



Spring 2009

PHYSICIANS' UPDATE

a publication for northeast Georgia area physicians

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INSERTS

CME Activities – Pull out and post!

2009 NGMC Medical Staff Officers

A New Era Begins At Northeast Georgia Medical Center *North Patient Tower now open*

Northeast Georgia Medical Center's (NGMC) North Patient Tower (NPT) is fully operational as of May 1, marking the culmination of a \$180 million investment.

The seven-story North Patient Tower houses 32 (ICU) beds and 96 surgical beds and offers patients new options for surgery. Designed with large windows, soothing colors from nature and zoned areas for staff, patients and families, the NPT rooms feature "best practice" elements for patient care and healing. The Tower also includes new surgery suites, a dedicated endovascular suite and new space for endoscopy, imaging and other support services.

"We're proud to have this state-of-the-art facility that's as good as the community we serve and the staff who practice inside its halls," says Jim Gardner, Northeast Georgia Health System's (NGHS) President & CEO. "The opening of the North Patient Tower marks the end of a two-year journey and continues our legacy of providing exceptional health care to the people of northeast Georgia."

Many of the services and special amenities in the NPT would not have been possible without more than \$6 million in signature donations to The Medical Center Foundation. Those features include:

- **Dawn McKibbon Memorial Chapel** – a quiet place of prayer and meditation for patients, families and visitors
- **Resource Center and Health Sciences**



Library – home to medical information that's available to physicians, staff, family members and the community

- **Anne's Garden** – a place of retreat, healing and solace provides patients, families and visitors with a nearby escape from the stresses of the bustling hospital environment
- **da Vinci Surgical System** – robotic instrumentation works by mimicking the motions and movements of a surgeon's hands and fingers using only a few small incisions as ports for instruments that allow access to the heart, lungs and abdomen; is used by surgeons on staff at Northeast Georgia Medical Center for bariatric, gynecologic and urologic surgeries and soon, general and cardiac surgeries.
- **The Nathan-Schrage Art Gallery** – original artwork located on floors one through six of the NPT, featuring many artists from Georgia
- **Auxiliary Love Light Garden** – the Love

cont. on page 7

NORTHEAST GEORGIA HEALTH SYSTEM, INC.™

"We are committed to improving the health of our community in all we do."



Radical Trachelectomy: A New Fertility Preservation Option for Cervical Cancer Patients

In the past, a diagnosis of early stage invasive cervical cancer would usually lead to infertility because of the recommended treatment necessary to cure the cancer. Treatment typically includes a radical hysterectomy and sometimes radiation therapy and/or chemotherapy. Over the past decade, there has been an increased focus towards fertility preservation in the treatment of cervical cancer since a little less than half of all women diagnosed with cervical cancer are 45 years old or younger.

“Traditionally, we have been able to offer women diagnosed with cervical cancer fertility preserving options such as embryo freezing, with invitro fertilization (IVF); and ovarian transposition, where we move the ovaries away from the target zone for radiation therapy treatment,” says Andrew Green, MD, a gynecologic oncologist with Southeastern Gynecologic Oncology, LLC in Gainesville. “But these measures only preserve a woman’s eggs; because of the radical hysterectomy, she is unable to carry the child and must use a surrogate. The radical trachelectomy, on the other hand, gives certain women the option of carrying their child to term after treatment for cervical cancer.”

Developed by Daniel Dargent in 1995, the radical trachelectomy is a complex surgical procedure that removes the cervix; parametrium, or the tissue adjacent to the cervix; pelvic lymph nodes; and a portion of the vagina, then connects the uterus to the

“...a little less than half of all women diagnosed with cervical cancer are 45 years old or younger.”

vagina. A cerclage is also performed, which is a procedure that involves sewing the opening of the uterus closed to prevent preterm labor if a patient does become pregnant.

“Unfortunately, not all cervical cancer patients are a good candidate for a radical trachelectomy,” says Dr. Green. “There are certain criteria that a patient must meet in order to be considered for this procedure. Such criteria include being less than 40 years old with a strong desire to preserve fertility, no clinical signs of impaired fertility and stage IA-IB1 cervical cancer that shows no signs that it has spread.”

Although more complicated, the success rate of the procedure for treating cervical cancer is equivalent to that of a radical hysterectomy. In addition, according to the MD Anderson Cancer Center, of the approximate 500 patients around the world who have been treated with a radical trachelectomy, about half have tried to become pregnant and of those, roughly 60 percent have delivered full-term babies via cesarean section.

“It is wonderful that NGMC is now able to offer this highly specialized procedure through our new Gynecologic Oncology service,” says Tom Enright,

director of Oncology Services at NGMC. “Dr. Green has already preformed one radical trachelectomy since joining the medical staff at NGMC. We are proud that women in North Georgia no longer have to travel for this kind of specialized care.”

