

New AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*

How are you developing your hospital's future CV and oncology leaders? Or are you a CV or oncology professional seeking to demonstrate your own potential for a leadership position? AAMA is offering a new education program, the AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*, to be held August 16-18, in Chicago. This program is geared to provide skills oncology and cardiovascular leaders need to succeed as



**AAMA
Summer Institute**

they shift to more responsible leadership or administrative roles.

The Institute offers intense management development, combining practical information, real-world solutions, and personalized interaction. Attendance will be limited to ensure a personal focus and provide ample networking opportunities with colleagues and instructors. Focused sessions include emerging

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AAMA Annual Conference Sparks New Ideas in "Hotlanta", November 1-3

Has your "busy season" become your "slow time"? The 49th AAMA Annual Conference, *Healthcare in the Fast Lane: The New Normal*, recognizes the impact of high expectations, tight budgets and staffing, new technology, and complex decisions on our professional and personal lives. Need help in taking control? New ideas will spark in "Hotlanta" during the Conference's new weekday



Atlanta, GA, site of the 49th AAMA Annual Conference.

schedule, Wednesday-Friday, November 1-3.

Lively keynoter Dan Thurmon jumpstarts the conference, suggesting we stop trying to live our lives "on balance" and start living "Off Balance On Purpose." Concurrent leadership development sessions spotlight the conference theme. Wayne E. Pinkstone, JD, focuses on

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Janet L. Jones, FAAMA

Your Academy in Motion

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

Sometimes we wonder about those things that feel mundane at the time we are doing them or seem so process-driven it's difficult to envision the outcome.

The Academy's focus in the past two years on changing our governance structure and bylaws may fall into that category, but our recent Board retreat is evidence of just how prescient our Governance Task Force was! The Academy had been through a number of changes over the past several years and was not necessarily well poised

to address the myriad needs of our membership. This had been frustrating to both members and staff – little did we know that the cavalry had arrived in the persons of the Governance Task Force! Our structure now utilizes our Colleges as well as our reduced number of Regions and our Appointed Directors to personalize solutions our members are seeking.

During your Board's May meeting and planning retreat, we focused on five key goals:

- Enhancing the competence and productivity of medical administrators through educational

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AAMA Briefs

Mark Your Calendar

- New AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*, August 16-18, Chicago, IL
- 49th AAMA Annual Conference, November 1-3, Atlanta, GA
- ACCA 18th Annual Cardiovascular Administrators' Leadership Conference, March 21-23, 2007, New Orleans, LA

AAMA Foundation Offers Scholarships for Summer Institute and Annual Conference.

Details are on page 10.

Call for GE Healthcare Award of Excellence Nominations:

Honor a colleague's contributions to cardiovascular care. Details are on page 11.

Call for Annual Conference Poster Session Abstracts:

Submit a poster on a research project or a clinical, education or operations project or process. Deadline is August 4.

CAAMA Members: If you earned your CAAMA or recredentialed in 2003, you are required to recredentialed in 2006.

For more details on AAMA Briefs... go to www.aameda.org, or call 847/759-8601.

Inside:

Summer 2006 AAMA EXECUTIVE

- Ethics of E-Health
- Marine Corps Casualty Evacuation: Rapid Fielding of Capabilities To Meet Wartime Needs
- Cancer Outreach – Partnering with Community Resources
- Establishing a Fundraising Plan in Healthcare Organizations
- Plus book reviews, Academy news, and more!

Get the information you need. Sign up for any or all of Vital Link's™ eight specialty listserves at www.aameda.org. Your Username is your last name; your Password is your member number, above your name on the mailing label of this issue.

Cancer Outreach – Partnering with Community Resources

AUTHORS:

Phyllis DeAntonio, RN, MSN, FAAMA
Administrator
Leo W. Jenkins Cancer Center
Greenville, NC

Colleen Fenlon-Coda, RN, BS
Outreach Coordinator
Leo W. Jenkins Cancer Center
Greenville, NC

...our center has focused on reaching this population, the medically underserved, by developing alliances within our community.

Statement of Problem: Leo W. Jenkins Cancer Center, serving a 29-county area in eastern North Carolina, has been offering prevention, early detection, and awareness/screening programs since 1992. Although our outreach services are beneficial, we realized our programs were not reaching the at-risk population living in eastern North Carolina. As a result, within the last several years, our center has focused on reaching this population, the medically underserved, by developing alliances within our community.

Objective: Develop a reach and teach philosophy to ensure a message of inclusion. Build partnerships with healthcare providers, faith-based organizations, and industry, creating community involvement and contributing to program sustainability.

Methods: Partnerships with the following organizations can facilitate community involvement and goodwill, and assist with program viability: private practice physicians, community health clinics, local churches, civic groups, and private industry.

We developed effective communication techniques for advancing the awareness message using media, health fairs, and community lay health advisors.

Results: In the past two years, 12 cancer screenings/awareness presentations were held at various community facilities within our county. They were designed to administer care to our targeted underserved population. Over 500 underserved county residents have benefited from these off-site cancer awareness programs.

Conclusion: Successful outreach endeavors depend on alliances established with physicians and other independent healthcare providers and public health centers. Philanthropic contributions and overall community involvement provide the financial support and encouragement necessary to continue our efforts. The following techniques were successfully implemented to capture our targeted population: convenient screening locations, unique marketing techniques, and community liaisons.

