Developing Excellence in Healthcare Delivery and Leadership

THE AAMA EXECUTIVE

AMERICAN ACADEMY OF MEDICAL ADMINISTRATORS

SPRING 2006

At Your Fingertips: AAMA Home Page Delivers Access to Current Info on 40 Medical Topics

Seeking professional resources you can rely on, at no cost? Information on the business of health care, cardiology, oncology, managed care, and more is now at your fingertips.

The Mediwire Network, providing free syndicated professional medical content, is now available at www.aameda.org on the Academy's home page.

Site content is refreshed every two weeks on 40 different healthcare topics. Members may also choose to receive updates on relevant topics emailed directly to them.

Recent Mediwire articles on the business of health care focused on the management of personal finances, negotiation techniques, and cross-training staff. Cardiology news included live webcasts of a cardiac stenting procedure and mitrial valve repair. Oncology information reported problems in recruiting participants in clinical trials.

"Our goal is to provide access to up-to-date information relevant to the multiple disciplines AAMA members represent."

The site offers a specialized search option, even including a list of popular terms to assist with targeted information searches.

Content is provided by Advanstar Communications, the second largest medical publisher in North America, a leading distributor of peer-reviewed clinical and business information reaching millions of healthcare professionals monthly. Content comes from Advanstar's 27 prestigious medical journals, including *Managed Healthcare Executive* and *Medical Economics*.

"Our goal is to provide access to up-to-date information relevant to the multiple disciplines AAMA members represent," explained Academy Board Chair Janet L. Jones, FAAMA. "Mediwire broadens the resources our members can access quickly through our website."

Janet L. Jones, FAAMA

Finding More Minutes in the Day

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

I have been sitting here pondering how very important your involvement is to the success of AAMA. Our AAMA and Foundation Boards, ten Committees, four task forces, seven College Boards and their Committees, and local Chapters involve more than 200 AAMA member volunteers sharing their time and expertise to move your Academy toward achieving our strategic goals.

Our Mission is to advance Academy members and the field of healthcare management, and promote excellence and integrity in healthcare delivery and leadership. Our members contribute significantly to fulfilling that Mission – and deserve a big THANK YOU from us all.

That dedication takes time. Yet, for the first time, a few members have declined committee service due to time constraints. This brings to mind how all of us are trying to fit ten pounds into five-pound bags – something's got to give. If you are like me, you probably want to do it all, but at some point you say, "tilt!"

Don't give up on "doing it all": AAMA can be part of the solution to finding more minutes in your day.

1. AAMA's Vital Link™ lets you communicate with fellow Academy members with similar interests and challenges and learn from each other on your schedule – what a gift for problem solving. The breadth of our members' knowledge and

Continued on page 9

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

AAMA Briefs

Save These Dates for AAMA Education Opportunities

- AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*
  August 16-18, 2006, Chicago City Centre Hotel, Chicago, IL
- 49th AAMA Annual Conference Warms Up in "Hotlanta"
  November 1-3, 2006, Sheraton Atlanta Hotel, Atlanta, GA
- ACCA 18th Annual Cardiovascular Administrators' Leadership Conference
  March 21-23, 2007, Hotel InterContinental, New Orleans, LA

2003 CAAMAs Must Recredential in 2006

Those who earned their CAAMA credential or last recredentialed in 2003 are required to recredential in 2006. Recredentialing information and applications are available on the AAMA website.

For more details on AAMA Briefs...

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

Inside:

Spring 2006 *AAMA EXECUTIVE*

A Medical Administrator's Perspective on Lessons Learned from Hurricane Katrina

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Standard of care was reduced, and risk mitigation was the focus.

Hurricane Katrina proved to be one of the worst natural disasters in U.S. history. Never before in the U.S. has an entire city's healthcare system collapsed overnight. Hospital administrators were tested beyond their experience and training because traditional education and training did not prepare them for contingency planning of such magnitude, patient evacuation in adverse conditions, reconstitution of a healthcare system, contingency medical operations, or disaster management and recovery.

Just prior to Hurricane Katrina, Louisiana conducted an exercise called Hurricane Pam, a fictitious slow-moving Category 3 hurricane. Many of the planning elements in this exercise proved to be valuable with Katrina. However, Katrina was much larger than expected, and the New Orleans levees broke, causing severe conditions for healthcare operations.

Hospital administrators have two major planning choices when confronted with planning for hurricanes of Category 3 or higher: evacuate or harden the facility, or move patients into safe zones and ride out the storm. Major operational issues occurred during and after the hurricane when all utilities went down, failed, or were absent. Standard of care was reduced, and risk mitigation was the focus. Medical facilities did not plan for such an occurrence, and patient evacuation was not in the disaster plans. Severe hurricanes and new threats demand the rethinking of contingency plans - from operations to facility construction.

Hospital Planning: The What, Where, When, and Why?

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Administrators must determine whether adding to or renovating their facilities is the most cost efficient method of expansion.

The economics of healthcare planning can either make or break a hospital. In addition to codes and regulations, hospital administrators have to consider the Return on Investment (ROI) for upgrading their facilities. Administrators must determine whether adding to or renovating their facilities is the most cost efficient method of expansion.