The Gynecologic Oncology service is a new component of the Cancer Center at NGMC. It is also a relatively new field of medicine. In the early 1970’s, the American College of Obstetrics and Gynecology identified the need to train people specifically to attend to the surgical and chemotherapeutic needs of patients with cancer of the female genital tract. These disease sites include cancers and precancers of the ovary, uterus, cervix, vagina and vulva. To meet this need, fellowship programs (training in addition to the standard four years of medical school and four years of residency that all OB/GYN’s must complete) were developed. Each year, approximately 33 people are accepted into fellowships in the United States. Currently, there are only 650 gynecologic oncologists in the United States.

For more information about the Cancer Center at NGMC call 770-219-8800 or visit our website at www.nghs.com. ■

The Unspoken “D” Words: Death and Dying

by Melissa Summerlin, RN, BSN, CHPN, Nurse Clinician Educator, Hospice of Northeast Georgia Medical Center

Just as birth is a natural process, so is dying. In fact, numerous articles and books have been written in which hospice caregivers providing end-of-life care to patients and families are compared to midwives who assist with the natural birthing process. So why do healthcare providers have such a difficult time saying to patients and their families, “Yes, you are dying.”?

Because of our society’s reluctance to approach the topic of death and dying, recent studies indicate that the modern healthcare model is depriving dying patients and their families of the right to say, “Thank you, I love you, I forgive you. Goodbye.” In 21st Century health care, there are always new life-sustaining technology, drugs

and often futile treatment options we can offer to patients. An article published in *The Journal of Pain and Symptom Management* in 2001 concluded, “approximately 50% of DNRs are written within two days of death. Often a patient’s desire to forego resuscitation is unknown or disregarded.” However, in reality, when faced with a terminal illness, most Americans would prefer to die in the comfort of their own home, cared for by the people who love them most.

In my 10 years of hospice nursing, I have come to realize it is not hearing the words “death” or “dying” that is so frightening to patients. Patients have been aware of these unspoken words far before they are said. The fear lies

in the unknowns of the death and dying process, fear of pain or suffering, fear of being a physical or financial burden to their family, fear of losing control and fear of being abandoned by their healthcare provider.

“Death” and “dying” should not be the unspoken “D” words. Death is a natural process of life all of us will experience. Family members who witness the last days, hours and minutes of their loved one’s life will remember their death for as long as they live. We, as healthcare professionals, have the privilege of ensuring the family’s memory is a “good death,” one of dignity and peace. ■

Low Molecular Weight Heparin Formulary Change

by Steve Carlson, RPh, MHA, Director of Pharmacy

On October 8, NGHS implemented a formulary conversion from enoxaparin (Lovenox®) to dalteparin (Fragmin®). If you have not already received one, a pocket dosing guide is available from the pharmacy to assist you with prescribing of dalteparin for your patients. An automatic therapeutic interchange is in place so that the pharmacy can convert orders for enoxaparin, but you may also find the following dosing tips helpful:

- Acute Coronary Syndromes dose is **120 units/kg q12h**
- Therapeutic dose for all other indications (i.e. DVT, PE, atrial fibrillation, mechanical valve) is **200 units/kg q24h**

- DVT prophylaxis is **5000 units daily**

Also remember that anti-Xa levels are available for monitoring therapeutic efficacy or drug accumulation. This assay is a useful tool for monitoring all patients, but especially those with renal impairment and those who are morbidly obese. Clinical pharmacy specialists are available for consult on dosing adjustments based on these levels.

Thank you for your understanding and cooperation with this formulary change thus far. If you have any questions regarding this conversion, or if you need a dosing guide, please contact the clinical pharmacist for your area. You may also contact Melissa

Frank, PharmD, pharmacy clinical coordinator, at (770) 219-7612. ■

Clinical Pharmacists

Cardiology – Sarah Gaffney, PharmD, BCPS – x97612

Critical Care – Leslie Roebuck, PharmD – x97336

Emergency Medicine – Sara Grove, PharmD – x95587

Internal Medicine/Hospitalist Service – Amy Knauss, PharmD, BCPS – x95587

Oncology – Donna Topping, PharmD, BCOP – x95586

Women & Children’s Services – Melissa Frank, PharmD – x97612

Best Investment Advice for Today? Stay Calm

by Beth Baldwin, Financial Advisor, Edward Jones Investments



You can do some things really well when you're in a state of panic, such as run after a bus, think up an excuse or find a last-minute gift. Other tasks, however, require a calmer approach. You don't want to be panicky when you're slicing a tomato, pouring hot coffee or preparing your taxes — and you certainly don't want to panic when you're investing for the long term.

