SUMMER 2009

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Scary Words:
“You Have Cancer!”

CRMC: A Learning Experience

Colquitt Regional Medical Center
We Are Our Brother’s Keeper

The Test
A few weeks ago I reviewed the Rotary Four Way Test before the Rotarians of the Moultrie Rotary Club.

This test is one of the hallmarks of Rotary. Since it was developed in 1932 by Herbert J. Taylor, who later became RI president, it has never ceased to be relevant. Its four brief questions are not based on culture or religion.

1. Is it the TRUTH?
2. Is it FAIR to all concerned?
3. Will it build GOODWILL and BETTER FRIENDSHIPS?
4. Will it be BENEFICIAL to all concerned?

Instead, they are a simple checklist for ethics. The fundamental issues of practical decision making and its major concerns include the nature of ultimate value and the standards by which human actions can be judged right or wrong.

The Enabler:
Webster Dictionary defines Enabler as: -- provide somebody with means: to provide somebody with resources, authority or opportunity to do something.

We currently are suffering under the greatest loss of invested funds in the history of the U.S. economy. We seem to point the fingers at the defaulting debtors. The debtors were seeking immediate gratification with the feelings of entitlement.

The values of this nation, our community, our businesses are not set by people seeking immediate gratification ignoring future consequences; but by the enablers; the people with the power, the means, the authority and the opportunity to make something happen. We, the enablers, are at fault for this failure.

When we witness incorrect behavior and walk away. We are the enabler.

When we witness unprofessional conduct and walk away. We are the enabler.

When we know something is not the truth and pass it on. We are the enabler.

When we know a patient’s dignity is compromised, and we walk away. We are the enabler.

Yes, we are our brother’s keeper:

Quality of Care and Patient Satisfaction at CRMC are very fragile assets, guarded by our most trusted and honored tenured staff. Over the past years, CRMC has added many physicians and employees.

As these new members merge with our senior staff, expectations to maintain established ethics, standards and values will be monitored by your colleagues. Only through this “family” process will we maintain the quality established many years ago, but the ghosts that walk the halls of CRMC mentoring our daily actions, ethics and dealings with our patients assuring what we do is beneficial to all concerned.

Be a starfish thrower.
Don’t enable mediocrity!

Dedicated to Dr. John McCoy 1914 – 2009.
Boning Up on Osteoporosis

You can compare osteoporosis to a practiced thief or an embezzler. It works silently, subtly. You may not notice the loss for years. Your first warning may be a painful broken bone or collapsed vertebra.

What Is It?
Literally, “porous bone.” It occurs when the living bone tissue disintegrates faster than it can be replaced. It occurs when bone loss takes place too quickly or when bone replacement happens too slowly. It is more likely to occur when bones did not reach their maximum density during the peak bone-building years – your teens.

Throughout your life, your body makes bone. Until the age of about 30, new bone growth keeps up with old bone loss. However, as we age, the balance shifts and bone loss accelerates.

During the first five to seven years of menopause, women can lose as much as 20 percent of their bone density because of estrogen deficiency. Although incurred largely by women, osteoporosis can strike both genders, people of all ethnic and racial groups and at any age.

The Risks
There are some risk factors you cannot change, including:
• Female gender
• Chronological age – the older you are, the greater your risk, especially if you are a recently postmenopausal woman.
• Body size – thin, small-framed women face a higher risk.
• A family history of osteoporosis
• Ethnicity – Caucasians and Asians are at higher risk. African-Americans are at a significantly lower risk.

There are also some risk factors you can change:
• Sex hormones – Abnormal absence of menstrual periods and low estrogen levels are treatable risk factors in women, as are low testosterone levels in men.
• Eating disorders – Anorexia nervosa and bulimia
• Diet – A lifetime diet low in calcium and vitamin D and limited sunlight exposure
• Use of certain medications
• Lack of exercise
• Cigarette smoking
• Excessive alcohol use

Your best defense is to prevent osteoporosis by building bone during your adolescent years. That means getting enough calcium and vitamin D. Children need between 800 and 1,500 mg per day. Adults need between 1,000 and 1,500 mg per day, depending on age and gender. Weight-bearing exercise like walking, jogging, weight training, tennis and dancing help maintain bone mass. Strength training can add muscle and bone mass at any age.

Other positive steps include avoiding smoking and heavy drinking, eating a well-balanced diet and being aware of bone-weakening side effects of any medication.

