Developing Excellence in Healthcare Delivery and Leadership

THE AAMA EXECUTIVE

American Academy of Medical Administrators 1957

AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS WINTER 2006

ACCA's Annual Conference Sparks in "Hotlanta" March 8-10

Atlanta, GA, site of the 17th Cardiovascular Administrators' Leadership Conference.

Come to "Hotlanta" for ACCA's 17th Annual Cardiovascular Administrators' Leadership Conference, March 8-10, 2006, at the Sheraton Atlanta Hotel, Atlanta's premier downtown meeting venue. Smack-dab in the center of downtown Atlanta, GA, ACCA's Conference headquarters is only minutes from the world-renowned Peachtree Street and the Georgia World Congress Center (site of ACC.06). Dining and entertainment options abound within walking distance of the hotel.

Navigating New CV Frontiers: A Guide for CV Leaders

Newly focused on leadership to reflect the critical role of today's cardiovascular administrators, this year's conference offers practical solutions and the newest strategies in idea-rich education sessions. Attendees will update their skills and competencies to strategically lead their organizations, learning from speakers including Kim A. Eagle, MD, from the University of Michigan, discussing *The Future of Cardiovascular Practice: Angles of Repose*, and Joane H. Goodroe, RN, BSN, MBA, of Goodroe Healthcare Solutions, LLC, discussing *Gainsharing: A Model of Clinical Excellence and Cost Efficiency*.

"Three cutting-edge education tracks, a half-day pre-conference, dynamic keynoters, noteworthy poster session, and expanded exhibits add up to a fabulous conference experience, according to ACCA Conference Chair P. Anthony Long, CAAMA, FACCA. "If you are a cardiology, cardiovascular, cardiopulmonary, cath lab, or electrophysiology program administrator or executive, this conference is designed for you."

ACC Offers ACCA Attendees Special Discount for *i2 Summit 2006: Innovation in Intervention*

The first 100 ACCA registrants will receive $125 discount on the American College of Cardiology's new *i2 Summit 2006: Innovation in Intervention*, March 11-14, during the ACC.06 Annual Scientific Session.

Full conference details including conference at a glance, downloadable brochure, and online registration can be found at www.aameda.org, or call 847/759-8601 to register.

Courage, Community, Love, and Fun

Janet L. Jones, FAAMA

By Janet L. Jones, FAAMA, 2006 Chair, AAMA Board of Directors

These remarks were given by Janet L. Jones, FAAMA, at the November 11, 2005, AAMA Recognition Luncheon during the 48th AAMA Annual Conference, Las Vegas, NV, where Jones officially accepted her position as 2006 Chair, AAMA Board of Directors.

Recently, I experienced our healthcare system as a consumer, having been unexpectedly hospitalized for 12 days. The last time I had been in the hospital for my own care was 20 years ago and I can say with certainty that my experience was markedly different this time – and not for the better! Cold and "sterile" describes it well. All of us in this room have a heavy burden on our shoulders to change this all-too-common perception, so as I was reflecting on our collective leadership in health care, the following qualities came to my mind:

Courage: In the face of significant challenges such as staff shortages, decreasing reimbursements, and healthcare inflation it takes a passion for and courage to stand up for what is right. Whether it is through advocacy or keeping ourselves well-informed through continuing education by attending AAMA conferences, we need our "armor" to infuse us with the courage necessary to be innovative.

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***Don't forget* – Renew your membership today to keep uninterrupted benefits for 2006. Renew with your invoice by mail, by fax (847/759-8602), online at www.aameda.org, or call 847/759-8601.**

AAMA Briefs

Renew Your 2006 Membership

Don't miss out on exclusive AAMA benefits. Renew your membership today.

Register for the ACCA 17th Annual CV Administrators' Leadership Conference

Wednesday-Friday, March 8-10, 2006. Register by February 1 for early bird discount.

First 100 registrants enjoy $125 discount to the American College of Cardiology's new *i2 Summit 2006: Innovation in Intervention,* March 11-14.

Mark Your Calendar for the 49th AAMA Annual Conference

Wednesday, November 1 – Friday, November 3, 2006, Sheraton Atlanta Hotel, Atlanta, GA.

2003 CAAMAs Must Recredential in 2006

Those who earned their CAAMA credential or recredentialed in 2003 are required to recredential in 2006.

For more details on AAMA Briefs...

go to www.aameda.org, or call 847/759-8601.

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Tracking Boards

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Choosing the best tracking board system can be accomplished by performing multiple on-site visits to companies that are already using the systems.

Today's fast-paced medical world requires technology that will enhance or improve the speed of productivity. Healthcare workers have to see more patients and do more with each patient than ever before. Without improving their equipment and technology, this would be virtually impossible. Healthcare administrators are always looking for the latest technology that will continue to increase output.