The hospital administrator understands that the hospital is part of the community, and that input from physicians, staff, and community leadership is vital to survival. If leadership chooses to build a new hospital based solely on financial feasibility numbers, there is no guarantee that the new hospital will bring in the same amount of business as the old one. On the other hand, many small hospitals cannot function properly simply due to the age and obsolete condition of the current building. Building a new hospital may be the more expensive route, but it may dramatically improve the efficiency and quality of health care over time.

In this study, Mercy Hospital of Tiffin, a small, rural hospital in central Ohio, goes through the hospital planning process to answer this important question: Should the hospital stay and expand, or relocate? In 2004, the planning team conducted a campus master planning study for Mercy Tiffin. The original hospital building was over 90 years old, and leadership was facing problems such as crowded and inefficient departmental spaces, outdated engineering systems, and growing patient volumes in limited space. With a limited budget, Mercy Tiffin had to expand its facilities to accommodate for the growing patient volumes. After a thorough analysis of the building, the planning team concluded that it was time for the hospital to phase out of the old facility and relocate, in phases, to a new site.

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.**

Ways to Improve Physician-Nursing Relationships in Long Term Care

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Good communication and nurse-physician relationships on the patient care team improve overall patient care.

The long term care (LTC) industry is highly regulated, requiring continual assessments and medical record documentation by nursing personnel and physicians. Physicians depend heavily on nursing staff to assess patient needs, to interact with family members, and to routinely update the physician about changes in resident status. In LTC facilities, sensitive issues and problems develop around regulations, medication use, restraints, and payment of care. Standards of nursing care must be developed by a team of physicians and nurses in conjunction with the LTC medical director. Good communication and nurse-physician relationships on the patient care team improve overall patient care.

This article identifies key communication points in the resident care process, isolates areas that are important to physicians working in LTC facilities, and suggests points in the nursing care process that can improve nurse-physician relationships. Developing strong resident care teams requires cultivation of interdisciplinary professional relationships, awareness of needs, and the willingness to modify current behaviors to improve team communication. As levels of patient acuity increase and demands for quality outcomes increase, resident care guidelines and protocols must be continually and carefully modified. Timely feedback and accurate communication can enhance resident care and treatment outcomes. Understanding where and how to improve communication can enhance nurse-physician relationships. Provided nurse-physician relationships are positive, supportive, and built around trust, physicians respond positively to RN assessments, monitoring, and opinions on changes to treatment orders.

Designing and Executing a Bilateral Disaster Preparedness Exercise with the Japanese Maritime Self-Defense Force

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Cooperation between the U.S. Naval Hospital and a neighboring Japanese Maritime Self-Defense Force Hospital would be essential and perhaps the only viable means of saving lives...

On March 20, 1995, six years before the September 11, 2001, terrorist attack, a group of Japanese terrorists placed a number of containers of Sarin nerve agent in the underground subway network in Tokyo, Japan. Thousands of early morning commuters were exposed, hundreds were subsequently hospitalized, and 11 persons were killed. The threat of serious mass casualties resulting from an event other than a typhoon or earthquake had once again hit Japan.

The Tokyo subway Sarin attack caused all U.S. military bases in Japan to go into a state of high alert. U.S. military officials realized then that our medical facilities in Japan were woefully unprepared to handle a situation where hundreds or even thousands of people would be exposed to any type of biological or chemical agent. U.S. military hospitals in Japan, and in other foreign countries, were staffed to manage peacetime incidents, with no more than two or three seriously injured patients appearing in the emergency room at any given time.

Medical planners at U.S. Naval Hospital Yokosuka concluded that the need for joint cooperation between U.S. and Japanese military medical facilities was critical. Cooperation between the U.S. Naval Hospital and a neighboring Japanese Maritime Self-Defense Force Hospital would be essential and perhaps the only viable means of saving lives during a mass casualty situation resulting from either a natural disaster or human-inspired event.

This case report details the method Navy medical planners applied at U.S. Naval Hospital Yokosuka, Japan, to successfully design and execute a bilateral disaster preparedness exercise, coupled with a mutual support agreement, with their colleagues at the Japanese Maritime Self-Defense Force Hospital, Yokosuka.

Ending the Document Game: Connecting and Transforming Your Healthcare Through Information Technology

AUTHOR:
The Commission on Systemic Interoperability (CSI)

PUBLISHER NAME AND LOCATION:
U.S. Government Printing Office, Washington, D.C., ©2005

ISBN:
No code available, paper

REVIEWER:
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President
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Waldorf, MD

The Commission on Systemic Interoperability (CSI) was created by the U.S. Congress and President George W. Bush in the *Medicare Modernization Act*. This independent panel was to create a blueprint of a connected system of healthcare information and recommendations to hasten its creation.

This study focuses on three major recommendations to accomplish a major transformation in the healthcare industry: Adoption, Interoperability and Connectivity.

