for-profit hospitals and why community hospitals are needed.

Understanding the justification for our not-for-profit status is the foundation for successful advocacy. Community hospitals must be more proactive in communicating who we are, what we do, and what the state gets in return for tax exemptions.

Simply put, the return on the state's investment in not-for-profit hospitals comes in the form of community benefits. The most obvious is the millions of dollars of uncompensated care – care for indigent and uninsured patients. Community hospitals historically have provided far more uncompensated care than for-profit hospitals, and tax-exempt status helps reduce the adverse financial impact.

But there are other community benefits that seemingly are taken for granted: charitable programs that not-for-profit hospitals provide based on the needs of the community they serve.

Enhancing the understanding of the role played by not-for-profit hospitals and the benefits they produce for their communities means stepping up communication with several key audiences:

• For state-level policy makers, the Alliance must leverage its position as the voice of not-for-profit hospitals to tout community benefits and their value in exchange for tax exemptions;

• For business and community leaders, we must use our work with the Georgia Chamber of Commerce as a model, increase involvement with local chambers and civic organizations, and seek opportunities to educate their leaders; and,

• For the general public, we must build on our position as an information source for Georgia's media and proactively reach out to media outlets to tell our story.

Moreover, the Alliance plans to pursue several other strategic opportunities that have evolved since the organization's original three-point mission statement was drafted in 1983:

• Foster good will among community healthcare professionals. The Alliance has established itself as an organization that fosters peer-to-peer hospital executive involvement, particularly among CEOs. In addition, the Alliance has been able to successfully collaborate with other trade associations on issues such as Certificate of Need. Going forward, there are opportunities to increase collaboration on common issues and the Alliance is planning to visit member hospitals during the next three years, discuss each organization's needs and successes, and come away with best practices that can be shared. In addition, the Alliance intends to revisit the possibility of adding a physician membership component.

• Advocate for the enactment of sound laws, rules and regulations affecting community hospitals. The Alliance expects to build on its strength as an advocate and information source, strength that is fueled by a politically active board and membership, an effective Legislative Task force, and campaign contributions from the ALLPAC fund. Going forward, the Alliance projects opportunities to increase the number of advocacy papers to the General Assembly, grow ALLPAC, have more frequent meetings of the Legislative Task Force and ensure the viability of Alliance advocacy.

• Conduct and disseminate research and share ideas that improve the healthcare delivery system in Georgia. Since its inception, the Alliance has conducted and disseminated studies and evaluations of issues affecting not-for-profit hospitals, provided testimony to legislative committees and served as a research resource for member hospitals. Ideas have been shared through member updates and newsletters, quarterly board meetings, the annual meeting and the Georgia Hospital Safety Net Coalition. Going forward, there are opportunities to enhance the level, content, frequency and dissemination of research through updates, white papers, and lectures.

If we do a good job with these tasks, I'm confident the Alliance and its member hospitals can look forward to 25 more productive years of service to the state and its citizens.



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## 25th Annual Conference Awards



Monty Veazey (President, GACH) and Kurt Stuenkel (CEO, Floyd Medical Center)

### 2008 Robert A. Lipson CEO of the Year Award Kurt Stuenkel - Floyd Medical Center

Kurt Stuenkel, CEO of Floyd Medical Center, Rome, won the 2008 Robert A. Lipson CEO of the Year Award. The award carries the name of the late president and CEO of WellStar Health System who died on November 10, 2006 at age 60 from injuries suffered when his motorcycle collided with a car. The award recognizes Stuenkel for leadership that has helped Floyd Medical Center become recognized as one of the best large hospitals in Georgia. It also recognized Stuenkel for leadership beyond his hospital, including serving as Co-chairman in 2007 of the effort to save and streamline Georgia's Certificate of Need process as Co-Chairman of the Save Georgia Healthcare Coalition; helping to distribute this year the first large state funding for trauma care providers –\$58.9 million – as a member of the Georgia Trauma Commission; and, since 2004, his role as Chairman of the Board of Directors of the Georgia Alliance of Community Hospitals.

### Legislator of the Year - Representative Mark Burkhalter

State Rep. Mark Burkhalter (R - Johns Creek) was named Legislator of the Year. First elected to the Georgia State Legislature at age 31, he is serving his eighth term in the State House from North Fulton County. In 2005, he was elected to serve as the first Republican in 134 years to be Speaker Pro Tempore, the second ranking position in the Georgia House of Representatives. He has received numerous awards for his service and dedication and has effectively passed numerous laws on issues including the environment, education, child-safety, medical benefits, roads and transportation. Throughout his career, he has been a leader on issues that support community hospitals, and during the 2008 legislative session was a major influence in negotiations on a Certificate of Need bill.