Establishing a Fundraising Plan in Healthcare Organizations

AUTHORS:

Stephen J. Notaro, PhD, MAPA
Lecturer
Department of Kinesiology and
Community Health
University of Illinois at Urbana-Champaign
Champaign, IL

Guy L. Snyder, MHA, CFAAMA,
Diplomate in Healthcare Administration
Executive Director
Canterbury Ridge (Emeritus Corp.)
Urbana, IL

Move the fundraising focus to major gift solicitations.

All organizations should have a fundraising plan to maximize resources, donations, and to maximize the opportunity to accomplish their mission and vision. Support by the Board of Directors is vital for the success of the fundraising plan. Board members should be involved in the conception of the fundraising plan, and setting goals for funding needs. Every board member should make a sacrificial gift to the organization prior to soliciting gifts from prospects.

A plan should include the amount of funds to be raised for the annual budget, capital needs, and for the endowment. This can be approximated through information provided in this article. Focus on events that produce significant income. Do not attempt to raise operating

revenue through a series of small events that yield little return. Include a mail and web-based component to your fundraising plan and review telephone campaigns with an open mind to determine if they could be a part of your plan. Move the fundraising focus to major gift solicitations. It is an effective way to focus board members and executive staff in a common effort to significantly impact the future of the organization.

Finally, remember to connect with the donors' needs. They are the ones responsible for your success. Thank them repeatedly for their gifts and support. Together, these entities can raise more funds to help more people; expand awareness, education, programs, and facilities; and significantly affect the community's quality of life.

Ethics of E-Health

AUTHORS:

Lisa Norton

*Masters of Public Health student
College of Public Health
University of Oklahoma
Oklahoma City, OK*

A. F. Al-Assaf, MD, FAAMA,

Diplomate in Healthcare Administration

*Professor
Director, MPH Degree Program
Co-Director, Executive Healthcare
Training Academy
Department of Health Administration
and Policy
University of Oklahoma Health
Sciences Center
Oklahoma City, OK*

*With the implementation
of EMRs, organizations must
remain committed to quality,
privacy, and ethics.*

The healthcare industry is on a mission to increase its technological framework. This mission correlates with recent U.S. natural disasters that have crippled certain aspects of the healthcare industry. With the increased spending and efforts toward improving technology and its accessibility, will ethics be sacrificed for the cause? Is ethics in health care a thing of the past?

From patient scheduling to complex medical machinery, technology has revolutionized health care. Electronic Medical Records (EMRs) are the current hot topic in information technology departments of healthcare organizations across the country. Disasters such as Hurricanes Katrina and Rita have amplified the interest in achieving this technological feat. During these disasters, paper patient records were destroyed and many evacuees were clueless about the medications they were taking. This problem hindered practitioners from providing quality care. A majority of healthcare professionals believe EMRs

would alleviate this problem in the future.

Even though there aren't many journal articles regarding e-healthcare ethics, the commitment to maintaining patients' privacy has always been a top priority for healthcare organizations. With the implementation of EMRs, organizations must remain committed to quality, privacy, and ethics. Through continuous education of employees on these issues, ethics will remain a consistent principle in health care and technology.

To cement ethics as a core principle during the implementation of EMRs, healthcare organizations should adopt strong policies and procedures on the protection of electronic (and other) patient information. They should also provide the necessary training and orientation on ethical principles and practices. Codes of ethics should be more visible and should become the pivotal axis of every professional's practice and behavior.

Marine Corps Casualty Evacuation: Rapid Fielding of Capabilities To Meet Wartime Needs

AUTHOR:

LCDR David L. Schoo, MBA, CFAAMA

*Team Lead, Medical
Marine Corps Systems Command
Quantico, VA*

*The case study illustrates
the acquisition process,
beginning with receipt of
an urgent requirement and
ending with the full fielding
of a material solution.*

The U.S. Marine Corps has strived to build and maintain an acquisition process that is responsive to the immediate material needs of Marine Corps units in the field, while at the same time providing the acquisition rigor to ensure that key factors are considered: cost, competition, system safety, system effectiveness, training, and system testing.

The medical team has utilized the Marine Corps requirements, development, and fielding processes extensively in recent years. Starting with the first phases of Operation Enduring Freedom (OEF) in Afghanistan, the medical team was given the funds and personnel needed to modernize overlooked field medical items. The Individual First Aid Kit (IFAK) and its life-saving component, QuickClot, were one of the first efforts, representing the first major enhancement to the Marine Corps first aid kit since the Vietnam era. Later, the team fielded a system allowing for far forward surgical interventions in austere environments, the Forward Resuscitative Surgery System (FRSS).

Team success and the effectiveness of the products fielded has led to the next major enhancement, that of casualty evacuation. This article focuses on the En Route Care System (ERCS), designed to care for a stabilized patient from far forward life saving interventions to a higher level of care like an overseas medical treatment facility.

The case study illustrates the acquisition process, beginning with receipt of an urgent requirement and ending with the full fielding of a material solution. Requirements processes include generating, refining, and validating the field requirements. Material fielding involves initial emergency procurement, team selection of final components, testing, training, and final procurement.