- Adoption covers the requirement to engage both the healthcare providers and the consumers into a cohesive group of end users. This framework would provide the proper environment to create, store, exchange, and utilize the emerging electronic health record. This report is specifically concerned with privacy safeguards and regulatory overhead.
- Interoperability focuses on the need for all the healthcare systems to share data. Today's marketplace finds vendors selling systems that are very proprietary. The architecture is specifically designed to insure the clients will continue to use these systems and pay the license fee for years to come. It is, therefore, not in the vendor's interest to sell an open system.
- Connectivity is achieved when the networks create a conduit to move medical data from one system to another seamlessly. The largest gap to fill here is the one between the patient and his or her healthcare information. There needs to be uniform privacy laws and severe punishments for those who violate these laws.

Successful implementation of any nationwide information system, by its nature, is an extremely complex undertaking. This report provides an excellent description of the significant issues facing our nation's ability to reconstruct current business and regulatory practices. It is an excellent source of information and strategies affecting all healthcare professions. Just the effort required to get clinicians and consumers to use information networks is a major challenge. This book is well structured and contains a wealth of ideas.

Risk Management in Health Care Institutions: A Strategic Approach

AUTHORS:
Florence Kavaler and Allen D. Spiegel

PUBLISHER:
Jones and Bartlett Publishers, Sudbury, MA © 2003

ISBN:
0-7637-2314-2

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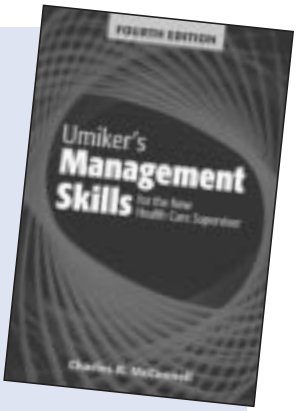
Starting your first job in healthcare management? Is it your first stint as a risk manager in a hospital, or first opportunity as the chief operating officer in a healthcare system? If you answered yes to any of these, *Risk Management in Health Care Institutions: A Strategic Approach* is an excellent book to read. The publisher describes the book succinctly, saying it "…offers governing boards, chief executive officers, administrators, and health profession students the opportunity to organize and devise a successful risk management program."

A Strategic Approach brings a much-needed connection to risk management and quality management. Often times, institutions pursue parallel, non-intersecting programs that share a focus on improving performance, reducing errors, and increasing patient safety. By applying quality management principles and tools to risk management, the synergy of these programs produces positive outcomes for both the staff and patients. In providing "Samples of Potential Risk Management CQI Projects," the authors are preparing the reader for the commonly asked question, "Where do we get started?"

If you've already established a link between risk management and quality management in your organization, why should you bother reading *A Strategic Approach?* This text expertly breaks down the specific issues of risk management as it applies to psychiatry, long-term care, high-risk hospital departments, managed care organizations, and integrated healthcare delivery systems. As this text clearly identifies, each type of organization has unique liability opportunities that require tailored approaches (hence the title of this book).

Umiker's Management Skills for the New Health Care Supervisor



AUTHOR:
Charles R. McConnell

PUBLISHER:
Jones and Bartlett Publishers, Sudbury, MA © 2003

ISBN:
0-7637-2878-0

REVIEWER:
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Umiker's Management Skills for the New Health Care Supervisor is now a desktop reference for this reader. If you are a healthcare professional in a supervisory role, you must consider adding it to your personal library. The book provides concise, simple reading and discusses an array of situations many supervisors deal with daily. It is a great resource for young and seasoned supervisors as well as an excellent tool to use during informal or formal organizational leadership training programs.

The reader can reference McConnell's book to quickly review a situation prior to meeting with an employee. The provided explanations are useful in several situations and detail options to handle multiple employee and organizational conflicts. *Umiker's Management Skills for the New Health Care Supervisor* is a book that is equally important as a daily planner. Taking a few moments weekly to pick a section pertinent to the organizational climate provides a foundation to pattern or design possible managerial solutions.

One very interesting and useful section of McConnell's book was "Self-Enhancement for Supervisors". The final four chapters make the reader reconsider personal conflicts and employee situations that challenge his/her organization's mission. The "Special Supervisory Skills" section will guide you in personal reflection and help you become a better supervisor.

Health Care Market Strategy, From Planning to Action, Third Edition

AUTHORS:
Steve G. Hillestad and Eric N. Berkowitz

PUBLISHER:
Jones and Bartlett Publishers, Sudbury, MA © 2004

ISBN:
0-7637-4799-8

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Are you looking for a book that will teach you how to develop and execute a successful marketing strategy for healthcare facilities? *Health Care Market Strategy: From Planning to Action* is the book for you. It is a useful resource for anyone who has studied introductory marketing and is ready to put basic marketing concepts into action. This book has been a standard reference for over ten years. It bridges the gap between marketing theory and implementation by showing you, step-by-step, how to develop and execute successful marketing strategies using appropriate tactics.

The authors state that too often we value the process of creating strategy while paying little attention to our results. The authors also remind us that the healthcare industry is very competitive. Because of new delivery systems and changing marketplace conditions, marketing strategy has become critical. In the past, we developed master plans, sometimes on the basis of thousands of hours of discussions, committee meetings, retreats, and analyses conducted at the highest levels. Such plans were only partially successful because of a gap between strategic analysis and tactical implementation. One of the major contributions this book makes is linking strategic thinking to appropriate tactics through a model called the strategy/action match. By using this model, the reader will have confidence when choosing marketing tactics to employ in many different situations.