In the hospital setting, one complication that slows down the work pace is trying to keep track of what is occurring throughout the healthcare system with every patient. Delaying this flow can cause a costly time drain in the overall process of their care. That is why software companies are always looking for new and improved ways to assist healthcare providers in better managing personnel and time constraints. One such component is a tracking board. The general concept of a tracking board is to supply information pertinent to the flow of care for each patient. This information has to be readily available and visible while still maintaining patient confidentiality. It must also be maintained in real-time results so that there is no delay in change of information that could add to delay in treatment.

With several software companies creating their own version of tracking boards, the consumer needs to perform research on each version to be assured that they are purchasing what will best meet their needs. Even though you may get a discount by purchasing a tracking board system together with your present computer system, this does not always guarantee the best results. Choosing the best tracking board system can be accomplished by performing multiple on-site visits to companies that are already using the systems. By providing the best possible tracking board for your healthcare system, you will provide the means for the optimal throughput of your clients.

From Idea to Reality: The Creation of a Healthcare Executives and Medical Contingency Planning Group Overseas

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This case report details the method to develop a successful healthcare executives and medical contingency planning group overseas.

In 1999, there were approximately 70 healthcare administrators serving in U.S. military hospitals, medical clinics, joint commands, and naval vessels in mainland Japan. Also serving in Japan were several hundred U.S. physicians, nurses, allied health personnel, enlisted medical technicians, and hospital corpsmen. Many of these healthcare professionals were destined for positions of senior leadership within the hierarchy of their respective services. There were also an equal number of Japanese healthcare professionals serving with the Japan Self-Defense Forces and several thousand Japanese civilian healthcare professionals. Yet, the only nationally recognized organization that existed "locally" to potentially serve the professional interests of these healthcare professionals was located an hour and a half away by plane—the Healthcare Executives of Okinawa.

Both the U.S. and Japanese healthcare administrators would have benefited from belonging to a professional healthcare management and medical contingency planners association. A few forward-thinking U.S. Navy healthcare administrators working in a large naval hospital in Yokosuka, Japan, decided that it was time to establish a healthcare executives and medical contingency planners association in mainland Japan. This case report details the method these healthcare administrators used to develop a successful healthcare executives and medical contingency planning group overseas.

Those of us serving in the armed forces, and American civilians choosing to work in healthcare organizations overseas, may be assigned to geographical areas where no local professional healthcare organizations exist. This case report discusses the method the Healthcare Executives of the Kanto Plain in Japan used to create a successful healthcare executives and medical planning group in mainland Japan.

The AAMA EXECUTIVE **publishes articles on timely healthcare administration topics. Abstracts of articles appear in each issue. For complete articles, go to the Member Services section of the AAMA website, www.aameda.org.**

Service Line Management as a Healthcare Management Model

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The purpose of this research is to understand SLM and how it relates to healthcare management.

In the 1980s there was a move toward service line management (SLM) in the healthcare arena. The purpose was to market services that could increase market share to help offset the loss of revenue due to implementation of DRGs (Diagnostic Related Groups). However, focusing on service line management solely to increase market share and revenues was not successful.

There is now a resurgence of the SLM model; however, the purpose and focus have shifted to improvement of clinical performance, financial performance, and patient satisfaction. The purpose of this research is to understand SLM and how it relates to healthcare management. Several healthcare leaders were interviewed to see if their experiences were similar to the accounts in the literature and to report any new findings that emerged.

A literature search showed that successful SLM implementation is dependent on choosing the correct organizational structure, having support for the concept from senior management down, having support from a physician champion, staff buy-in; and, lastly, preventing territorialism between service lines in the organization.

Eight healthcare leaders were interviewed to obtain information about SLM. Their responses were similar to accounts found in the literature search. With reference to the implementation of SLM in smaller community hospitals, six out of eight interviewees felt that service lines would be effective; however, there would be more obstacles to the implementation process. These obstacles were related to fixed service line costs and lack of specialty units. The organizations would need to focus on process improvement. All but two interviewees felt that a full continuum of care was not needed to start a service line model. Again, the focus would need to be centered around process improvement in order to succeed.

Planning Process for Advanced Clinical Access in Navy Military Treatment Facilities

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Proper planning would help ensure standardization and consistency while accounting for each facility's uniqueness.

All managed care organizations are concerned with having effective demand management. Though it is challenging for every organization, it is particularly difficult for military clinics and hospitals due to constantly varying staffing levels, transient patient populations, deployments, and a lack of demand forecasting tools. This is why there has also been patient dissatisfaction with traditional appointment systems used in military clinics and hospitals.

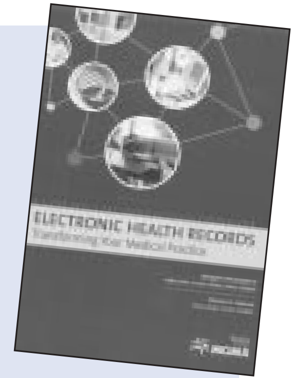
Over the past ten years, the U.S. Navy Bureau of Medicine and Surgery has seen the introduction of standards for timely access under TRICARE. An official business planning system will soon fully finance military care facilities based largely on productivity.