To Catch A Thief
There is a simple, painless way to measure bone density and to detect osteoporosis before a bone breaks. The Diagnostic Imaging Women’s Center at Colquitt Regional Medical Center performs DEXA scans with its state-of-the-art bone density scanner.

A DEXA scan is a noninvasive test that lasts only a few minutes. Remaining fully-clothed, you will be asked to lie without moving on a padded table as a scanner moves over your body.

Dual-energy X-ray Absorptiometry (DEXA) technology works by measuring the amount of x-rays that are absorbed by the bones in your body. X-ray energies allow the machine to differentiate between bone and soft tissue, giving a very accurate measurement of bone density.

The amount of radiation for a DEXA scan is only a fraction of that received from a standard chest x-ray. It is comparable to the amount received on a transcontinental airline flight.

If osteoporosis is detected, your doctor has several medications that can prevent and treat the disease, slow bone loss and relieve pain in both women and men.

For more information about the Diagnostic Imaging Women’s Center or the DEXA scan, call (229) 890-3500.
Steve Allegood knew he had a medical problem of some kind, but he wasn’t prepared for what the doctor had to say.

“You have cancer. Those are the scariest words you’ll ever hear,” Allegood says as he recalls his yearlong battle with a disease he intends to beat. “It’s scary, no two ways about it. Anybody who has cancer and tells you they don’t wake up at 2 or 3 o’clock in the morning and lay there wondering about it is lying to you. You wonder if it has spread anywhere else or if it has done anything else.”

Allegood was diagnosed in January with cancer of the tongue and lymph nodes. Despite periods of pain and depression, Allegood remains upbeat about his treatment and his chances that doctors and health care workers at Colquitt Regional Medical Center will rid his body of the disease.

“When it all started I had three choices,” he recalls. “The first was to operate. Well, because of the tumor’s size and location, that meant removing my tongue. That wasn’t a choice for me because I like to talk too much. The other choice was to do nothing and that meant to die. And the other was to do the treatment. So, I didn’t really see that I had a choice. It wasn’t a good situation. All and all I’d rather have gone fishing, but it all worked out real well.”

The next decision he would need to make is where he would like to go for treatment. He chose Colquitt Regional and he says that was the right choice too.

“The people there just never let you down,” he says. “They’re always there. I tell people the most optimistic place in town is that treatment room. The thing I really found to be true is that everybody there is so supportive and so with you all the way.”

Allegood said Brian Elliott, director of Colquitt Regional’s oncology department, and his staff as well as the physicians made a big difference in the treatment he received.

“Brian was just super good about everything and he sets the pace for...
Colquitt Regional Oncology will continue to operate on the second floor of the hospital staffed by two physicians from Phoebe. The two physicians replace Dr. Chona Aloba, who has moved to Texas. Brian Elliott, RN, will continue as director of Colquitt Regional’s oncology services.

The two physicians seeing patients at Colquitt Regional are Dr. Thomas Neal and Dr. Kumud Rangaraj.

Dr. Neal, who joined Phoebe in 1996 as an oncologist and hematologist, received his B.S. degree in Chemistry in 1984 from Georgia Tech and a medical degree in 1988 from Medical College of Georgia in Augusta. He did his residency in internal medicine from July 1988 until June 1991 and residency in advanced general medicine from July 1991 until June 1992 at the Mayo Graduate School of Medicine in Rochester, Minn. He completed his fellowship in hematology and oncology in 1995 at Emory University in Atlanta. Dr. Neal is board certified in internal medicine, hematology and medical oncology.

Dr. Rangaraj came to Phoebe from Flint, Mich., where she was a staff clinical physician at both Singh & Arora, P.C., and McLaren Regional Medical Center for two years. Prior to that, she was assistant clinical professor at Michigan State University for nearly a year. She also served as staff physician at the Department of Internal Medicine at Marquette General Health System in Marquette, Mich.

She did a fellowship in medical oncology and hematology from July 2001 until June 2003 and July 2004 until June 2005 at George Washington University School of Medicine in Washington, D.C. She completed an internal medicine residency from June 1998-June 2001 at Park Ridge Hospital in Rochester, N.Y. She received her undergraduate degree in biology and psychology in May 1993 from the University of Rochester in Rochester, N.Y., and a medical degree in June 1998 from American University of the Caribbean School of Medicine in St. Martin, West Indies.