This book contains several examples of exactly what a marketing plan should look like and strategies for evaluating a marketing plan's success. It provides a logical step-by-step sequence on how to develop a marketing plan. Finally, this book discusses how to improve managerial relationships so that conflict can be avoided and teamwork can be established to carry out a marketing plan.

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

ACCA Conference Recap: "Navigating New Frontiers" Spotlights Cardiovascular Leadership, Innovative Thinking

Kicking off ACCA's renamed Cardiovascular Administrators' Leadership Conference, keynoter Kim A. Eagle, MD, quoted Nobel-winning physicist Niels Bohr. "Prediction is difficult," he noted, smiling, "especially about the future."

Still, focusing on "The Future of Cardiovascular Practice: Angles of Repose," he addressed key emerging issues in clinical science, technology, and demographics, as well as economic trends, and their impact on cardiovascular care.

Clinical Director of the University of Michigan Cardiovascular Center and Albion Walter Hewlett Professor of Internal Medicine at the UM Health System in Ann Arbor, Eagle believes CV's long-term winners will be those who think about the patient. "The best interest of the patient is the only interest to be considered," he said, quoting William J. Mayo.

Despite the difficulty of a crystal ball analysis, Eagle predicts:

- CT angiography "will emerge as the leading means of finding early disease, a very important tool in prevention."
- HDL-C drugs, especially in combination with statins, are the next revolution in prevention.
- Pay for performance will be "a big deal."
- Telemonitoring will grow in importance, particularly in rural areas.
- Demographics will continue to impact CV care – especially the continuing national and global transition from rural to urban environments, the U.S. obesity epidemic, and the U.S. shortfall in physician supply.

New technologies, he believes, will encourage turf wars, rather than collaboration, among the medical specialties. With collaboration, "The only loser is the malpractice lawyer; the major winner is the patient. Systems that reward 'team' will win."

He quoted Margaret Mead in support of this approach, "Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has."

Recognizing Excellence

"The name change – from Management Conference to Leadership Conference – recognizes CV administrators' critical role in guiding American healthcare," explained Conference Chair P. Anthony Long, CAAMA, FACCA. "The conference's goal was to expose attendees to innovative thinking and to prepare CV administrators to strategically lead their organizations.

Keynote speaker: Kim A. Eagle, MD

A stimulating education session engages attendees.

Attendees converse about current issues and products.

> ***"Prediction is difficult, especially about the future."***
>
> *–Kim A. Eagle, MD, quoting Nobel-winning physicist Niels Bohr*

Leatrice Ford's pre-conference session on "Optimizing Revenue Through Coding and Revenue Cycle Management" set a record for ACCA pre-conference session attendance, demonstrating administrators' growing spotlight on the bottom line.

From the pre-conference session to the closing moments, ACCA's March conference focused on identifying, sharing and recognizing innovative cardiovascular leadership.

Honored for her leadership and achievements in cardiovascular administration was Linda R. Larin, recipient of the GE Healthcare Award of Excellence (see page 7).

GE Healthcare Award of Excellence recipient Linda R. Larin and GE Healthcare BioSciences representatives.

ACCA President-Elect Kevin J. McGovern, FACCA (left), and ACCA President Marilyn M. Henry, FAAMA, FACCA, congratulate new Diplomate David G. Daniel, FAAMA, (center).

Four AAMA/ACCA members were recognized for their commitment to professional excellence and personal achievement. The status of Diplomate in Healthcare Administration was conferred upon David G. Daniel, FAAMA. Lynne E. Fischer, Kathy A. Miller, and P. Anthony Long, were advanced to Fellow of the American College of Cardiovascular Administrators, FACCA, demonstrating a combination of formal education, continuing education, and organizational service.

"Each of these recipients has fulfilled the requirements for achievement, expertise and experience in healthcare administration, demonstrating leadership in cardiovascular administration," explained ACCA President Marilyn M. Henry, FAAMA, FACCA.

Also recognized were retiring ACCA Board members Cynthia L. Sutton, FACCA and Lynette M. Wheeler, FAAMA, FACCA, described by Henry as "generous, dedicated and creative ACCA members who have worked very hard on our behalf."

Special Sessions

The conference experience included a special poster session, with 17 presentations by AAMA members and their colleagues. In addition, Boston Scientific Corporation's industry-sponsored symposia, "Expanded Opportunities: Clinical Trial Participation," enhanced the educational environment.

The 2007 ACCA Cardiovascular Administrators' Leadership Conference will be held in New Orleans, LA, March 21-23, immediately preceding the American College of Cardiology Annual Scientific Session.

Linda Larin Honored with GE Award of Excellence

Linda R. Larin

The American College of Cardiovascular Administrators (ACCA) Board of Directors has named Linda R. Larin the 2006 recipient of the GE Healthcare Award of Excellence. Larin is Administrative Director, Cardiovascular Center of the University of Michigan Health System, Ann Arbor.