Acquisition of medical systems has also led to lessons learned. The medical team is continuously capturing data so that future acquisitions and modernization efforts can be fielded even more rapidly with even higher quality solutions for the war fighter.

Ethics in Health Administration: A Practical Approach for Decision Makers

AUTHOR:

Eileen E. Morrison, EdD, MPH

PUBLISHER:

*Jones & Bartlett Publishers, Inc.,
Sudbury, MA, © 2005*

ISBN:

0763726524

REVIEWER:

Frank Ward, EdD, MSA, PA, FAAMA

*Associate Professor
Grand Valley State University
Allendale, MI*

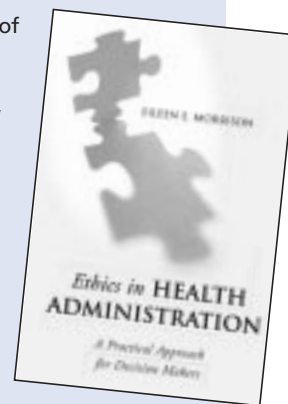
Ethics in Health Administration: A Practical Approach for Decision Makers is a text for anyone interested in applying ethical principles to issues encountered in healthcare administration. While the book lends itself to classroom teaching, it would certainly benefit administrators. It illustrates many of the ethical issues that healthcare managers face on a daily basis. Information and specific topics are easily located. The author transforms the principles of ethics into functional information for use in the real world of healthcare administration.

The text is divided into four sections concentrating on ethical foundations, external influences, organizational influences, and individual issues. Each chapter includes contemplative points, key words, case studies, and references. Sample topics include: theory, market forces, social responsibility, technology, culture, patient issues, ethical codes, and future trends.

Section one focuses on the influence of theory and foundational issues that are the core of ethical decision making, followed by a study of external factors that influence ethical determinations. Section two spotlights market forces and

the social responsibility of ethical decision making. Other issues presented include how technology affects ethics and accountability factors germane to health care. Section three integrates chapters on organizational mission and fiscal responsibility. Included are such pertinent issues as the culture, corporate compliance, and patient issues that affect ethical decision making. Also relevant to this section are discussions on money as well as the influence of quality programs on ethics. The final section discusses the professional dimension of ethical behavior and how administrators can maintain moral integrity. Topics include ethical codes, ethical practice, and trends regarding key ethical issues.

This is a well-written, comprehensive text that may be read in its entirety or used as a reference. It would be a respected addition to any healthcare administrator's library.



Nursing Management: Principles and Practice

AUTHOR:

**Mary Magee Gullatte, RN, MN,
ANP, AOCN, FAAMA**

PUBLISHER:

*Oncology Nursing Society,
Pittsburgh, PA, © 2005*

ISBN:

1890504521

REVIEWER:

Cynthia G. Ayres, RN, PhD

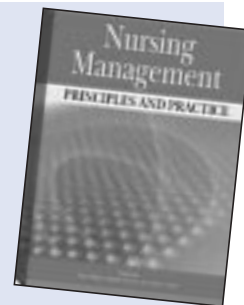
*Assistant Professor
Rutgers, The State University of New Jersey
Newark, NJ*

Nursing Management: Principles and Practice is a must-have resource for nurse managers and administrators being asked to meet the needs and competing demands of patients and their families, healthcare institutions and corporations, and society at large.

The task of managing, organizing, delivering, and improving safe and effective nursing care in this changing healthcare environment has likely never been more challenging than it is today.

If you are a nurse manager and/or administrator whose responsibilities are to lead and manage others in this challenging environment, you will need to be highly skilled, highly motivated, and extremely committed. *Nursing Management: Principles and Practice*

is an excellent resource that provides key knowledge and practical examples to guide the daily practice and development of nurse managers and administrators. This book is a vital resource for virtually every aspect of nursing practice, including leadership development, healthcare economics, labor relations and collective bargaining, performance appraisals, and accreditation. Each chapter provides information in a concise and simple manner with topics of discussion clearly delineated, providing easy reference as an everyday resource.



For complete book reviews go to the Member Services section of the AAMA website, www.aameda.org, where book reviews from the Spring 2006 AAMA EXECUTIVE are also available.

Managerial Epidemiology for Health Care Organizations

AUTHORS:

Peter J. Fos, PhD
David J. Fine, MHA

PUBLISHER:

Jossey-Bass, San Francisco, CA, © 2005

ISBN:

0-7879-7891-4

REVIEWER:

A. F. Al-Assaf, MD, FAAMA,
Diplomate in Healthcare Administration

Professor

Director, MPH Degree Program
Co-Director, Executive Healthcare
Training Academy

Department of Health Administration
and Policy

University of Oklahoma Health
Sciences Center

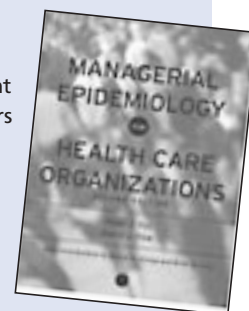
Oklahoma City, OK

This book is intended for students and practitioners of healthcare administration to understand the science and application of epidemiology in management and leadership decision-making processes. Epidemiology deals with populations, medical conditions, and risk factors, the very same issues healthcare managers deal with on a daily basis. Managerial epidemiology, however, makes management decision making more evidence-based, scientific, and credible.