She is board-certified in internal medicine and hematology and medical oncology. She was the recipient of a Presidential Academic Award and the New York State Regents Scholarship. She was also named to the Dean's List. She is licensed to practice medicine in both Michigan and Georgia.

She is a member of the American Society of Clinical Oncology, the American Society of Hematology and the American Medical Association.
CRMC Teaches Real-Life Experience

Each year more than 150 healthcare students come to Colquitt Regional Medical Center to get “real-life” experience to complement their classroom training.

If you have been to Colquitt Regional you have likely seen them dressed in uniforms that reflect their area of training. They come from colleges and universities such as the Medical College of Georgia, Moultrie Technical College, Abraham-Baldwin College, Valdosta State, Thomas University, South Georgia Technical College and the Philadelphia School of Osteopathy. Students just beginning their healthcare training at Colquitt County High School also do rotations in departments throughout the hospital to gain an understanding of the variety of career opportunities available to them.

Jim Lowry, Colquitt Regional president and CEO, says the teaching programs benefit the hospital staff as well as the students being trained.

“When you bring education to your campus it becomes a catalyst for everybody to get involved throughout the educational program,” he says. “There’s actually a side effect of staff being around students. The students push us to do better and to improve our skills.”

Daniel Dell, a certified registered nurse anesthetist who did his rotations at Colquitt Regional, agrees that training programs within hospitals are a win-win proposition.

“I do think the students help the staff too,” Dell says. “I think just seeing us here learning the profession makes them want to be that much better and to help us learn. They offer a wealth of information that is so good for the students … and the surgeons, they are awesome too.”

The students come to Colquitt Regional at different times during the year and serve for varying lengths of time.

Dr. Gary Lodge at CRMC’s Primary Care Clinic is also a clinical professor at the Medical College of Georgia’s Department of Family Medicine. Every six weeks a different student in their third year at the Medical College comes to the Primary Care Clinic to serve a family practice clerkship and to learn by working alongside Lodge and the other physicians in the clinic.

“The clerkships kind of give you more insight into what you learned in books,” said Jon McGough of Forsyth, Ga., who recently did a rotation. “We spend two years being taught by professors and reading and poring over books, but applying it to real-world situations, where things do not always go by the book, allows you to see a different aspect.”

While recruitment of healthcare workers to Moultrie and Colquitt County is not the primary consideration for offering the training opportunities, there is evidence that it can be a secondary benefit.
CRMC Website Offers More Than Information

Colquitt Regional Medical Center has introduced its new website that will offer patients, their families and visitors more than just information.

The new website (www.colquittregional.com) went “live” earlier this month with a new design, new features and the capability for more functionality in the future, including features designed to streamline the registration process. The new site was developed by NTS Interactive, a Thomasville company that specializes in the development of websites.

Although Colquitt Regional has had a website for more than 10 years, Gary Boley, director of marketing and public relations, says the new site will take Colquitt Regional to the next level of online functionality.

“In the past, I think we have thought of the website as a source of information, which, of course, it is, but the capabilities of our new website will extend far beyond just providing information,” Boley said. “When fully developed the new website will have the capability of allowing patients to pre-register for hospital services, pay bills online and even purchase gifts from the gift shop.”

However, Boley says all of those functions will not be immediately available.

“This is a big undertaking that will require some time to implement,” Boley said, “but many of the enhanced features are available now and others will become available over the next few weeks.”

Boley said one of the new features will be an archive of health-related video and audio programs produced by the marketing staff along with many printed materials on a wide range of medical topics.

“The hospital marketing staff produces quite a bit of material, either video, audio or print,” Boley explained. “Rather than just have that material air a few times in the local media or be printed once or twice in the newspaper, it will be archived online so that the public can access it when needed.”

Other features offered on the site include an online gift shop, calendar, nursery, job application, physician listing as well as links to physician websites and other health-related sites.

The new web platform will also give the hospital’s marketing staff quick access to all of the material on the site to make additions, deletions and changes.

“Our staff having complete access to all functions on the website will be particularly important in case of a local emergency,” Boley said. “In an emergency the website will be a primary source of up-to-date information coming out of the hospital.”

Neali McRae, a member of the marketing staff who will be the hospital’s webmaster, has spent several weeks populating the new site with information. She says that many of the functions previously offered on the hospital website will be enhanced to allow users to do more things and cited the online nursery as an example.