The U.S. Navy's Bureau of Medicine and Surgery formed an Integrated Process Team (IPT) in July 2004 to plan for the implementation of Advanced Clinical Access appointing (i.e., Open Access appointing), which has proven to be successful in non-military settings. The IPT's charter was to define business rules across all its facilities, develop measures of success, and oversee beta-testing.

Because of the complexity of the Navy's system (multiple types and sizes of facilities, variation in the demographic makeup of each service area, variation in provider mix, and clinical support services, etc.), it was crucial for the IPT to carefully plan each step. Steps included team membership selection, test site selection, identification of universal metrics, and building flexibility into its business rules. Proper planning would help ensure standardization and consistency while accounting for each facility's uniqueness.

This article walks the reader through the IPT's formation, data collection process, drafting of an initial set of business rules, and test site selection. This IPT's work can offer valuable lessons to group practices and managed care organizations who are considering advanced clinical assess for their clinics.

Electronic Health Records: Transforming Your Medical Practice



AUTHOR:

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PUBLISHER:

Medical Group Management Association, Englewood, CO, © 2005

ISBN:

1-56829-232-5

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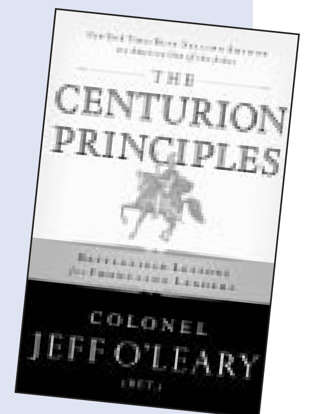
Health care is a trillion dollar industry that is undergoing a rapid transformation. Health care is beginning to change the way it processes electronic information, particularly through the introduction and use of the Electronic Health/Medical Record (EMR). The Health Insurance Portability and Accountability Act (HIPAA) is about insurance portability, fraud, and administrative simplification, and will affect how the EMR is used. HIPAA is watershed legislation for healthcare information systems. It will result in substantial investment in e-business initiatives and deployment of security technology in the healthcare and insurance businesses.

To prepare to meet some of the challenges we face as healthcare professionals, we must understand how technology is being used in the healthcare industry and specifically how the EMR will be designed, developed, and used. This book serves as a primer for the EMR, specifically catering to the individuals who make the information technology investment decisions.

The implementation of the EMR in every healthcare facility isn't a matter of "if," it's "when." If you have taken a university level course in Systems Analysis and Design and Project Management, you will understand the contents of this book fairly quickly. The chapters are divided into what I consider the problem solving model, i.e. define the problem; determine feasibility; analyze your particular situation and current system, or lack thereof; define your requirements; document all of the above; and either build or buy. Without question you will need someone with considerable expertise in the areas under consideration, from technical through administrative and clinical knowledge.

This book will give you a head start on the complex challenge that the introduction of the EMR presents. I have personally been through the various aspects of the development of an Electronic Patient Record System. It takes time and commitment from all parties involved to succeed.

The Centurion Principles: Battlefield Lessons from Frontline Leaders



AUTHOR:

Col Jeff O'Leary (Ret)

PUBLISHER:

Thomas Nelson Inc., Nashville, TN, © 2004

ISBN:

0-7852-6196-6

REVIEWER:

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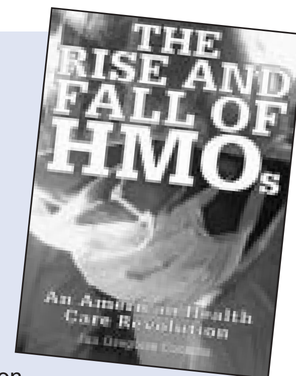
Looking for a great leadership book, but don't have a lot of time to read it? *The Centurion Principles: Battlefield Lessons from Frontline Leaders* is the book for you. Col Jeff O'Leary (Ret) has followed his *New York Times*® Best Seller, *America Out of the Ashes*, with a well-written and concise leadership text. In the same vein as John Maxwell's leadership manuscripts, O'Leary points his readers towards the values required for today's Centurions.

Against a backdrop of latest news reports about scandals in every facets of business, *The Centurion Principles* masterfully describes the principles necessary to be strong, virtuous leaders once called Centurions. O'Leary uses great leaders in history to teach eternal principles. Each of these leaders holds more than one characteristic of a Centurion (and maybe some "not-so-Centurion" characteristics).

The Centurion Principles may not appeal to all readers. First, you can't be sensitive to religious references. O'Leary makes no attempt to hide his beliefs, blocking off paragraphs entitled "A Pause for a Spiritual Reflection." Second, the text holds more appeal if you are a history buff. Without this attraction, a reader may not truly appreciate the impact of these Centurions. Finally, in an effort to provide a direct correlation of the Centurion to the principle, O'Leary provides just a few examples to support his thesis. If none of these points dissuade you, I would highly recommend that *The Centurion Principles: Battlefield Lessons from Frontline Leaders* be added to your leadership library.