Yet, in the midst of the \$700 billion Emergency Economic Stabilization Act, the failure of some well-known banks and investment firms and the precipitous drop of stock prices, some investors are panicking. For them, the investment world has turned upside down.

But as an individual investor, your world hasn't really changed. You still have some long-term goals, such as a comfortable retirement. You still need to invest to achieve those goals. And you still need to follow an investment strategy that's appropriate for your individual objectives, risk tolerance and time horizon.

However, with so much negative news, you might be tempted to make hasty, short-term — even panicky — decisions. Follow these suggestions instead:

Be patient: There's no denying that the markets are now extremely volatile. At the same time, if you avoid making sudden moves, such as putting all your money into "cash" instruments, your patience may well be rewarded. After all, we still have an enormously powerful and resilient economy.

Stay invested: In the past, the market has fallen sharply after a variety of events — wars, assassinations, terrorist attacks, natural disasters, corporate scandals and so on — only to regain its footing and move on to new highs. And since the biggest gains can occur in the early stages of a market turnaround, you could miss out on the possibility for considerable growth if you're sitting on the investment sidelines.

Look for opportunities: If you never planned on buying any stocks again, you'd probably have good reason to be

upset when you see the Dow Jones Industrial Average falling hundreds of points a day, which has happened several times recently. But, if you are still investing for your future, you will be purchasing stocks and, that being the case, the market decline actually gives you some great opportunities to buy at lower levels.

These aren't the easiest times for investors. By showing patience and discipline, keeping your eyes open for opportunities and getting the help you need, you can get through these days with your investment goals intact — and still attainable. ■

Beth Baldwin is a financial advisor with Edward Jones Investments and serves as chair of the Legacy Circle (Planned Gifts) Committee of The Medical Center Foundation.

This column appears in Physicians' Update to educate readers on tax, investment, retirement and estate planning issues. The Medical Center Foundation wants to assist healthcare professionals with these planning issues and encourage tax-wise philanthropy.

ZYNX CORE GROUP BEGINS ORDER SET DEVELOPMENT

by Rich Olson, MD, Chairman, Physicians IT Steering Committee

Finding the way before the path is obvious requires guidance, whether sage personal advice or objective evidence. Zynx, a product that provides compiled medical evidence, is our source of guidance in support of computerized provider order entry (CPOE), a major IT project in development.

Zynx, Inc. was created by physicians at Cedars-Sinai Medical Center in Los Angeles. The concept is that the medical literature can be condensed into specific practice recommendations. Zynx provides evidence based information useful for writing of 'order sets' for various diagnoses and conditions as part of CPOE. The web-based Zynx application will allow all medical staff to review the work of lead physicians in the 'Core Group' and share comments online. One goal is reducing unnecessary variation among physicians, as well as using evidence from the medical literature to support orders and protocols. In addition,

Zynx has compiled and updates 'core measures' for quality of care from 32 organizations including the Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC).

Core group members include: Khaled Nass (nephrology), Dave Warlick (hospitalist-internal medicine), Rich Olson (surgery), Prad Tummala (cardiology), DJ Campbell (plastic surgery), Andrew Green (gyn-oncology), Ed Lynch (OB-Gyn), and Ahmed Abdussalem (critical care medicine).

Nancy Linto, Nursing Informatics manager, and others from NGHS clinical informatics (nursing and pharmacy) will support the core group of physicians. Nursing informatics analysts include Randy Turner, Joanne Patterson and Allison Childress. Donise Moore and Tom Williams are the Pharmacy representatives on the team. Mary Martin, RN, MBA, is the director of Clinical Informatics. ■

THE EMERGENCY DEPARTMENT AT NORTHEAST GEORGIA MEDICAL CENTER'S LANIER PARK CAMPUS NOW PERMANENTLY CLOSED

The Emergency Department at Northeast Georgia Medical Center's (NGMC's) Lanier Park Campus on White Sulphur Road permanently closed at midnight on April 28, 2009. Emergencies now should be directed to the Emergency Department (ED) on NGMC's Spring Street Campus. The ED closing is part of consolidation plans that were announced in conjunction with development of NGMC's new North Patient Tower which opened in April.

The Emergency Department on the Spring Street Campus has expanded into adjacent space to allow for the increased patient volume. The "fast track" area of the Emergency Department, an area where non-acute patients are treated in an expedited manner, has moved into this space expansion. This has allowed the department to add incremental acute emergency care beds with monitoring

capabilities to accommodate the increased patient demands from the closing of the Lanier Park Emergency Department.

Consolidation of other services including surgical, imaging and inpatient services from the Lanier Park Campus to Northeast Georgia Medical Center's Spring Street Campus took place between April 24 and May 1. Some outpatient services, including bariatric support, diabetes education and the Wound Healing Center, remain on the Lanier Park Campus.