“The online nursery, which has always been a popular part of the site, will not only allow users to view the babies’ pictures, but will also allow visitors to send congratulatory messages to the mother,” Ms. McRae said. “Also, parents will be able to use the site to make birth announcements that will include their baby’s picture which they could then print and send to friends. All areas of the new website will offer users that kind of enhanced functionality.”

Over the years, many medical students have rotated through the clinic and some, such as Dr. Howard Melton and Dr. Robert Spruill, have found their way back to practice medicine.

Does the exposure to the community and its hospital influence the students’ decision as to where they will pursue their careers? Dr. Melton thinks it does.

“There is no doubt that exposure to a given hospital or community, as long as it is a good experience, helps with recruitment,” he said. “It definitely helped me in deciding to come to Moultrie.”

Terry Jackson, RN, CRMC’s director of educational services, says Colquitt Regional has a reputation among nursing students as a teaching hospital, which she says definitely helps in recruiting new healthcare workers.

“When you think about it, we have a lot of students coming here,” Jackson says. “We have five different nursing schools and they all have to do at least two days per week and you don’t want to overlap, so we always have a lot of students here. We ask the students to evaluate their experience here and we always rank high, and I think that is because of the preceptor program,” Jackson says. “A lot of them want to come back and come to work with us.”

CRMC Website Offers More Than Information

Jon McGough, right, worked alongside Dr. Gary Lodge, left, for six weeks at Colquitt Regional’s Primary Care Clinic learning the “real life” aspects of healthcare.
Lowry Reappointed To Workforce Board

James R. Lowry, president and CEO of Colquitt Regional Medical Center, has been reappointed as a hospital representative on the Georgia Board for Physician Workforce, the state agency responsible for advising the governor and General Assembly on physician workforce and medical education issues.

Lowry, who has served one three-year term on the board and currently serves as secretary/treasurer of the board, was reappointed by Gov. Sonny Perdue to a second term ending Oct. 6, 2014. The board is comprised of 15 members who represent hospitals, businesses, various physician specialties and the consumer, according to Cherrie Tucker, executive director of the board.

The physician workforce board monitors and forecasts the supply and distribution of physicians in Georgia in order to assure an adequate supply, specialty mix and geographic distribution of physicians to meet the health care needs of Georgians. It also works to assure that there are adequate medical education programs to meet physician workforce needs.

“The board was originally created in 1976 to increase the number of family physicians in the state,” Ms. Tucker said, “but over the years various programs were added by the General Assembly other than family medicine so the board basically reconstituted itself into the Physician Workforce Board in 1999 and now has representatives from other medical specialties.”

Lowry says the board’s mission translates to three main goals.

“The No. 1 mission is to ensure that the citizens of the state of Georgia have a reasonable supply of physicians by specialty per 100,000 population; second appropriate allocation of physicians throughout the state in urban and rural areas; and third assist with the proper funding of the Georgia residency programs,” Lowry said.

Colquitt Regional Honors 2 Employees

A veteran nurse in Colquitt Regional’s radiology/cardiology department was selected as the hospital’s 2009 Nurse of the Year and a social worker with home care and hospice services was named this year’s G.R.E.A.T. Ambassador during National Hospital Week.

Kathy Bennett, RN, who has worked at Colquitt Regional for 28 years, was selected as Nurse of the Year by an independent group of judges who have medical backgrounds but are not currently associated with CRMC.

Mamie Rentz, who has worked as a social worker for Colquitt Regional Home Care and Hospice since 2002, was named the hospital’s G.R.E.A.T. Ambassador. Ms. Rentz was selected on the basis of an essay she wrote explaining why she enjoys working in healthcare.

Ms. Bennett was one of five finalists for Nurse of the Year. The other finalists include Kim Brinson, RN, Scott Price, RN, Karen Newberry, RN and Dimitra Norman, RN. The Nurse of the Year award was presented by Tammy Horne, RN, who was last year’s Nurse of the Year.

Employee of Year Honored by EMS

Paramedic Billy Houston was presented the Colquitt County EMS Employee of the Year Award at an appreciation banquet at Mt. Olive Baptist Church given in honor of EMS workers.

“Billy is a very dedicated and knowledgeable paramedic,” said EMS director Amy McMillan, who presented the award. “He is motivated and compassionate about providing the best emergency care to his patients.”

Houston graduated with his EMT degree in 2005 and with his paramedic degree in 2008 from Valdosta Technical College. He is married to Randi Houston.