The Rise and Fall of HMOs: An American Health Care Revolution



AUTHOR:
Jan Gregorie Coombs

PUBLISHER:
The University of Wisconsin Press, Madison, WI, © 2005

ISBN:
0-2992-0240-2

REVIEWER:
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In terms of quality of care, patients fare equally well in Health Maintenance Organizations (HMOs) or fee-for-service situations. Even though the HMO movement never fulfilled the wishes of its early advocates, it nevertheless had a tremendous impact on healthcare delivery and financing in the United States. Managed care picked up where the HMO movement stopped. Much of what we call managed care today has it roots in the HMO revolution.

This book is a case study about the Marshfield Clinic, a successful rural Wisconsin facility with a national reputation; it had idealistic goals and decided to expand its services and HMO into new areas. Marshfield partnered with Blue Cross, a Wisconsin hospital, and, unintentionally, with the Federal government when the HMO Act was passed into law.

One of the great fears of medical administrators is being sued. Marshfield was sued because of its HMO activities and had to pay millions of dollars in damages. It does not seem, however, that the Marshfield suit was the result of negligence on its part. It had to do with competition, the failure of negotiations, and a partnership that was not going to work in the long run. The book details Marshfield's HMO problems and serves as an example for what many HMOs experienced throughout the U.S.

The book details Marshfield's attempts to measure quality and track utilization. It also features discussions with physicians and physician administrators. These discussions alone make the book worth reading. Coombs writes a scholarly work and not a "how to do it" book. For healthcare students, this work is a bonanza of information completely documented with references for further study.

Cartographies of Disease: Maps, Mapping and Medicine

AUTHOR:
Tom Koch

PUBLISHER:
ESRI Press, Redlands, CA, © 2004

ISBN:
1-58948-120-8

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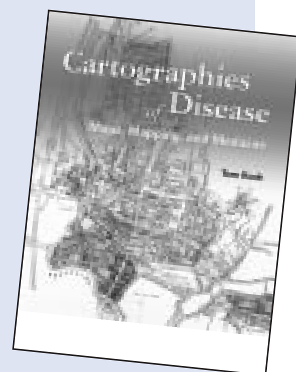
Recent news headlines have been alarming with statements like: "Prepare for a possible Bird Flu pandemic!" Thousands of people and millions of dollars in resources are currently staged to prepare for such eventuality. But have you ever wondered how similar events were handled throughout history? If you have, then *Cartographies of Disease: Maps, Mapping and Medicine*, by Tom Koch, will prove not only entertaining but enlightening as well.

A well-referenced, thoroughly footnoted, and beautifully illustrated book takes us through the origins of mapping as a public health tool. Koch details how mapping has been used to determine the sources and the spread of disease in recent history. It highlights the early development of modern maps and the use of maps in medicine. The book compellingly illustrates how Dr. John Snow, the British physician who was a pioneer in epidemiology and public health, developed new ways of using mapping to study the London 19th century cholera epidemics (the Snow's Broad Street study). Koch has created a must-have manual to understand how public health officials have learned to use mapping to handle the fast-spreading diseases of recent history.



This book is not light reading but Koch manages to make this highly technical material a page-turner, holding your interest like a mystery novel. I recommend *Cartographies of Disease* to anyone in health care who may help control the spread of disease someday.

For complete book reviews go to the Member Services section of the AAMA website, www.aameda.org, where book reviews from previous editions of *The AAMA EXECUTIVE* are also available.

48th Annual AAMA Conference Sets Eight-Year Attendance Record

KEYNOTE SPEAKER
Leland R. Kaiser, PhD

"This is the best time to be in health care," enthused futurist Leland R. Kaiser, PhD, opening the 48th Annual AAMA Conference, November 10-12, in Las Vegas.

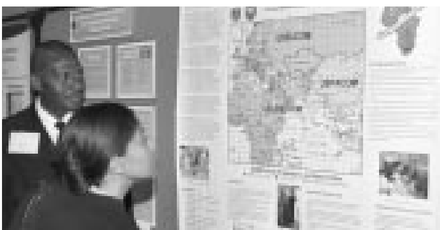
"We have the challenge to imagine a better world and our place within it. Imagination is our bridge to the future," he noted, referring to the conference theme: *The Future of Healthcare: Imagine the Possibilities*. "And there's nothing about the future that's traditional or logical or orderly…. The best in medicine hasn't happened yet. The best is yet to come!

"The most important thing for the Academy and this community to ask is what can be? What should be? What will be?"

Noting that health care as an industry is not innovative, Kaiser said, "We need a process within our organizations where we can think radically and do new things, as long as we protect the safety of the patient. Health care is not a service industry, not a knowledge industry; we're an experience industry…. We need to manage the patient experience."

Eight-Year Record

Members certainly "imagined the possibilities" in selecting AAMA's Annual Conference, setting an eight-year attendance record.