The issues surrounding managerial epidemiology have major applications in healthcare administration. Traditional applications are found in the prevention and control of infection, measuring and monitoring of performance, strategic planning, marketing, and managed care, to name a few. Other applications include the identification of medical conditions and their determinants and methods toward their management, medically, financially, and administratively. Therefore, managerial epidemiology is

becoming more important in healthcare as regulators and insurers are putting more emphasis on measurements, performance, data, and outcomes. This book shows the healthcare manager how to apply all of these mechanisms and techniques.

This book is written by two distinguished healthcare academicians and administrators. It is full of examples, tables, and figures that introduce the subject of managerial epidemiology in an easy and straight-forward way. There are several chapters including such topics as epidemiology, health and its measurement, populations management, economics, marketing, and planning as well as healthcare outcomes and quality of health care. It is also written for students and academicians, as each chapter ends with a summary and list of study questions.



Breast Cancer, Second Edition

AUTHORS:

David J. Winchester, MD
David P. Winchester, MD
Clifford A. Hudis
Larry Norton

PUBLISHER:

BC Decker, Ontario, Canada, © 2005

ISBN:

1550092723

REVIEWER:

Pat Stanfill-Edens, RN, MBA, FAAMA,
Diplomate in Healthcare Administration

Assistant Vice President

HCA, Inc.

Nashville, TN

Breast Cancer, Second Edition is a review of breast cancer care from its history through the disease course. The text comes with a fully searchable CD-ROM that allows printing of pertinent materials and drawings that may be useful in patient education. While the book states it is focused on physicians, the depth of content seems limited in scope and might be more appropriately targeted to new clinical staff or the well-educated consumer.

The text covers the major modalities of care, including surgery, radiation and chemotherapy, and touches briefly on genetics and biotherapy. The discussion of breast cancer is very much evolutionary in the text, meaning that it brings a historical perspective to how breast cancer has been managed over time. One of the most interesting chapters is the first one, "History of Breast Cancer", a fascinating look at breast cancer described in the ancient world. A passage attributed to Imhotep, an Egyptian physician-architect in the 30th century B.C., describing eight

cases of ailments of the breast, seems daunting when you realize that 5000 years of care has not produced a cure. The review of breast anatomy is a good refresher for staff and may be of interest to educate patients. The final chapter, "A Patient's Perspective", presents one woman's discussion of her progress from diagnosis and suggestions to the physicians caring for her.

This text may be an excellent resource for a Cancer Center or Breast Center, with a copy to the Patient Resource Library and certainly would be of benefit in orienting clinical staff to breast cancer. While the book may not be as useful to its target audience of physicians, it may be a good read for clinical staff interested in increasing their knowledge of the management of breast cancer from diagnosis through all phases of treatment.



Parris, Kramer, Spallina, Stenquist, Jones to Lead AAMA in 50th Anniversary Year

A half-century since its founding, AAMA will be led in 2007 by a balanced leadership team composed of members from the Federal Sector, academia, consulting, hospitals, and a hospice, AAMA Chair Janet L. Jones, FAAMA, has announced. For the first time, two women have been selected to serve concurrently on the Academy's Executive Committee.

YC Parris, FAAMA, will lead AAMA in its 50th year. Other officers will include R. Kyle Kramer, FAAMA, FACCA, Chair-Elect; Connie U. Stenquist, FAAMA, Vice Chair; Joseph L. Spallina, FAAMA, Treasurer, and Janet L. Jones, FAAMA, Immediate Past Chair, a total of five voting members in addition to AAMA President/CEO Renee S. Schleicher, CAE, ex officio and non-voting.



Kramer 2007 Chair-Elect

At its May 2006 meeting, the Academy Board elected R. Kyle Kramer as 2007 Chair-Elect; he will serve as Chair in 2008. The Board also approved the appointments of Stenquist and Spallina.

R. Kyle Kramer

Kramer is Executive Director, Cardiovascular Services, with Yale-New Haven Hospital and Health System, New Haven, CT. He joined the Academy in 1993, advanced to Fellow in 2000 and FACCA in 1999. He served as President of the American College of Cardiovascular Administrators (ACCA) in 2003-2004, as AAMA Vice Chair in 2006, and has been a chair or member of several committees and task forces. He is the recipient of the Academy's Vanguard and Distinguished Service Awards.

Stenquist, Spallina Confirmed

Stenquist is Department Administrator, Department of Pharmacology at Vanderbilt University, in Nashville, TN. She joined the Academy in 1995 and advanced to Fellow in 2000. She has served on the Academy Board as Region III Director (2003-2005) and Director of Professional Affairs (2006), as State Director



Janet L. Jones and YC Parris keep the board focused on goals and strategies to enhance value for members.



The AAMA Board meets at AAMA headquarters in Des Plaines, IL. Top row (left to right): Dennis J. Quagliani, Stewart D. Smith, YC Parris, Dawn M. Hardin, Guy L. Snyder. Middle row: Marilyn M. Henry, Dale A. Goltart, Thomas E. Battles, Renee S. Schleicher. Bottom row: Michael K. Petty, Connie U. Stenquist, Janet L. Jones, Alan J. Burgess. Not pictured: James G. Easter, Jr., R. Kyle Kramer and Joseph L. Spallina.

of Tennessee, on the ACOA Board, on AAMA Finance and Strategic Planning Committees and as Chair of the Task Force on Regions. Due to her many contributions to the Academy, she received the Tennessee State's Distinguished Leadership Award and the AAMA State Director of the Year Award, both in 2002.