Presented annually by AAMA and ACCA through the generosity of GE Healthcare BioSciences, this award recognizes a cardiovascular administrator who has contributed significantly to the improvement of cardiovascular care and the advancement of cardiovascular administration. The recipient must have demonstrated outstanding leadership and innovative solutions to the many challenges faced today in the delivery of cardiac care.

According to a University of Michigan Health System colleague, Larin was "instrumental in developing the first true cardiovascular collaborative service line [at Michigan], for forging relationships which cross departmental boundaries, ultimately culminating in the construction of a cardiovascular center focused on a team approach to cardiovascular care... [for her] leadership role in the planning and construction of our Cardiovascular Center... always willing to share experience and information with others involved in cardiovascular administration and is recognized throughout our institution for her leadership skills, knowledge, and professionalism."

Larin has met the Award's criteria of at least five years experience related to cardiovascular leadership, membership in AAMA/ACCA, current responsibility for leading a cardiovascular team, and demonstrated excellence in these five core competencies: leadership, creativity, involvement, knowledge, and professionalism.

Larin, an AAMA member since 2000, was recently elected member-at-large of the ACCA Board of Directors.

AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders* – NEW!

Give your staff a leg up on their management skills. Direct them to the new AAMA Summer Institute, August 16-18, 2006, in Chicago.

Designed for those with management/leadership potential, *Management Fundamentals for Upcoming Oncology and CV Leaders* is an intense management development experience for those moving up in their organization, perhaps coming from a clinical background with a need to add management and leadership skills to their knowledge base. Attendance will be limited to ensure ample opportunity for interaction with instructors and colleagues.

Attendees will take away real world solutions and best practices for issues facing oncology and CV leaders daily. Topics to be covered include: strategic planning, facility planning, marketing and business development, reimbursement and coding, financial planning, data registries, physician relations, patient satisfaction, and HR competencies.

Encourage your emerging leaders to make plans now for the AAMA Summer Institute at the Chicago City Centre Hotel, close to Michigan Avenue, Chicago's Magnificent Mile. Contact AAMA for details at 847/759-8601 or visit the website, www.aameda.org.

Tell Your Colleagues: Join AAMA, Take CAAMA Exam, and Save $120!

Join the Academy and take the prestigious CAAMA Exam for $325. This is the perfect opportunity for healthcare administrators to enhance their resume with AAMA membership and earn their CAAMA credential while saving $120!

- Available to new AAMA members who join by July 7. Reduced fee covers membership through December 31, 2006.
- Join AAMA and schedule the CAAMA exam by July 7; take the exam by July 31, 2006.
- Applicants must hold a baccalaureate degree, have completed four years employment in healthcare administration/education or must be pursuing a graduate degree in healthcare administration or related field.

For more information and registration, contact Vanessa Canteberry at vanessa@aameda.org or complete Combo Offer registration online at www.aameda.org.

Looking for Academy Stars – Call for AAMA Award Nominees

AAMA honors the best and brightest in healthcare management and leadership through our annual awards program. Think about the colleagues and AAMA members whom you have admired for their exceptional contributions to the industry; then nominate them for one of the following awards:

Distinguished Service Award
Honors AAMA members who have provided outstanding service and significant support to the Academy and/or its Specialty Groups.

William Newcomer Healthcare Executive of the Year
Recognizes an Academy member who has demonstrated outstanding executive performance in his or her organization, with accomplishments revealing initiative, innovation, and performance results.

Harry Shubin, MD, Statesman in Healthcare Administration
Open to both AAMA members and non-members, this award recognizes a healthcare professional with at least 20 years of service to the healthcare field, who has made a significant, innovative contribution to the aims of quality healthcare delivery.

State Director of the Year
Presented to an AAMA State Director in recognition of exceptional service to the Academy and its members while fulfilling the duties of his or her position.

Young Federal Healthcare Executive of the Year *(Nominations open to ACFHA members only)* Recognizes the outstanding contributions and achievements of a young *(under 40 years of age)* healthcare administrator to the Federal healthcare management system.

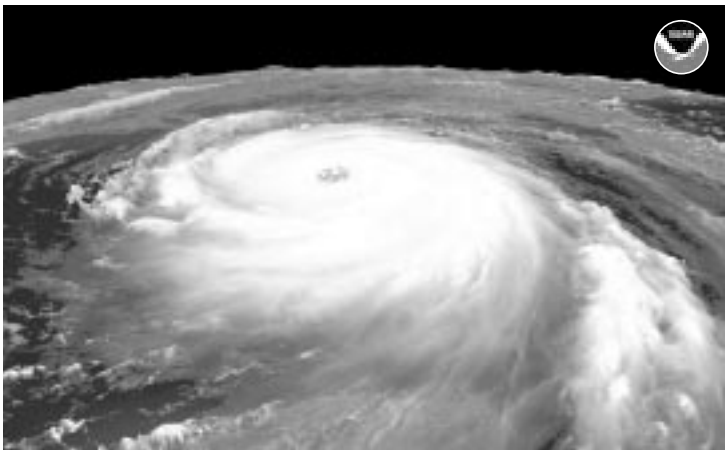
Award nominations must be submitted to AAMA headquarters by July 1, 2006. Recipients will be honored at a formal ceremony during AAMA's 49th Annual Conference, November 1-3, in Atlanta. A convenient online award nomination form is posted on the Academy's website at www.aameda.org, or you may mail a nomination letter to AAMA, 701 Lee Street, Suite 600, Des Plaines, IL 60016, or fax 847/759-8602.