Poster Session

Attendees expanded their knowledge and accelerated awareness of solutions to healthcare's challenges in myriad ways, including enriched educational programming, noted Dale A. Golgart, FAAMA, AAMA's Conference Committee Chair.

Several new elements contributed to the conference success. The *Network or Not Work* bonus session presented by W. Boyd Kleefisch, FAAMA, explored networking as a critical job-hunting tool. The *Lessons from the Gulf Coast: Preparing American Healthcare to Weather Future Disasters* bonus session focused on the impact of recent events from both the private healthcare and Federal perspectives. Attendees generously brought gifts and supplies for the Hurricane evacuees relocated to Las Vegas. Also new this year were in-depth leadership development sessions focused on staff coaching, organizational excellence, and effective negotiation.

Pre-conference Federal Day program attendance set an Academy record. "Participants enjoyed greater flexibility of programming than ever offered before," Golgart explained, "with the choice of attending service breakout sessions or *Pay-for-Performance and Evidence-Based Medicine: What's Going On and What Lies Ahead."*

Imagine the Possibilities

New College Networking Breakfasts allowed attendees to meet and mingle with their specialty group colleagues.

Overall, more than 50 speakers shared their knowledge in 44 well-attended sessions.

During AAMA's Annual Member Meeting, 2005 Board Chair James G. Easter, FAAMA, called on Academy members to consider "the future of your Academy: imagine the possibilities!"

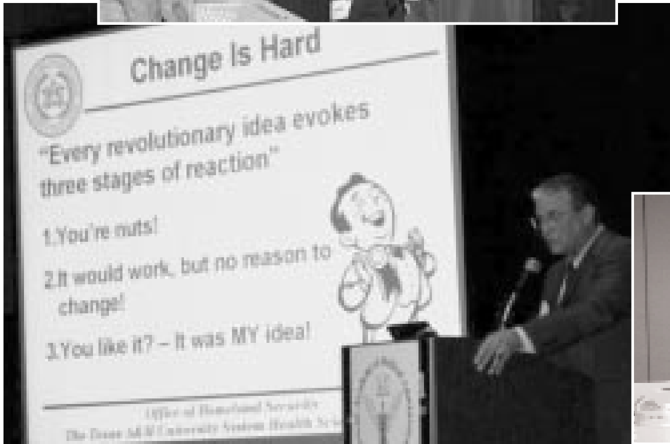
Recognizing the conference's concurrence with Veterans Day, Easter recognized all attendees who have served in the U.S. Armed Services. "On the battlefield, in the aftermath of Hurricanes Katrina and Rita, and in our communities, our healthcare and leadership skills are being tested by challenges we never imagined. This year," he said, "our entire program is designed to help you prepare for the future of health care. Just imagine the possibilities!"

Easter highlighted the Academy's Mission: to advance Academy members and the field of healthcare management, and promote excellence and integrity in healthcare delivery and leadership. "This year members empowered future leaders to make visionary decisions on your behalf by approving the Academy's reincorporation in Illinois and a more agile and responsive organizational structure for streamlined, strategic decision-making… a structure that better connects our leadership with our members." The new arrangement began January 1.

"This new governance structure allows for broader Board representation, more responsive Regional organization, tighter control of Academy programs, and improved links from the leadership to the membership. In short," he said, "it gives your AAMA leaders the tools to better fulfill the Academy's Mission."

Online Community

Focusing on the present, Easter reported on AAMA's continued expansion of online services. AAMA's new member-exclusive



Federal Day keynoter, Lt Gen (ret) Paul K. Carlton, Jr., MD, on "Threats and Viable Solutions for Homeland Security Preparedness"

Federal Day color guard

ACCA Board retreat: Marilyn Henry, FAAMA, FACCA, and Kevin McGovern, FACCA

website, Vital Link™, now provides members an online community, including membership directory and nine specialized listserves.

He applauded the vision and perseverance of the leaders of AAMA's newly chartered American College of Small or Rural Healthcare (ACSRH), now representing 12 percent of AAMA members, and the San Antonio-based Alamo Chapter of AAMA's American College of Contingency Planners (ACCP), AAMA's first College Chapter.

Distinguished Recipients

Eight distinguished award recipients were honored, and three new Diplomates, 22 new Fellows of the Academy (FAAMA), three new Fellows of our American College of Cardiovascular Administrators (FACCA) and four new Fellows of our American College of Contingency Planners (FACCP) were individually acknowledged by their colleagues. More informally, new members, new CAAMA designees, committee volunteers, College boards, journal authors, program speakers, and AAMA's corporate partners were identified and thanked for their support.

Easter installed the 2006 Academy Board, including Chair Janet L. Jones, FAAMA. Jones is president and CEO of Nashville-based Alive Hospice. Jones has served on the AAMA Board of Directors since 1999, including terms as ACOA President, Region III Director, and Treasurer. She has also chaired the College Task Force and Finance Committee, and served on the Governance Task Force. She advanced to Fellow in 1996. The new Board took office January 1.