The Board's annual strategic planning retreat focused on setting priorities for 2007 and beyond.

Spallina, Director of the Arvina Group, LLC, Ann Arbor, MI, joined AAMA in 1993 and advanced to Fellow in 1998. He served as President of the American College of Oncology Administrators (ACOA) in 2002-2003 and as Academy Treasurer in 2005 and 2006. He has been a chair or member of numerous committees and task forces. He is the recipient of the Academy's Distinguished Service and Chairman's Awards.

Last year, the AAMA Board appointed Parris as 2006 Chair-Elect, leading to the position of Chair in 2007. Parris joined the Academy in 1994 and advanced to Fellow in 1999. He served as Federal Council Director (precursor of the American College of Federal Healthcare Administrators, ACFHA), in 2003 and has been a chair or member of various committees. He is the recipient of the Academy's Shubin Award and ACFHA's Levandowski Award. He is Director of Birmingham Medical Center, Birmingham, AL, an affiliated tertiary care

medical center with a budget of over \$150 million and over 1250 employees.

Jones will advance to Immediate Past Chair on January 1. She is President and CEO of Alive Hospice, Nashville, TN.

Region, College, Appointed Directors

Nominations for the Region I and III Director positions, two-year terms, are due July 15, with elections scheduled for early fall.

College Presidents are elected by their Boards of Directors prior to the start of the new year; those Colleges who garner the primary affiliations of at least ten percent of all members as of July 1 will be represented on the AAMA's 2007 Board as voting members. The incoming Chair's appointments for Board Directors of Professional Achievement and Professional Affairs, each a two-year term, will be confirmed by the Board of Directors in November.



AAMA Board considers programming options for 2007 and beyond.

Education, Leadership Development, Contributions, Achievements, and Vitality of Membership Focus of AAMA Board's Priorities

Each May, the Academy and AAMA Foundation Boards come together for two days to ensure we are meeting our Mission, serving our members, positioned for growth, and governed effectively and with vision. At this May's meeting and planning retreat, your Boards of Directors took the following actions on your behalf:

Defined Academy priorities as we begin our 50th year:

- Development of practical, relevant, convenient, affordable educational opportunities for our diverse membership.
- Development of members' leadership capacity through education, relationships, and personal experiences.
- Recognition and encouragement of members' professional contributions and achievements.
- Increasing the visibility and name recognition of AAMA and our Colleges.
- Ensuring AAMA's vitality and strength through a sound, growing membership and financial base.

Focused on Chapter Development:

- Expanded the North Carolina Chapter to include both North and South Carolina, renaming it The Carolinas Chapter.
- Commended AAMA's active Chapters: Ohio, The Carolinas, Tennessee, Alamo ACCP (San Antonio, TX), Georgia, and Colorado.
- Approved new Model Chapter Bylaws, streamlining Chapter structure and providing greater flexibility to local leadership.

Clarified Emeritus Status:

- Amended the requirements for Fellows to achieve Emeritus status. Emeritus Fellow membership status may be granted to any member who submits an application and has been a Fellow of the Academy for at least five (5) years, has retired from the healthcare field, and has reached the age of sixty (60).

Strengthened AAMA College Structure:

- Approved revised Operating Procedures for the American College of Cardiovascular Administrators (ACCA), the American College of Federal Healthcare Administrators (ACFHA) and the American College of Healthcare Information Administrators (ACHIA).

Positioned Strong AAMA Leadership:

- Confirmed the Academy's 2007 Executive Committee (see page 6).

Ensured Membership & Financial Strength:

- Agreed to keep membership dues amounts constant for 2007, for all categories except Associate Member, which was increased to \$145.
- Received a positive Academy and Foundation auditor's report for 2005. Nearly \$18,000 was added to reserves from operations, raising reserves to 39% of operating expenses, continuing our strong momentum toward the Board's goal of 50%.



Holly Estal and Dale Gorgart plan fall conference leadership sessions.



AAMA Board defines Academy priorities as they look to the Academy's 50th year.

Your Academy in Motion

Continued from page 1

opportunities that are practical, relevant, convenient, affordable, and fun.

- Fostering professional relationships, respect and support among members, and providing experiences and education to develop members' leadership capacity.
- Recognizing and encouraging members' professional contributions and achievements and, through them, enhancing the visibility of the Academy and the Foundation.
- Ensuring the vitality and strength of AAMA through a sound, growing membership base and resources.
- Increasing the visibility and name recognition of AAMA and our Colleges in the marketplace.

Your Board looked at our real strengths as an organization and realized that our conferences are our shining stars. To that end, we will be doing more of them, providing threads of common interest through them to all specialty areas represented within the Academy.

We have taken a giant step toward that goal by adding the AAMA Summer Institute in Chicago, intended for oncology and cardiovascular administrators. We expect its scope to be of interest to all specialty areas – succession planning is always a challenge and an opportunity.