For more information about consolidation of services, call 770-219-3840. ■

newdirector

NORTHEAST GEORGIA MEDICAL CENTER NAMES DON WALSH AS DIRECTOR OF OUTPATIENT REHABILITATION



Northeast Georgia Medical Center (NGMC) is pleased to announce **Don Walsh has been named director of Outpatient**

Rehabilitation. Walsh takes the reigns from former director Judy Smith, who recently retired.

Walsh joined Outpatient Rehabilitation in 1989. He served as a supervisor and manager before being promoted to director on January 5. In his new position, Walsh oversees speech therapy, physical therapy, occupational therapy, athletic training and a host of different programs.

Outside the office, Walsh is an avid cyclist. He and his wife, Karen, have three children. ■

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Step Up and Lead with the Physician Leadership Institute

A Physician Leadership Institute is being developed to serve physicians who wish to enhance their leadership skills and become more engaged in opportunities to work collaboratively with Northeast Georgia Medical Center. The program also prepares physicians for potential leadership roles within their own practice as well with the System – including Committee and Board leadership functions. The Leadership Institute aims to bridge the cultural gap that is often inherent between physician practices and hospitals.

“Physicians speak a different language than administrators and board members, but we’re all working toward the same ultimate goal of providing the best possible care to patients,” says James Bailey, MD, NGHS’ Chief Medical Officer. “The Physician Leadership Institute will get everyone on the same page.”

The idea of starting the Institute was first mentioned a few years ago, during a board retreat in North Carolina. Jeff Reinhardt, MD, an OB/GYN at The Longstreet Clinic’s Center for Women’s Health, talked during the retreat about how physicians, administrators and board members could benefit from understanding each others’ stresses and strains.

“Sometimes, as physicians, we have a great idea which we feel should be acted upon immediately,” says Dr. Reinhardt. “If that idea is not instantly embraced, we often have a tendency to become upset, rather than trying to understand the factors behind a decision. By helping us understand the issues facing the healthcare industry,

and how those issues drive the decisions of the Health System’s administration and boards, the Physician Leadership Institute will help us approach those ideas and decisions from a system-wide perspective.”

A committee was formed to find a person to help shape the Institute. Committee members Dr. Reinhardt, Dr. Bailey, and Tim Scully, MD, a cardiologist at Northeast Georgia Heart Center, conducted at least 15 conference calls

with candidates from across the nation. The committee, along with Jay Hortenstine, MD, a urologist at Gainesville Urology, eventually traveled to California for a presentation by Susan Reynolds, MD, PhD (see sidebar), who is the CEO of The Institute for Medical Leadership. The committee knew it found the right person for the job.

“Dr. Reynolds has had immense success while training thousands of physician leaders on the national stage,” says Dr. Hortenstine. “We jumped at the chance to have a person of her caliber get involved with NGHS.”

Dr. Reynolds called on the chairs of both NGHS’ and NGMC’s boards of trustees, Mary Lynn Coyle and Doug Carter, respectively, and the committee to select the pilot group of the Physician Leadership Institute. More

than 28 physicians, representing essentially every specialty, were invited to meet in small groups at the committee members’ houses.

“Each group that met discussed the goal of the Physician Leadership Institute over dinner,” says Dr. Bailey. “There was absolutely no pressure to join, but the response has been overwhelmingly positive.”

The pilot group of 28 physicians began moving through the Physician

Leadership Institute in mid-February and has had a huge hand in developing the curriculum by participating in face-to-face focus groups with Dr. Reynolds. So far, the curriculum is sure to cover topics like understanding health system finances and board structures, as well as business communications.

“Sometimes what works in one organization isn’t the best strategy for another organization,” says Dr. Reynolds. “We don’t want to box NGHS into a curriculum that doesn’t meet the physicians’ needs. Feedback from the pilot group will reveal the most effective way to move forward.”

The Physician Leadership Institute is built on one solid principle: it will be available to any physician who wants the training and who shows he or she has an interest in leading and improving the healthcare community and system.



“The Institute isn’t some exclusive club of handpicked physicians,” says Dr. Bailey. “It’s a tool for any physician who strives to better him or herself, the system, patients and the community.”

A second group is tentatively scheduled to begin training in the Physician Leadership Institute by January 2010, by which point the board members may become even more involved.

“The boards are open to any participation and collaboration,” says Coyle. “We want to establish a relationship of trust and transparency, which is crucial to the system’s success.”

With such great sponsorship, renowned developers and trusted advisors, all the Physician Leadership Institute needs is your desire to learn and improve.