Monty Veazey (President, GACH) and Representative Mark Burkhalter



Jim Peak (Executive Director, Memorial Hospital and Manor), Charlie Hayslett (CEO, Hayslett Group), Billy Walker (CFO, Memorial Hospital and Manor) and Monty Veazey (President, GACH)

### Small Hospital of the Year - Memorial Hospital and Manor

Memorial Hospital and Manor, Bainbridge, was recognized as the best small hospital (150 beds or fewer.) The Alliance recognized Memorial Hospital and Manor for the hospital's outstanding support of community health through innovative programs that improve access to medical care and community outreach programs. These include school nursing and athletic training programs in the county's public schools; a high school healthcare apprenticeship program; community health fairs; an Associate Degree in Nursing program; a community weight loss competition; and, the hospital's Camp JOY summer camp for disabled children.

### Small Hospital of the Year, Runner-Up - Wesley Woods Geriatric Hospital

Emory Healthcare's Wesley Woods Geriatric Hospital, Atlanta, won the first runner-up award in the small hospital category. Wesley Woods Geriatric Hospital serves more than 30,000 seniors in Georgia and surrounding states and was ranked 11th in the nation by US News and World Report for geriatrics. The hospital initiated a Patient-Family Centered Care advisory board to better work with patients; earned an award from the Michael J. Fox Foundation for Parkinson's Research for work on developing new therapeutic strategies; and, provided through its Foundation nearly \$2 million in charitable care to cover unreimbursed expenses for seniors who have outlived their savings or family.



Charlie Hayslett (CEO, Hayslett Group), Jen Schuck (Assistant Administrator, Wesley Woods Geriatric Hospital), Monty Veazey (President, GACH)





Charlie Hayslett (CEO, Hayslett Group),  
Kurt Stuenkel (CEO, Floyd Medical Center),  
Monty Veazey (President, GACH)

### Large Hospital of the Year - Floyd Medical Center

Floyd Medical Center, Rome, won GACH's 2008 Hospital of the Year award in the large hospital category (more than 150 beds). The Alliance recognized Floyd Medical Center for multiple outreach programs that improve access to healthcare, including the Floyd County Clinic for low-income, uninsured residents; the "We Care" program for low-income, uninsured patients with chronic health problems; the Free Clinic of Rome; a comprehensive dental clinic for low-income residents; a new Mobile Mammography Unit; and, services such as the hospital's Crisis Intervention Stress Management team.

### Large Hospital of the Year, Runner-Up - Gwinnett Medical Center

Gwinnett Medical Center, Lawrenceville, won the first runner-up award. The Alliance recognized the organization's drive to provide outstanding benefits and expand critical healthcare services. Their efforts include the Miles and Lib Mason Children's Clinic, which treated more than 33,000 uninsured and underinsured patients; the Immediate Post-concussion Assessment and Cognitive Testing program – also known as the IMPACT program for youth and high school athletes; an eight-story tower that will add 129 new beds; and a campaign to bring open-heart services to Gwinnett County.



Tom Shepherd (Sr. VP Planning & Development, Gwinnett Medical Center),  
Charlie Hayslett (CEO, Hayslett Group),  
Tommy McBride (Sr. VP & CFO, Gwinnett Medical Center), Philip Wolfe (President & CEO, Gwinnett Medical Center),  
Monty Veazey (President, GACH)

### AIIPAC Contributor Awards

The Top Contributor award goes to Northeast Georgia Health System for raising the most funds by any hospital for AIIPAC - the Alliance Political Action Committee. Archbold Health System received the Most Improved Contributor award for improving their funds raised for AIIPAC.

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– Kevin Bloye, Vice President – Public Relations, Georgia Hospital Association

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– Tom Moat, Chairman of the Board (Ret.), Newnan Hospital  
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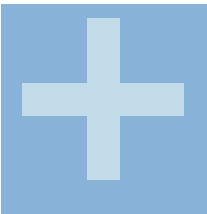
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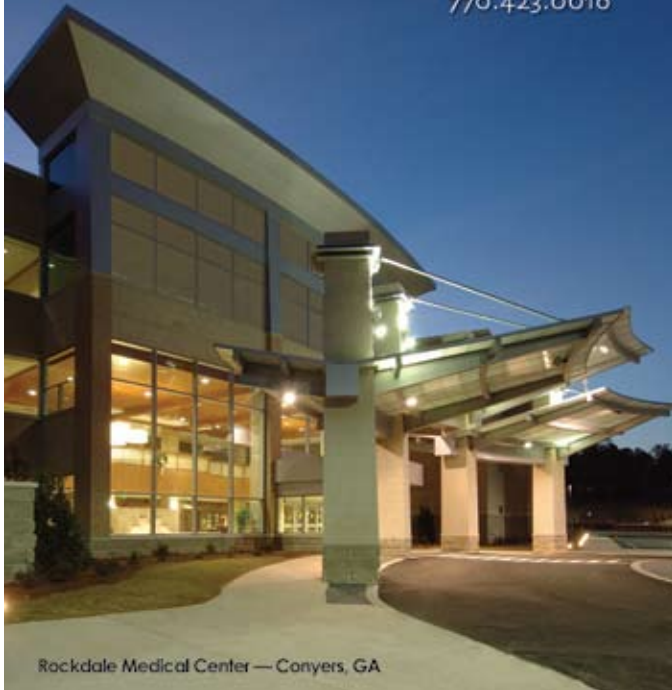
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