Honored award recipient: Eugene A. Migliaccio, DrPh, FAAMA, noted: *"What a surprise - to be recognized by the Academy. It was a defining moment when I reflected on my career and realized that AAMA noticed that I am contributing to the health of our nation."*

The 2006 AAMA Annual Conference, the 49th, will be Wednesday through Friday, November 1-3, at the Sheraton Atlanta Hotel, Atlanta, GA.

AAMA Board Actions on Your Behalf: Plans Underway to Strengthen AAMA Governance, Annual Conference, Chapters, and Leaders

At its regular meeting in November 2005, your AAMA Board of Directors took the following actions on your behalf:

- Approved the formation of the Colorado Chapter, to be headed by Ralph Charlip, FAAMA.
- Established a working group to enhance the structure and contents of the Annual Conference.
- Reviewed and approved the continued work of the Task Force on Regions, including additional policies to strengthen and develop Chapters and their leaders.
- Confirmed the appointments of four new Board Directors for 2006: Dale A. Golgart, FAAMA, Director of Professional Development; Connie U. Stenquist, FAAMA, Director of Professional Affairs; Maj James W. Barber, CFAAMA, Director of Communications; and Michael K. Petty, FAAMA, Director of Professional Achievement.
- Elected Dennis Quagliani and Dale A. Golgart, FAAMA, to the AAMA Foundation Board of Directors.
- Approved revised Operating Procedures for the American College of Managed Care Administrators (ACMCA).
- Approved several policies to streamline Academy governance and ensure effective, knowledge-based decision-making.
- Approved the 2006 Strategic Plan and a zero based FY2006 budget for the Academy and AAMA Foundation, including a 0.5% contribution to reserves, focused on implementing the plan.

Small or Rural Healthcare Specialty Group Achieves College Status

Responding to the need for meaningful dialogue among medical administrators of small hospitals and in remote communities, AAMA's Small or Rural Healthcare (SRH) specialty group has grown to nearly 15% of Academy membership, thus achieving the 10% needed to attain College status. The SRH specialty group is now called the American College of Small or Rural Healthcare (ACSRH).

ACSRH serves the unique needs of administrative professionals who practice in small and/or rural healthcare settings. The College provides a forum for sharing expertise and problem solving with other professionals employed in similar settings. "Stretched to their limits with staffing, resource, location, and training issues, these enterprising professionals finally have a resource for obtaining pertinent information, solid solutions, cutting-edge education and peer interaction," explained Janet L. Jones, FAAMA, AAMA Board Chair.

ACSRH was officially introduced at the November 2005, 48th Annual AAMA Conference in Las Vegas, NV. For more information about ACSRH, visit the AAMA website, www.aameda.org.

Your 2006 AAMA Board of Directors

The 2006 AAMA Board of Directors (left to right): Dawn M. Hardin, Marilyn M. Henry, Alan J. Burgess, Dennis J. Quagliani, Guy L. Snyder, Connie U. Stenquist, Dale A. Golgart, Renee S. Schleicher, Michael K. Petty, James W. Barber and James G. Easter, Jr. (at podium). Not pictured are Thomas E. Battles, Janet L. Jones, R. Kyle Kramer, YC Parris, and Joseph M. Spallina.

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2006 AAMA Chair Janet L. Jones presents 2005 Chair James G. Easter, Jr., with a plaque recognizing his contributions to the Academy.

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AAMA Foundation Supports Education

Thanks to the personal support of AAMA members and staff, the AAMA Research and Educational Foundation continued to strive toward its mission in 2005: To drive excellence in healthcare administration through education, research, scholarship, and policy development. The Foundation helps support AAMA's quality educational programming, by sponsoring leading keynote speakers like Leland R. Kaiser, PhD, who opened the 48th AAMA Annual Conference in Las Vegas. Kaiser challenged attendees to "…to imagine a better world and our place within it." The AAMA Foundation appreciates the generosity of all the contributors who helped make AAMA conferences an enriching experience for attendees. Join them and make a donation today at www.aameda.org.

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Thank you to all!

AAMA's External Liaison Corner: American Institute of Architects (AIA)

By Christopher Upton, AIA, FAAMA
AAMA Liaison to the American Institute of Architects

"We shape our buildings….. thereafter they shape us".

– *Winston Churchill*

The quality of the design environment has a direct and measurable effect on the clinical outcome of patients. The American Institute of Architects (www.aia.org) is an organization formed to manage and maintain high standards of quality in facility design. I am the liaison for AAMA to the AIA Healthcare Design Guidelines Committee.

Every four years, the published *AIA Design Guidelines for Health* is reviewed and revised. The current issue was published in 2001 and the revised issue will be published in March 2006. The guidelines address minimum program, space, and equipment needs for all types of healthcare facilities. The document also includes minimum engineering design criteria for the infrastructure systems of healthcare facilities. These guidelines often become the basis for an individual state's design code or, in some states, it becomes the design code. These guidelines are also used by JCAHO in their inspections. Several AAMA members have made suggestions for issues that have "bothered" them about facilities design. I have used their suggestions to propose changes in the guidelines to the committee.