“We need physicians to step up and take ownership of this initiative,” says Dr. Bailey. “They are the people who will make the Institute a success, which will in turn benefit the NGHS medical community as a whole.” ■

LEADING THE LEADERS



Dr. Susan Reynolds is the President and CEO of The Institute for Medical Leadership, which has conducted organizational assessments, leadership development seminars, executive and physician coaching, Joint Commission consulting and strategic planning retreats for numerous healthcare organizations and national and state medical associations for more than 10 years. Her clients have included Cedars Sinai Medical Center, Mayo Clinic, Scripps Memorial Hospital and Catholic Healthcare West, among others.

A former emergency physician, emergency medical center CEO and White House healthcare advisor, Dr. Reynolds is the creator and program director for the highly acclaimed Chief of Staff Boot Camps. During the past five years, more than 1,500 physician leaders and healthcare executives have been trained through this program.

In 1993, Dr. Reynolds was appointed to the White House Health Professionals Review Group, serving as one of its few practicing physician members. She founded and led the Physician Executive Practices at both Heidrick & Struggles and Russell Reynolds Associates, two leading international executive search firms. She also founded the Malibu Emergency Room, serving as the facility’s CEO and chief physician for 12 years.

Dr. Reynolds has served as national Chair of Health Policy for the American College of Emergency Physicians, President of the American Association of Women Emergency Physicians and Regional Governor of the American Medical Women’s Association.

Dr. Reynolds received her A.B. with top honors from Vassar College, then obtained a Ph.D. in Biological Chemistry and an M.D. degree from UCLA. She completed a residency in Internal Medicine and a fellowship in Cardiology, Critical Care Medicine and Administrative Medicine at UCLA. Dr. Reynolds is a Diplomate of the American Board of Internal Medicine.

cover story cont.

Light garden features terraced green space, accent lighting, a permanent Love Light tree and paving on the lawn to host the annual tree lighting ceremony.

“I have always said that philanthropy is the difference between a good hospital and a great hospital,” says Woody Stewart, chairman of The Medical Center Foundation Board of Trustees. “The North Patient Tower is the perfect example of how the generosity of others can take something wonderful and turn it into something extraordinary.”

The NPT solves one of the most critical problems facing

NGMC by giving the hospital room for future expansion. The Tower’s configuration allows for a second tower to be developed alongside the initial Tower, and a conceptual design for a connecting medical office building has been developed. The North Patient Tower is located off Downey Boulevard, at North Entrance 3 on NGMC’s Main Campus.

You can find more information about the NPT at www.nghs.com, or by calling 770-219-3480. ■

Major Complication and Co-Morbidity (MCC), Complication and Co-Morbidity (CC), Non-Complication and Co-Morbidity (Non-CC)

by Amanda Cain, MD, Documentation Coach



After more than a year with the Centers for Medicare and Medicaid Services (CMS) Medicare Severity-Diagnosis

Related Group (MS-DRG) system, this is a good time to review some of the basics. The terminology used under the MS-DRG system has changed the manner in which providers document care.

Each MS-DRG may be divided into three tiers based on severity of illness. These are **major complication and co-morbidity (MCC)**, **complication and co-morbidity (CC)** and **non-complication and co-morbidity (Non-CC)**. It is not necessary for providers to identify conditions as MCC, CC or non-CC, but appropriate documentation will allow the appropriate MS-DRG to be selected. MCCs do carry the highest level of reimbursement.

The **principal diagnosis** is the condition that necessitates the hospital admission. It is good form to list this first in the assessment.

Secondary diagnoses are other conditions that exist at admission or develop during hospitalization that require one or more of the following:

- Clinical evaluation and/or,
- Diagnostic procedures and/or,
- Extended length of stay and/or,
- Therapeutic treatment and/or,
- Increased monitoring and/or
- Nursing care

Documenting secondary diagnoses is very important. These **often affect the severity rating** of the final MS-DRG.

When the exact condition is uncertain, it is appropriate to use the terms “possible,” “probable,” “questionable” or “likely.” A more definitive diagnosis

is usually documented later in the hospital stay or in the discharge summary.

It is also vital that providers **document conditions and diseases as diagnoses**. It is sometimes tempting to record signs and symptoms as a part of the assessment. This is particularly true when the specific diagnosis is uncertain. When uncertain, “possible,” “probable,” “questionable” or “likely” is appropriate. So, rather than documenting “fever” or “leukocytosis” in the assessment, “probable sepsis” or “possible pneumonia” would be correct.

There are also some common “traps” in documenting diagnoses. One area of traps is in using diagnoses that CMS no longer recognizes as MCCs or CCs. Thus, these diagnoses will result in a lower MS-DRG severity and a lower reimbursement. Another area of traps involves lack of specificity in the diagnosis. While these are diagnoses that medical professionals may recognize and understand, the following is a list of some of the diagnoses that CMS does not (see chart A).

Generally, documenting an acute exacerbation of a chronic condition

will result in a higher severity MS-DRG. Also, being specific as to site and source may improve the severity rating.