We look forward to the next three years as our strategic plan unfolds, spearheaded by energetic, committed AAMA leaders – people working hand in hand toward the continued and future success of AAMA – people truly excited about our Academy! What a fitting tribute as we enter our 50th year. Thank you for your commitment to AAMA's next 50. Plan on joining us for a great party next year in San Diego to celebrate our half-century of progress! In the meantime, see you in Chicago this summer and Atlanta in November!

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

Spotlight on Vital Link's™ Cardiovascular Listserve

Have a complex administrative dilemma and need answers? Logon to Vital Link™ at www.aameda.org today and sign up for any or all the eight specialty listserves. Submit a listserve question and within minutes, your colleagues' solutions and best practices will arrive in your inbox.

Cardiovascular Listserve Fields Tough Issues

Recently, this question was posted on the cardiovascular listserve: Does your hospital require your cath lab nurses to have platelet inhibitors, vasoactives, etc., checked by a 2nd nurse before administration in the cath lab? If so, do you require verification by 2 nurses or may a tech verify an RN's dosage?

Answers:

- No, we do not. The only drug that needs to be checked by 2 RNs is Heparin (we rarely give insulin but it, too, would need to be verified by 2 RNs as well as any blood or blood products given).
- We do not require a 2nd check of dose in our lab.
- We do require that scrub techs verify drugs used on sterile tables, but not Platelet inhibitors nor vasoactives. We follow critical care standards (AACN) which do not require 2 RNs.
- We require a double-check by 2 RNs of all high-risk medications, as defined by our policy.... This can be difficult for our call team after hours. The call team may only have one RN. When there is not a second RN available, a high risk medication calculation worksheet is completed and tubed to a pharmacist for review. The pharmacist calls the RN with the verification. This actually works fairly well and does not take much time.

During a Code STEMI or Code Blue, a pharmacist reports to the cath lab to assist with drug preparation and double-check practices. High-risk medications are those medications identified by JCAHO, ISMP, or other publications on medication safety.

Use Vital Link's™: Listserves to Find Answers

Use these instructions to access the member directory and listserves:

■ To logon on to Vital Link™:

1. Go to AAMA's homepage – www.aameda.org, click on Vital Link™
2. Logon using your personal access information. The username is your last name and the password is your five-digit member ID number, found above your name on the mailing label of this issue of the *Executive*. You can email info@aameda.org if you misplace this number.

■ To access the member directory on Vital Link™:

1. Logon to Vital Link™ using the steps above.
2. Under the "Directory" menu at the top of the page, select either "Simple Search" to locate a colleague by name, company or city, OR select "Advanced Search" to search for specific details such as a particular state or AAMA specialty group.
3. If you need to narrow your search further, i.e., search for members from your specialty group located in your city, scroll down slightly to "Narrow Your Search." Here you can filter information



further by state, region, specialty group, military branch, etc.

■ To access Vital Link's™ listserves:

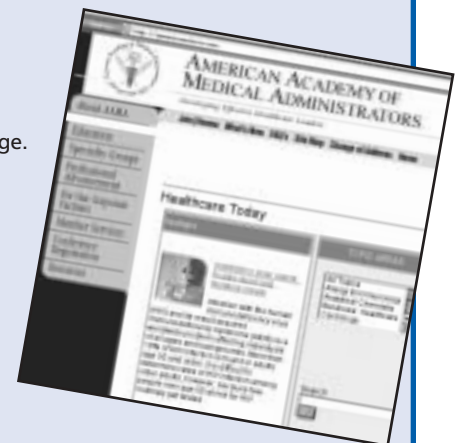
1. Logon to Vital Link™ using the steps above.
2. Click on "My Profile" near the upper left of your screen.
3. Scroll about three-quarters down the page to "Listserve Selections."
4. Highlight the listserv(s) you want to join (hold down the Ctrl key to join more than one).
5. Click on "Save."
6. Within a few minutes you will receive a welcome email with instructions along with the email address for sending messages to the listserv.

Receive Healthcare News Updates through AAMA's Home Page

AAMA's home page at www.aameda.org, offers a viable solution to stay up-to-date on pertinent healthcare news with free syndicated professional content on 40 different topics like healthcare business, cardiology, oncology, managed care, and pay for performance. Academy members and other healthcare professionals can have articles emailed directly to them. The email registration field for selected topic(s) of the visitor's choice is located at the bottom of each topic or specialty page.

With content provided by Advanstar Communications, the second largest medical publisher in North America, healthcare professionals can feel confident about the information provided. Clinical and business articles are peer-reviewed and come from Advanstar's 27 respected medical journals, including *Managed Healthcare Executive* and *Medical Economics*.

Use this invaluable resource by logging on to www.aameda.org today. It is located at the bottom right of the home page under the heading "Professional Resources." Recent article titles include: "ACC/AHA Guideline Update: Treatment of heart failure with reduced left ventricular ejection fraction" (cardiology section); "A Guide to Caring for Cancer Survivors" (oncology section); "IT Implementation: Why EHRs falter" (business section); and "Sophisticated Analytical Tools Help Fuel Successful Disease Management" (managed care section).