The Eye of Hurricane Katrina: One AAMA Member's Story

By Lt Col Barbara J. Henning CAAMA, USAF, MSC, Associate Administrator, Keesler Medical Center, Keesler Air Force Base, Biloxi, MS

Hurricane Katrina was described by one man as "one day of bad weather that changed everything." The Category 4 (later determined to be a high-end Category 3) hurricane made landfall just west of Biloxi, MS, August 29, 2005, causing a storm surge of up to 35 feet. This destroyed much of the coastline, and severely damaged the three big Gulf Coast industries: fishing, casinos and Keesler Air Force Base. As the associate administrator for Keesler Medical Center at Keesler AFB in Biloxi, I was evacuated during the hurricane. This article shares the story of the destruction and rebuilding of Biloxi, Keesler AFB, primarily its medical center.

Several feet of water flooded Keesler AFB, causing severe damage to major buildings, making 800 of the 1,800 family housing units uninhabitable and inundating the medical center's basement with up to four feet of water. The medical center was being used as an evacuation shelter for approximately 1,300 patients, medical personnel, and their families. As the water came in, it flooded the basement, causing all primary and backup electrical power to fail. This left the hospital full of people and without power or communication. As water rose in the basement, staff rushed to the medical records section and rescued most of the 100,000 irreplaceable records housed there.



A satellite's view of Katina, Aug. 28, 2005. Photo courtesy of National Oceanic & Atmospheric Administration (NOAA).

During the storm, the hospital staff delivered two babies using light from hand-held flashlights. The staff also successfully kept three seriously-ill patients alive with hand-ventilation until base civil engineers braved the storm's fury to deliver and connect a small portable generator. Once the storm passed, students from Keesler helped clear the runway so that patients from the hospital could be evacuated. Staff had to hand-carry patients down the hospital's stairs in the dark, as the elevators were also destroyed by the flood. In total, 70 Keesler patients were evacuated.

For the complete article, go to the Member Services section of the AAMA website, www.aameda.org.

Member Feedback Calls for *Journal* Transition

Member feedback is directing AAMA's exploration into alternate formats to replace the quarterly print versions of the *Journal of Cardiovascular Management (JCM)* and *Journal of Oncology Management (JOM)*.

"Our hope is to deliver a broader array of resources but on a timelier basis and in an easily accessible format," noted AAMA President Renee S. Schleicher, CAE. "We are exploring both online and alternate print formats to replace the *Journals*."

Recent member surveys point to members' interest in case studies, trends in cardiovascular and oncology management, and expanded management or practice tools ready to use.

"Our goal has always been to strengthen the resources available in these specialties, in fulfillment of our Mission," Schleicher noted.

Publication of both printed *Journals* ceased with the Fall 2005 edition.

"We ask your patience as we explore the numerous options now available in publishing. The end result should be a stronger, more timely, more valuable resource for cardiovascular and oncology administrators—one that truly allows us to *promote excellence in healthcare delivery and leadership,*" Schleicher explained.

Treasurer's Report: Strategic Planning Update

By Joseph M. Spallina, FAAMA, 2005 Treasurer, AAMA Board of Directors

The Academy/Foundation develops a strategic business plan annually with input from AAMA leaders, including College Presidents, Regional Directors, and Committee Chairs. One of the four key goals of this plan is to achieve AAMA's vision and strategic priorities through a sound and well-functioning organizational infrastructure. This infrastructure provides the stable foundation and resources required to accomplish the Academy's other goals.

Financial planning and results are key components of organizational infrastructure. As we know from our own organizations, most goals rely on resources – financial and/or human – for accomplishment. Each year AAMA leadership develops a budget that focuses resources on the identified priorities of the plan.

2005 was another successful financial year:

- 5th consecutive year of revenue growth.
- Continued expense control: since 2000 revenues have grown 19%; during the same period expenses have only grown 14%.
- 4th consecutive year we have exceeded our budgeted net revenues and made a significant contribution to our reserves to ensure long-term stability.

The Academy and its members are now reaping the rewards of successful planning. Our financial results and strategic planning allow us to expand the services offered to AAMA members. In 2005 we introduced Vital Link™, a member-exclusive online directory, providing a valuable tool that makes colleague contact information available 24/7. Last year also demonstrated our commitment to continued quality improvement in our conferences to meet our members' increasing expectations.

Two new services to debut in 2006: Expanded professional resources on AAMA's website (see page 1), and in August, a new Summer Institute will be available for emerging leaders in cardiovascular and oncology administration (see page 7).

The Academy will continue to plan, and if that planning continues to be successful, we will all reap the rewards.

AAMA Members, Sponsors Accept Volunteer Leadership Roles

Committees are a critical component of Academy operations, guiding important functions and making policy change recommendations, as appropriate, to the AAMA Board of Directors. Many members volunteer their time and talents to committee service, with impressive results. We introduce those who are leading AAMA's committees in 2006, and honor their commitment to the Academy.