Providers are sometimes reluctant to list complications as secondary diagnoses. There are some conditions and procedures that have **expected complications**. Listing expected complications explains the use of additional resources and in this way does not, in fact, “count against” the provider. Noting these complications justifies the use of resources that might not otherwise be expected by the primary diagnosis alone. It can be noted in the documentation that the complication is expected and was not, therefore, due to lack of diligence by the provider (see chart B on next page for some examples of this).

Using good documentation habits improves accuracy in medical records. This helps in providing continuity for all who are caring for the patient. Also, solid documentation allows for appropriate MS-DRG assignment which leads to accurate reimbursement and provider profiling. ■

Incorrect Terminology

Urosepsis
Congestive heart failure

Azotemia
Chronic renal failure
Respiratory Insufficiency
Malnutrition

Skin breakdown
IDDM or NIDDM

Correct Terminology

Sepsis of urinary tract origin
Systolic and/or diastolic and chronic and/or acute heart failure

Acute renal failure
Chronic kidney disease with stage
Acute respiratory failure
Protein calorie (energy) malnutrition, kwashiorkor, marasmus, severe malnutrition
Decubitus ulcer with stage and site specified
Type 1 or 2 diabetes controlled or uncontrolled

A

B

Condition

Ventricular fibrillation
Acute blood loss anemia
Acute renal failure
Hyponatremia

**As a result of or
as an expected
complication of**

Diagnosis

Acute myocardial infarction
C-section, prostate resection, etc.
Gastroenteritis
Acute systolic congestive heart failure



newphysicians

NORTHEAST GEORGIA MEDICAL CENTER WELCOMES NEW PHYSICIANS



Nancy Chen, MD
Anesthesia Associates
of Gainesville
Anesthesia



Sohail Ejaz, MD
Northeast Georgia
Diagnostic Clinic
Nephrology



Stephen Fisher, MD
Georgia Sports: Sports
Orthopedic Specialists
Orthopedic Surgery



W. Claire Hicks, MD
Hall County Health
Department
Family Practice



**Ishmael Lamptey-
Mills, MD**
The Longstreet Clinic,
PC Northeast Georgia
Inpatient Services
Internal Medicine



Lori Lebow, MD
Gainesville Eye
Associates
Ophthalmology



LaRoy P. Penix, MD
Northeast Georgia
Physicians Group
Neurology



Gordon A. Turner, MD
Northeast Georgia
Physicians Group
Critical Care



Mimi Yilma, MD
Psychiatry &
Psychological
Associates
Psychiatry

NO PHOTO

William Border, MD
Sibley Heart Center
Cardiology
Pediatric Cardiology

NO PHOTO

Derek A. Fyfe, MD
Sibley Heart Center
Cardiology
Pediatric Cardiology

NO PHOTO

Yvonne E. Satterwhite, MD
Premier Orthopaedic Surgery
Orthopaedic Surgery



Cardiology

- **Joon Ahn, MD**, of Northeast Georgia Heart Center, PC, co-authored an abstract titled, "Idiopathic Catecholamine-sensitive Epicardial Ventricular Tachycardia at the Crux of the Heart," which was presented at the 2008 Scientific Sessions of the American Heart Association in New Orleans, La, Nov. 8-12, 2008; co-authored an abstract titled, "Successful Mapping and Ablation of Left-Sided Concealed Bypass Tract After Unsuccessful Transseptal Access: Complex Catheter Navigation Enabled by Magnetic Navigation," which was presented at the 1st Asia-Pacific Heart Rhythm Society Scientific Sessions in Singapore, Nov. 27-29, 2008; co-authored an abstract titled, "Initial Experience with Robotic Magnetic Navigation: A Prospective Evaluation of Clinical Utility and Outcome in a Community Hospital," which was accepted for presentation at the American College of Cardiology 58th Annual Scientific Session in Orlando, Fla., Mar. 29, 2009.

- **Karthik Ramaswamy, MD**, co-authored an abstract titled, "Idiopathic Catecholamine-sensitive Epicardial Ventricular Tachycardia at the Crux of the Heart," which was presented at the 2008 Scientific Sessions of the American Heart Association in New Orleans, La, Nov. 8-12, 2008; co-authored an abstract titled, "Successful Mapping and Ablation of Left-Sided Concealed Bypass Tract After Unsuccessful Transseptal Access: Complex Catheter Navigation Enabled by Magnetic Navigation," which was presented at the 1st Asia-Pacific Heart Rhythm Society Scientific Sessions in Singapore, Nov. 27-29, 2008; was invited faculty at the 1st Asia-Pacific Heart Rhythm Society Scientific Session in Singapore, Nov. 27-29, 2008, and was involved in several sessions: "Role of Devices in Heart Failure" Chairman; "New Implant Tools, Venoplasty, and Interesting Cases" Chairman, Symposium 6; "Remote Magnetic Technology" Meet the Experts Biosense Webster Sessions; co-authored an abstract titled, "Initial Experience with Robotic Magnetic Navigation: A Prospective

Evaluation of Clinical Utility and Outcome in a Community Hospital," which was accepted for presentation at the American College of Cardiology 58th Annual Scientific Session in Orlando, Fla., Mar. 29, 2009.