Three Key Questions Reveal the Personal and Professional Rewards of Advancement

By Michael K. Petty, FAAMA, Diplomate in Healthcare Administration, Credentials Committee Chair

Advancement in the Academy is a demonstration of professional development, superior service, and experience in healthcare administration. In my tenure as AAMA Credentials Committee Chair, many members who successfully earned their Fellow or Diplomate in Healthcare Administration have expressed that while the application process requires hard work, time, and commitment, the end result means so much more than a series of letters after one's name.

The answers to the following frequently

“Being a true professional, no matter what your chosen field of endeavor might be, requires that you commit to a lifetime of continual learning and study. You are never finished learning and adapting to the changes and advances in your profession. Advancement in the Academy enhances your professional stature and is a significant recognition of achievement.”

– David G. Daniel, FAAMA, Diplomate in Healthcare Administration
Watson Clinic, Lakeland, FL

asked questions reveal the exceptional professional and personal rewards of earning any of the advancement experienced-based credentialing options that include Fellow in the Academy (FAAMA), ACCA Fellow (FACCA), ACCP Fellow (FACCP), ACMCA Fellow (FACMCA), and the coveted Diplomate in Healthcare Administration, which is a special distinction acknowledging sustained achievement at the highest possible level of healthcare administration.

How do I advance?

There are four different avenues that can be taken to advance to Fellow and eventually to Diplomate in Healthcare Administration:

- Documentation of personal achievements (PAD) to equal 35 points through a combination of formal education, continuing education, organizational and professional service
- Original Fellow thesis of graduate school quality
- Case studies for 12 points each to a total of 35 points
- Combination of case studies and personal achievements to earn 35 points

The best source of information on advancement requirements is on the AAMA website at www.aameda.org under “Professional Advancement” where you can also download an application.

What's in it for me?

Advancing to Fellow in the Academy or one of the specialty groups (American College of Contingency Planners, American College of Cardiovascular Administrators or American College of Managed Care Administrators) connotes a significant achievement. This achievement may represent formal and continuing education, service to the Academy or a specialty group, or through significant

“All members should strive to advance to Fellow and those who already earned their Fellow should push themselves to earn Diplomate status. You earn instant recognition and respect from employers and colleagues.”

– CDR Jeanmarie Patnaude-Jonston,
CFAAMA, U.S. Navy, Healthcare
Operations, NH Okinawa, Japan

written case studies or original thesis. In essence, it is a culmination of valuable time, thought, and energy to growing professionally within the healthcare field.

Why advance?

In the competitive nature of our field, an FAAMA, FACCA, FACCP, and/or Diplomate in Healthcare Administration following your name, affirms that you are a respected healthcare administration leader. Colleagues and employers view AAMA Fellows and Diplomates as confirmation of healthcare administrators' knowledge and professional expertise. My challenge to you as members or Fellows is to continue to grow professionally. One way is to advance in the Academy and your specialty group. **The application deadline is August 15 to be formally recognized at the 49th AAMA Annual Conference.** Contact Erika Ernquist, Membership & Communications Manager, at erika@aameda.org or call 847/759-8601, with questions.

Michael K. Petty is Chief, Business Operations, TRICARE, Puget Sound, Tacoma, WA. You may contact him by email at michael.petty@amedd.army.mil.



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.

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Scott F. Tanner

The ABCs of Recruiting New AAMA Members

By LTC Scott F. Tanner, CAAMA, FACCP, ACCP Board member

After being asked to release some of my recruiting secrets, I sat down and listed such measures as "talk to recruit", "provide application", and "answer questions". The fact is there are no secrets. What I've found successful and what I offer below are common truths that every AAMA member can apply.

We use the word "recruit", but I believe the word "sponsorship" is better. A sponsor vouches for a person, assists in the early phases of membership, remains available, and becomes a keystone in the new member's professional network. Successful recruiting is as simple as ABC, or Ask, Believe, and Communicate.

You've got to **Ask** people to join. Your asking is an invitation to join you in something

worthwhile. Have brochures and applications available to put into the new member's hand, give them something to hold on to.

Secondly, you've got to **Believe**. The "Sales 101 Manual" says that you've got to "believe in your product". When talking to new members, you must be able to demonstrate the value of affiliating with AAMA. We can all sell, whether you're pitching a million dollar project to the Board or trying to get your kids to eat carrots, you're selling. You make the presentation, anticipate and overcome objections, and make the close. Don't give people a "hard sell". People feeling pressured into joining will no doubt develop "buyer's remorse", not fully enjoy the benefits of membership, and, ultimately, not renew. The organization doesn't grow when members join; it grows when they stay. Finally, you've got to **Communicate**. State the facts clearly,

listen to their concerns, and answer their questions honestly. Stay in touch and check back. Communication begins when you first meet a new recruit and continues on as long as you're both members of AAMA; that is sponsorship.

Successful recruiting is as simple as ABC. Talk with people. Demonstrate the benefits of AAMA in your daily performance. Honor and take seriously the role and responsibilities of "Sponsor".

In his six years with AAMA, LTC Scott Tanner has sponsored over 45 new members. He has been the top recruiter in ACFHA and AAMA for the last two years. Scott is Chief, Medical Training, Army Special Ops Command in Pinehurst, NC. He can be reached via email at scott.tanner@us.army.mil.