Committee Name	Committee Chair	Committee Vice Chair
Bylaws	John D. Harbaugh, FAAMA	Joseph T. Vocks, Sr., CFAAMA
CAAMA	Guy L. Snyder, CFAAMA	Linda M. Hill, CFAAMA
Conference - Annual	Dale A. Golgart, FAAMA	Samuel P. Alford, CFAAMA
Conference – Cardiovascular	Wanda C. Perry	Kevin G. Roesch
Corporate Sponsor Advisory	Walter A. Smith, Jr.	Judy Johnson
Council of Past Chairs	Hank Chinnery, CFAAMA	James G. Easter, Jr., FAAMA
Credentials	Michael K. Petty, FAAMA	
Executive Committee	Janet L. Jones, FAAMA	YC Parris, FAAMA
Finance	Joseph M. Spallina, FAAMA	
IT Advisory Task Force	Penny S. Schmiege, FAAMA, FACCA	
Nominating	YC Parris, FAAMA	
Strategic Planning	YC Parris, FAAMA	R. Kyle Kramer, FAAMA, FACCA
Task Force on Information Delivery Vehicles	Andrew G. Cohen	
Task Force on Regions	Connie U. Stenquist, FAAMA	
AAMA 50th Anniversary Task Force	Thomas E. Battles, FAAMA	

Finding More Minutes in the Day

Continued from page 1

experience never ceases to amaze me – and how willing they are to share. Collectively, we can identify solutions to many of our most annoying woes.

2. Utilize our emailed College newsletters. They give a wealth of information about specific areas of concern. You are encouraged to share with us what is going on in your world. Sharing best practices helps move all of us forward – the newsletters are certainly one way to accomplish this.

3. Another way to share best practices is to participate at one of our annual conferences, as an attendee, a speaker or a moderator. The networking and the sessions are both wonderful opportunities to learn from the experts – our colleagues as well as the many national and international speakers. I have found these very beneficial in providing information to help me shortcut some otherwise lengthy research I may have needed to do in order to address a challenge or institute a best practice.

4. Expand your network of experienced resources through participation. The people I've met on numerous AAMA, College and Chapter Boards and committees or at AAMA Conferences are my own private "brain trust" – there to give me advice, counsel and encouragement.

My AAMA contacts and my volunteer experiences keep me from constantly reinventing the wheel. My AAMA involvement takes minutes, but often returns hours. For those of you, who have, like me, given and gotten back, please accept the appreciation of your colleagues. For those of you who have not, there's no time like the present… and, as the saying goes, no present like the time. In the case of AAMA, taking time will help you save time, in many ways.

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

Internship Programs Need Structure to Succeed

The internship season is rapidly approaching, and while intern selection is a fairly normal process, developing a program usually takes a substantial amount of time. Deryl Gulliford, PhD, FAAMA, believes "any effective program begins with a clearly stated, well-understood objective." In his case, a Community Hospital Internship Program was developed with this objective: "To provide the intern with a comprehensive overview of community healthcare administration, emphasizing knowledge and skills not fully mastered during formal academic study, thereby preparing him/her to function effectively in a senior management role within the U.S. community healthcare delivery system."

In his experience, the components of an effective hospital internship program should include:

1. Daily interface with the CEO.
2. Rotation through all hospital departments and interface with the management team and staff members.
3. Attendance at key hospital meetings.
4. Attendance at health network and state hospital association district meetings.
5. Visit to State Hospital Association offices and interface with state healthcare leaders.
6. Participation in State Health Advocacy Day, meeting with State Senators and State Representatives.
7. Legislative coffee with U.S. Congressman.
8. Participation in continuing medical education opportunities.
9. Specialized instruction and participation in key administrative areas.
10. Visits to other community healthcare facilities, including tertiary referral facilities and collaborative small hospitals.
11. Participation in community service projects and civic organizations (e.g., Rotary Club, Big Brothers, Relay for Life, etc.).

Gulliford advises that while an internship program may begin with a particular schedule, it should be flexible enough to add and delete activities as necessary. The intern and hospital CEO should sign a brief Internship Agreement that specifies the responsibilities of both parties, liability, and legal issues. A standard confidentiality statement and attendance at a hospital orientation session are also recommended.

AAMA Foundation Thanks 2005 Contributors for Investing in Education, Building a Stronger Profession

"Thanks to the generosity of AAMA members, 2005 was a strong year for the AAMA Foundation," says James G. Easter, Jr., FAAMA, Chair of the AAMA Research and Educational Foundation. "AAMA members' generous donations help support the Foundation's mission to drive excellence in healthcare administration through education, research, scholarship and policy development."

The AAMA Foundation works to ensure that resources are available to develop strong healthcare leaders. Contributors to the Foundation demonstrate leadership by investing in the future of their profession, supporting educational opportunities such as the new AAMA Summer Institute: *Management Fundamentals for Upcoming Oncology and CV Leaders*, August 16-18, 2006, in Chicago. Make a donation securely online today at www.aameda.org.