Aspects of the *AIA Design Guidelines for Health* receiving particular attention in the current revision cycle include:

- New design guidelines sections on the design of intermediate care units, gastrointestinal endoscopy facilities, and hospice care facilities
- New chapters on primary care hospitals (small and rural community facilities) and guidelines that sets minimum standards for assisted living facilities
- Guidelines of design and operation for psychiatric outpatient centers
- New appendix on green architecture (LEED)

The AIA Healthcare Design Guidelines Committee also sponsored a research project on the benefits of single patient rooms vs. semi-private rooms. For more information or to view the draft document, visit www.aia.org. Another component of the AIA is the Academy of Architecture for Health (AAH), for details visit www.aia.org/aah.

Should any AAMA member like to comment on healthcare facilities design or the *AIA Design Guidelines for Health*, please contact me.

Christopher Upton, FAAMA, is Director of Healthcare Planning, Kirksey Architecture, Houston, TX. Upton is also AAMA's Texas State Director. You may contact him by email at chrisu@kirksey.com.

Academy Members Honored in Advancement Ceremony

Credentials Chair Michael K. Petty introduces the 2005 Advancement Class

Thirty-two Academy members were formally recognized for attaining Diplomate in Healthcare Administration or Fellow status during the Advancement Ceremony at the 48th Annual AAMA Conference. Diplomate and Fellow are experience-based credentials, acknowledging a combination of service to the Academy, professional achievement, and formal and continuing education. Achieving these credentials is a significant career accomplishment.

In addition to those members listed in the Fall 2005 edition of *The AAMA Executive*, George I. Onyenyeonwu and David L. Schoo also advanced to FAAMA.

Congratulations to the entire Class of 2005!

New FAAMAs *(left to right)*: Vicki A. Koceja, Sean A. Holloway, Leroy W. Harris, Jr., Frank H. Stubbs III, Dawn M. Hardin, Cheryl C. Ringer, William Todd Echols *(partially hidden)*, Laura A. Miller, Jeanmarie Patnaude-Jonston, Richard E. Carroll, T. Bruce McFarland, Douglas E. Stephens, David L. Schoo, James W. Barber, Kendrick J. Brown, Richard G. Massannat, and Christopher S. Upton. *Not pictured:* Jack G. Hetrick, Randal K. LeBlanc, William H. Lyerly, Jr., Manuel E. Naguit, and George I. Onyenyeonwu.

Diplomates In Healthcare Education *(left to right)*: Alan J. Burgess, W. Boyd Kleefisch, and Clinton W. Schreckhise.

New FACCPs: Andrew V. Bates and Frank H. Stubbs III. *Not pictured:* David A. Cain and Bill F. Hall, Jr.

New FACCA P. Anthony Long. *Not pictured:* Lynne E. Fischer and Kathy A. Miller.

Take Your Career to the Next Level — Advance in 2006

Earn the credentials that confirm your expertise with peers and employers: FAAMA…FACCA…FACCP…FACMCA… Diplomate in Healthcare Administration. Discover your best option and set a personal goal to be part of the Advancement Ceremony at the 49th AAMA Annual Conference, November 1-3, 2006, in Atlanta, GA. For more information, visit the AAMA website at www.aameda.org, or call 847/759-8601.

Our Thanks…to the Academy's "Strategic Partners"

Their contributions – through educational grants, event sponsorships, conference exhibits, committee participation and more – help sustain the Academy and allow AAMA to provide quality programming for our members. We extend our special thanks to these leading corporations whose major financial commitments support the Academy and our Colleges.

PLATINUM LEVEL

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Thanks to Bristol-Myers Squibb Medical Imaging for renewing its Platinum Level sponsorship. The Academy appreciates your support!

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Welcome to AAMA's newest Strategic Partner!

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Winter 2006 AAMA Updates

Scios, Philips Medical Systems Boost Strategic Partners to Twelve

Scios Inc., of Fremont, CA, and Philips Medical Systems of Bothell, WA, have joined AAMA's growing pantheon of major corporate sponsors. Scios' $20,000 contribution defines its status as a Gold Level Strategic Partner for 2006-2007. Philips made a $10,000 Silver Level Strategic Partner contribution for 2006-2007. "We are honored that Scios and Philips choose AAMA as a way to demonstrate their support of our profession," AAMA 2006 Board Chair Janet L. Jones, FAAMA, explained.

GAIN-1: Recruit a New Member to AAMA

2005 GAIN-1 Gold Level Champion Scott F. Tanner, CAAMA, FACCP

Academy Champions speak out on their motivations for recruiting new members to AAMA:

- "AAMA is quality-based and can be of value to colleagues."
- "I believe in AAMA and think it is in the best interest of others to join."
- "The desire to be a mentor and to enhance the profession."
- "Because I know that he or she will benefit from becoming a member."
- "I recruit others because it is the right thing to do."