AAMA Foundation Expands Programs

This year, the AAMA Research & Educational Foundation is expanding its educational programs with an intensive learning opportunity for emerging leaders in oncology and cardiovascular healthcare administration. The new AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders* will be held August 16-18, in Chicago.

The Foundation offers scholarships to all conferences, including the Summer Institute. Here are details for upcoming scholarships:

- One tuition scholarship is available for the AAMA Summer Institute. Application deadline is July 12.
- Two tuition scholarships are available for the 49th AAMA Annual Conference. Application deadline is September 10.

For further details and applications, go to www.aameda.org.

Scholarships and new programs are made possible, in part, by the generous support of AAMA members. In 2006, the Foundation has already received an increased level of support from our leadership – both volunteers and staff.

A special thank you for the generous contributions from these 2006 AAMA Foundation Contributors:

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The AAMA Foundation is dedicated to driving excellence in healthcare administration through education, research, scholarship, and policy development.

Summer 2006 AAMA Updates

Call for GE Healthcare Award of Excellence Nominations

Presented annually by AAMA and ACCA through the generosity of GE Healthcare BioSciences, the GE Healthcare Award recognizes a cardiovascular administrator who has contributed significantly to the improvement of cardiovascular care and the advancement of cardiovascular administration. Ideal candidates should demonstrate outstanding leadership and innovative solutions in the delivery of cardiac care. This award will be presented at the ACCA 18th Annual Cardiovascular Administrators' Leadership Conference, New Orleans, LA. Nomination deadline is October 1, 2006. For more details, go to www.aameda.org, or call 847/759-8601.

CAAMA News

■ Add the CAAMA Credential to Your Resume.

Schedule the exam at your location by special arrangement or take the exam on October 31 at the 49th AAMA Annual Conference, Atlanta, GA. Call Vanessa Canteberry at 847/759-8601 or email vanessa@aameda.org. Full details available at www.aameda.org.

■ CAAMA Exams Proctored in Iraq:

CAAMA exams were given recently at the Al Faw Palace, formerly Saddam Hussein's, and the U.S. Embassy in downtown Baghdad, one of America's largest. The member who proctored the exam emailed the following message: "Thank you very much for the stellar support – it is nice to have friendly folks when you live in Baghdad."

New AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*

Continued from page 1

trends, strategic planning, facility planning, marketing and business development, reimbursement and coding, financial planning, data registries, physician relations, patient satisfaction, and more. Instructors will be comprised of practicing oncology and cardiovascular administrators as well as business leaders and consultants.

Encourage your emerging leaders to register now for the AAMA Summer Institute at the Chicago City Centre Hotel, close to Michigan Avenue, Chicago's Magnificent Mile®. Registrants will receive a special benefit: free AAMA membership through December 2007.

The Institute is presented by AAMA specialty groups, the American College of Cardiovascular Administrators (ACCA) and the American College of Oncology Administrators (ACOA). Find details and registration information at www.aameda.org or call 847/759-8601.

AAMA Annual Conference Sparks New Ideas in "Hotlanta", November 1-3

Continued from page 1

"Supervising in the Fast Lane: How To Manage in Today's Ever Changing Workplace" for early to mid-career administrators. Concurrently, D. Brent Meers presents "Strategies for Executive Success in the Fast Lane... The New Norm" for senior level administrators.

Pre-conference sessions include an array of Federal Day activities, plus Sarah Freymann Fontenot, JD, one of our most requested speakers, on "Will Pay for Performance Improve Your Bottom Line?" Take charge of your career development with an added post-conference program, "Interacting with an Executive Search Firm: Myths, Facts and Tips," with Larry Tyler and Etheline Desir.

Seven tracks of concurrent sessions – 36 in all — serve the diverse specialties and leadership interests of AAMA members: leadership development; cardiovascular, oncology, healthcare information, and managed care administration; contingency planning; and small or rural healthcare. AAMA's Poster Session, Resume Review Service, a bonus session on Career Progression Planning, and abundant networking options add to the expanded conference experience.

The new conference Wednesday to Friday schedule reflects members' responses to conference surveys, according to Conference Chair Dale A. Goltart, FAAMA. "Each year's conference evolves to match our members' own evolving needs."

Check the AAMA website, www.aameda.org, for additional conference details, including tuition scholarship availability.

The AAMA EXECUTIVE

Summer 2006

American Academy of Medical Administrators
701 Lee Street, Suite 600
Des Plaines, IL 60016
Telephone: 847/759-8601
Fax: 847/759-8602
E-mail: info@aameda.org
Website: www.aameda.org

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What's NEW this fall at the AAMA Conference?

- Fresh focus on Leadership Development with in-depth Friday morning sessions.
- Conference days now Wednesday to Friday instead of Thursday to Saturday to accommodate members' preferences. Conference concludes at noon on Friday.
- Career Progression Planning Bonus Session offers ideas to expand your career horizon.

Exchange ideas on best practices, enhance your skill sets, add to your knowledge base and expand your network of colleagues at the AAMA conference.

Check the AAMA website for conference details at www.aameda.org.

Healthcare in the Fast Lane: THE NEW NORMAL

49th AAMA Annual Conference

November 1-3, 2006

(Wednesday through Friday; note change in weekdays from prior conferences)

**Sheraton Atlanta Hotel
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