Dentistry

- **Cindy Greene, DDS**, of Bennett Family Dentistry, completed mini-residency at Shands Hospital for Oral Cancer/Oral Medicine at the University of Florida.
- **W. Jones Phillips, DDS**, of the Office of W. Jones Phillips, DDS, attended the American Association of Oral and Maxillofacial Surgeons' Annual Scientific Sessions in conjunction with the Chinese Society of Oral and Maxillofacial Surgeons in Seattle, Wash., Sept. 17-20, 2008; attended the American Association of Oral and Maxillofacial Surgeons' Dental Implants Conference in Chicago, Ill., Dec. 4-7, 2008.

General Surgery

- **Pierpont Brown III, MD**, of Northeast Georgia Surgical Associates, PC, attended a pancreatic and biliary disease conference in Arizona.

Gynecologic Oncology

- **Andrew Green, MD**, of Southeastern Gynecologic Oncology, LLC, authored an abstract titled, "Intraperitoneal vs. intravenous chemotherapy after neoadjuvant chemotherapy and optimal interval debulking for epithelial ovarian cancer," which was presented at the 40th annual meeting for the Society of Gynecologic Oncology in San Antonio, Texas, Feb. 5-8, 2009; Dr. Green continues to direct Gynecologic Oncology group trials at Northeast Georgia Medical Center.

OB/GYN

- **Caro "Cricket" Garlich, MD**, of The Center for Women's Health at The Longstreet Clinic, was recently certified by the American Board of Obstetrics and Gynecology.

- **Edwin Lynch, MD**, of Lanier OB/GYN Associates, attended the ACOG Postgraduate Course: Update on Cervical Disease Sept. 18-20, 2008; attended the 2nd Annual Gynecologic Robotics Symposium in Chapel Hill, NC, Nov. 9-11, 2008; attended Symposia Medicus' 15th Annual Fall Conference on Challenges in Taking Care of the High Risk Pregnancy in Hilton Head, SC, Nov. 19-22, 2008; received the Three-Year CME Recognition Award from the American College of Obstetricians and Gynecologists; underwent voluntary recertification by the American Board of Obstetrics and Gynecology.
- **Keshma Saujani, MD**, of The Center for Women's Health at The Longstreet Clinic, was recently certified by the American Board of Obstetrics and Gynecology.

Ophthalmology

- **Jack Chapman, Jr., MD**, of Gainesville Eye Associates, attended the Caribbean Eye Meeting at Montego Bay, Jamaica, Feb. 6-10, 2009.

Vascular Surgery

- **Michael Lebow, MD**, of Premier Vascular Center, co-authored an abstract titled, "Duplex Derived Maximum Venous Outflow Velocity of the Common Femoral Vein is Asymmetric in Normal Females," which was published in the *Journal of Vascular Ultrasound*; co-authored an abstract titled, "Endovascular Repair of Ruptured Thoracic Aortic Aneurysm with Right Sided Aortic Arch," which was presented at the 33rd annual meeting of the Southern Association for Vascular Surgery in Tucson, Ariz., Jan. 16, 2009; attended the International Symposium on Endovascular Therapy in Hollywood, Fla., Jan. 18-22, 2009.

Urology

- **Thomas Fassuliotis, MD**, of Gainesville Urology, attended the International Robotic Urology Symposium in Las Vegas, Nev., Jan. 12-15, 2009.

Physicians: If you participate in any **professional or community health-based activities** outside of your practice, NGHS would like to know so we can recognize you. Please contact the Public Relations department at **770-219-3840** or complete and send the form inserted in this issue.



THE WOUND HEALING CENTER AT NORTHEAST GEORGIA MEDICAL CENTER CONTINUES TO GROW

Hyperbaric oxygen therapy (HBO) has become an essential part of many patients' treatment plans. The demand has been so great that the center added an additional chamber in December 2008. Wounds that respond best to HBO have been acutely or chronically compromised by hypoxia and/or infection or pathologic conditions that have led to a substantial, but reversible, impairment related to these problems. Some of these conditions include PVD, diabetes, radiation necrosis, mixed soft tissue infections, refractory osteomyelitis and selected traumatic wounds. If you have any patients with these conditions or would just like more information about our services, please contact the wound center at 770-219-0963. ■

REGIONAL DEVELOPMENT HIRES NEW OUTREACH COORDINATORS

For the last 6 ½ years, Northeast Georgia Health System has provided outreach representatives for the 14 county service area. The purpose of this role is multi-faceted including serving as a liaison between NGHS and regional hospitals, physician offices and EMS. The role serves as a trouble shooter between hospitals and health systems in the region and also serves as a contact for communications and recommendations for improvement. The goal is to provide a listening ear, improve processes, facilitate better communication among all regional providers and offer quick resolution when possible. This includes any issues that may arise during the patient transfer process or in attempts to locate a specialist.