Become a GAIN-1 Champion. Details are posted at www.aameda.org.

Academy Announces Staff Changes

Vanessa Canteberry was promoted to Education/Governance Coordinator in October. "Vanessa's excellent performance in her role as AAMA's Administrative/ Membership Coordinator made her the clear choice for this promotion," stated Renee Schleicher, AAMA's President & CEO. In her new role, Vanessa will also support AAMA's communications functions.

Vanessa Canteberry — Faye Larsen

Replacing Vanessa as the new Administrative/Membership Coordinator is Faye Larsen. Faye's experience in customer and administrative support will be a tremendous asset as she works with Academy members and vendors. Listen for Faye's friendly voice when you call AAMA headquarters. Congratulations Vanessa, and welcome Faye!

SCHOOL OF HEALTH MANAGEMENT AND POLICY

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REGISTRATION FEES
- ❑ Registration: $645 before Jan. 23, 2006
- ❑ Registration: $695 after Jan. 23, 2006
- ❑ Lunch Only: $125 per day (March 23rd)
- ❑ Lunch Only: $125 per day (March 24th)
- ❑ Dinner Only: $150 per day (March 23rd)

W. P. CAREY SCHOOL of BUSINESS
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Register online: wpcarey.asu.edu/shmp

Courage, Community, Love, and Fun
continued from page 1.

Community: There is just no substitute for the strength of community. Together, we have the knowledge and ability to meet the challenges before us. We have all the resources needed at our disposal if we would only learn to share. My two-and-a-half-year-old granddaughter sings a song that brings this home to me – it's called the clean up song – "clean up, clean up, everybody do your share." Think about what we could do to "clean up our healthcare system" if we all did our share. The networking afforded by AAMA provides the catalyst for embracing that sense of community and caring for each other.

Love: Yes, love, *agape* love. We have been afraid to use this word for many years in our professional endeavors, but it is precisely what I felt missing in the care I received and exactly what makes health care a unique and special field. As we continue to develop new and better ways of applying technology, I worry about our losing our "humanness." I challenge us all to never allow our competence to overshadow our caring!

Fun: And last, but certainly not least, fun. Our work is way too serious and important not to celebrate and enjoy. Celebrations allow us to honor each other for the hard work we do and having fun – laughing – keeps us healthy and grounded. So, let's all celebrate each other with a big thank you to the person in the seat next to you – and a pledge to have fun and get to know one another.

Thank you for allowing me the privilege of leading your Academy. I look forward to a year filled with courage, community, love, and fun.

Janet L. Jones, FAAMA, is President & CEO, Alive Hospice, Nashville, TN. You may contact her by email at janjones@alivehospice.org.

Members Use Vital Link™ Listserves to Solve Tough Administrative Issues

Have a question that needs an answer? Want to know how your colleagues handle a particular situation? Vital Link™, AAMA's members-only website, can help. AAMA members are using the nine specialty listserves available through Vital Link™ to help solve their toughest administrative issues. Recent questions posted on Vital Link™ listserves include:

- Penny Schmiege, FAAMA, FACCA, asked the cardiovascular listserve: "Do your institutions use nurse practitioners (NPs) or physician assistants (PAs) to perform cardiac stress tests? If so, what is your method to assure compliance with the physician 'direct supervision' requirement?"
- Rebecca Kilfoy posted these questions to the cardiovascular listserve: "…how many nights per week [are] your staff on call. Especially if you are a small lab (1-2 labs with 5-9 staff), are you using other clinical staff in the hospital (IR or ICU RNs)? What is your beeper rate for these labs?"
- Marie S. DeStefano, FAAMA, asked the oncology listserve: "Does anyone use the JCAHO time out policy in radiation therapy? If so, when are you doing it and who is responsible for the checks?"

Within hours these questions received responses from all across the country, including specific examples and proven solutions from fellow healthcare administrators. To join a listserve, or to post your own question, logon to www.aameda.org and click on Vital Link™. For your membership number to give you access to Vital Link™, look above your name on the mailing label of this issue of *The AAMA EXECUTIVE*.

Academy Founder Dies

Hugh C. McEwan

AAMA's founding Chairman of the Board, Hugh C. McEwan, FAAMA, died on November 30, at age 86, in Lexington, KY. He is warmly remembered for his visionary leadership in establishing and forwarding the mission of AAMA, serving as the Chairman of the Board from 1957-1962. He once recalled the Academy's early beginnings, saying that he "took the American Hospital Association list and put it on Addressograph plates. That was our original mailing list."

In addition to serving on the AAMA Board of Directors, Mr. McEwan was a Lifetime Diplomate, and member of the Council of Past Chairs. In 2002, he was honored with the AAMA Chairman's Award, and was a featured speaker at the 45th AAMA Annual Conference in Boston. The majority of his career was spent as a Chief Medical Administrator in the Veterans Administration Hospitals system.

The AAMA EXECUTIVE

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