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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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Find Solutions to Tough Administrative Issues with Vital Link™

Vital Link™, AAMA's members-only website, can help you find solutions to complex administrative quandaries. The eight specialty listserves are available to you anytime online. Questions recently posted on Vital Link™ listserves include:

- Alan J. Burgess, CFAAMA, asked the Small or Rural listserve: "How many of you work in or for Critical Access Hospitals? Have any of the Critical Access Hospitals been surveyed under the new 'unannounced survey' process from JCAHO in 2006, yet? If so, how has the new process differed from the previous surveys?"
- Teresa Dawson posed this question to the cardiovascular listserve: "Does anyone else contract service, supplies and equipment through one supplier? If so, would you share generalities of your cost benefit analysis?"

To join a listserve, or to post your own question, logon to www.aameda.org and click on Vital Link™. If you need your membership number for access to Vital Link™, look above your name on the mailing label of this issue of *The AAMA EXECUTIVE*. Once you have signed up to send listserves, follow these steps to email a question:

1. At the top of the Vital Link™ web page, click on Community/Info.
2. Scroll down to Listserve Tips and click on it.
3. Scroll down to "How To Use". You should only have to do this once. It gives you the email address to use for the listserve. Copy and paste it to your email address book; then, in the future, you can just insert it in the "To" line of your email.

Spring 2006 AAMA Updates

Leaders Wanted: Call for AAMA Region Director Nominations

Regions I and III are seeking candidates for the 2007–2008 term. Serving on the AAMA Board of Directors, the Regional Director position provides leadership and guidance to the Chapters in the Region and is the main communication link between members of the Region and the Board of Directors. Nominate an AAMA member – either yourself or a colleague – by submitting a letter of nomination and a 150-word biography/statement via www.aameda.org by July 1, 2006.

CAAMA News

- **Add the CAAMA Designation to Your Accomplishments in 2006**
  Demonstrate your commitment to professional healthcare administration: add the CAAMA credential to your resume this year. Schedule the exam at your location by special arrangement or plan now to take the exam on October 31 at the AAMA Annual Conference in Atlanta, GA.

- **2003 CAAMAs and 2003 Recredentials Must Recredential in 2006**
  If you earned your CAAMA in 2003 or recredentialed in 2003, you must recredential in 2006. Find information at www.aameda.org or contact Vanessa Canteberry at 847/759-8601.

- **Deployed CAAMAs May Request Waiver to Delay Recredentialing**
  The CAAMA Committee will allow deployed members to submit a Request for a Waiver to delay recredentialing. The waiver will allow you to keep your CAAMA designation until you are able to earn the points necessary to recredential. If you have not been able to recredential due to deployment, please send a Request for Waiver to Vanessa Canteberry, at vanessa@aameda.org. Questions? Call Vanessa at 847/759-8601.

Stand Out in the Crowd; Advance to Fellow or Diplomate

AAMA's credentials confirm your knowledge and highlight your expertise to employers and colleagues. Choose from: FAAMA – Fellow of the American Academy of Medical Administrators; FACCA – Fellow of the American College of Cardiovascular Administrators; FACCP – Fellow of the American College of Contingency Planners; FACMCA – Fellow of the American College of Managed Care Administrators; or Diplomate in Healthcare Administration. To be recognized at the 2006 Annual Conference in Atlanta, GA, apply by August 15. Details available at www.aameda.org.

GAIN-1: Recruit a New Member to AAMA and Reap Rewards

Tell your colleagues why AAMA membership is valuable to you. They'll reap member benefits, and you'll qualify as a GAIN-1 Champion, eligible to win prizes. Details are posted at www.aameda.org.

Academy Names New Membership Manager and Bookkeeper

Erika Ernquist

AAMA's new Manager, Membership and Communications, is **Erika Ernquist**. Formerly Member Services Director with the Foodservice Equipment Distributors Association, she holds a BA in Communications from DePaul University, Chicago, and is working on a Masters in Non-Profit Administration at North Park University, Chicago. Along with her membership recruitment and retention responsibilities, Erika is staff liaison to several Academy Colleges and committees plus our Regions and Chapters. In addition, she will serve as managing editor of *AIM* and *The AAMA EXECUTIVE*. She succeeds Von Yetzer, who is relocating out of state.

Charmaine Recendez

If there's a single phrase that summarizes **Charmaine Recendez's** new position at AAMA, it's "keeping order." As the Academy's new Bookkeeper/Office Coordinator, she focuses on the accurate posting of all financial transactions including members' dues payments, College selections, conference registrations and other records. In addition, she supports AAMA's Vice President, Finance & Administration, in general accounting and facility management.

The AAMA EXECUTIVE

Spring 2006

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For advertising rates for *The AAMA EXECUTIVE*, contact Laura Bowles, MBA, Editor, at executiveeditor@aameda.org.

Healthcare in the Fast Lane: The New Normal

49th AAMA Annual Conference

Wednesday-Friday, November 1-3, 2006
Atlanta Sheraton Hotel • Atlanta, Georgia

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. 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 in early summer at www.aameda.org.

AAMA. *The conference where leaders gather to share ideas and strategies.*

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