The department recently hired two new staff members, Sandy King and Kathy Williamson. Both bring vast experience in clinical outreach and other roles such as pharmaceutical and ancillary healthcare sales. What makes these staff members unique is they both are RN's who have worked in hospitals and health systems in their careers. Sandy and Kathy have joined Janis Morton, who covers the western part of the service area, and Director Vicki Miller.

"Please join me in welcoming Sandy and Kathy," says Miller. "I have transitioned some of my territory to them, so please know our communication won't stop. I will now focus on developing our outreach initiatives by enhancing what we do and continuing to listen to you for our best feedback. Any concerns or issues you may have, please feel free to call me at 770-219-7683. We are so happy to have these new team members!" ■

THE GEORGIA MOUNTAINS REGIONAL DEVELOPMENT CENTER PRESENTED THE 2008 HEALTH ACCESS INNOVATION AWARD

The National Association of Development Organizations (NADO) presented its 2008 Health Access Innovation Award to The Georgia Mountains Regional Development Center (GMRDC) for GMRDC's role in the Health Access Initiative's Physician & Pharmaceutical Patient Data program. GMRDC assisted with the implementation of the web-based IT system providing 150 volunteer physicians with access to vital health information including screening, provider assignment, schedule tracking across continuum, previous assessment and care management. The Health Access

Initiative (HAI) is a physician-led organization that works with community partners (public and philanthropic) to provide access to no-cost private practice health care for uninsured adults at or below the 150 percent federal poverty level. HAI is funded by a grant from The Medical Center Foundation. ■

VOIP TELEPHONES USE PACKET SWITCHING OVER INTERNET CABLE

The old phone system was nearing end of life, parts were hard to come by, and expansion into North Patient Tower and South Hall created a demand for a new set of telephone lines. The solution to that demand for services: VOIP (voice over internet protocol). This may be recognized as a consumer product advertised with eye-catching and off-beat TV ads (Vonage, Skype), but VOIP has now earned a place in the corporate world.

VOIP has several advantages over the old switched circuit systems: computer cables can support the phone voice traffic as well as the data traffic. Wireless devices likewise can use the Wi-Fi network put in place throughout NGMC to support the next generation of 'SpecPhones' – or more advanced communicating devices. ■

LANIER INTERVENTIONAL PAIN CENTER, LLC HAS MOVED

The new office is now located at 2335 Limestone Overlook, Gainesville, GA 30501. 770-297-0356. ■

Dr. John L. Givogre
Dr. P. Tennent Slack

Neuropsychologist Dr. James Mullin Becomes One of 12 in Georgia to Achieve ABCN Board Certification

James Mullin, Psy.D., a neuropsychologist with The Rehabilitation Institute of Northeast Georgia Medical Center (NGMC), has received board certification in neuropsychology by the American Board of Professional Psychology/American Board of Clinical Neuropsychology (ABPP/ABCN). Dr. Mullin is one of approximately 680 neuropsychologists in North America to achieve this certification and one of only 12 in the state of Georgia.

Neuropsychology is a specialty within clinical psychology that examines the relationship between brain functioning, cognition and behavior. As part of The Rehab Institute at NGMC, Dr. Mullin works with patients experiencing changes in thinking and memory from a variety of conditions, including dementia, stroke and traumatic brain injury.

According to the American Board of Professional Psychology, board certification assures the public that specialists have successfully completed the educational, training and experience requirements of the



photo courtesy of The Times

specialty. Board certification is not yet prevalent in neuropsychology, but according to the guidelines of the Division of Clinical Neuropsychology of the American Psychological Association, the ABPP/ABCN diploma is the clearest recognized credential for competence to practice in clinical

Dr. Mullin works with patients experiencing changes in thinking and memory from a variety of conditions, including dementia, stroke and traumatic brain injury.

neuropsychology. The board certification consists of an intensive two to three year process, including an evaluation of credentials, a two hour written exam, submission of two case reports and an oral exam.

Dr. Mullin has been working with patients at The Rehab Institute for more than six years. Dr. Mullin received his doctorate in clinical psychology from Central Michigan University and completed a postdoctoral residency in neuropsychology at the Shepherd Center and Emory Center for Rehabilitation Medicine.

For more information about neuropsychology services available through The Rehab Institute at NGMC, call 770-219-8218. ■

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