

MESSAGE FROM CHAIRMAN
...we have good news to share.

At Grady, we're making progress, and that's being recognized by national agencies, patients, doctors, employees and our community. We think that's newsworthy.

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LEVEL 1 TRAUMA CENTER

Grady takes trauma patients other hospitals can't help.

Many Georgians are alive because they were treated by Grady's expert surgeons from Emory and Morehouse medical schools.

PAGE 12

GRADY IS MAKING GREAT STRIDES

BIG CHANGES | Grady Health System's progress is definitely newsworthy.

There's plenty new around Grady with new facilities, new equipment and new people. This means exemplary care for all visitors, whether accident victims airlifted to the area's only Level 1 trauma center, stroke patients treated by two new neurologists or diabetics taught to manage their disease with lifestyle changes. That deserves attention.

"The change has been a miracle...It's not the same place anymore," Sam A. Williams, president of the Metro Atlanta Chamber of Commerce, said last fall.

"The service is better. The treatment of patients is better. The atmosphere is better," the Rev. Timothy McDonald, senior pastor of First Iconium Baptist Church and once an outspoken skeptic of governance changes at Grady, said in an October 4 interview.

Since 2008, Grady has spent more than \$100 million improving facilities and buying equipment, including patient beds, a cardiac catheterization lab, sterilizers and ambulances.

But it's not just tangible purchases that matter, said Dr. Hany Atallah, assistant medical director of the emergency department. "There's more accountability."

Grady still faces uncertainty. Like other medical institutions, Grady will feel the impact of national healthcare reform.

"Listening to our lawmakers debate grand plans with costly price-tags makes it easy to forget the heart of the matter," business writer Maria Saporta wrote in a November 30, 2009, column about Grady on her website saportareport.com. "We often don't stop to think about all the individual stories, the personal tragedies and triumphs of our healthcare system."

The folks at Grady think about those things. Every hour of every day. ■



NEW EQUIPMENT PLUS DEDICATED STAFF MEANS BETTER CARE

Generous community support, good management of resources and visionary thinking have enabled Grady to make investments in state-of-the-art facilities and equipment that will serve patients well for years to come—such as the Interventional Neuro Angiography Suite pictured here. The suite, located in the new Marcus Stroke and Neuroscience Center, is the only one of its kind in the region.

Fight stroke with a single word.

grady

MARCUS STROKE & NEUROSCIENCE CENTER + Grady

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MESSAGE FROM A.D. "PETE" CORRELL CHAIRMAN OF THE BOARD GRADY MEMORIAL HOSPITAL CORPORATION

Grady is frequently in the news. Usually it's because people injured in car crashes or other accidents are rushed to its Level 1 trauma center. Too often in recent years it's been because of Grady's dire financial straits. Now there's good news to share.

Grady is making progress. In 2010, the health system finished at break even. That's quite a remarkable achievement after more than a decade of significant losses. We think that's newsworthy.

A constant amid change: commitment.

Just walk around Grady these days and you can see and feel the difference.

The first time I toured Grady it was like stepping back 30 years. Equipment and facilities were outdated, but the staff was working hard to give patients the best care possible. I knew the community had to make sure that Grady not only survived but thrived.

Today, much has changed around Grady, but one constant is the dedication of the staff. The physicians from the Emory University and Morehouse schools of medicine are among the best in the region, and they're part of a team that includes great nurses and support staff. Grady's leadership is trying to provide them all with the facilities, equipment and support they need—and that translates into better, more efficient patient care.

Take Epic, the new electronic medical record and finance system, for example. The network went live in 2010, giving the medical staff access to nearly 2 million patient records including up-to-the-minute test results. Thanks to the new system, the average length of stay for a patient admitted to the Emergency Department dropped from 11.5 hours to 8.8 hours, and turnaround time for imaging procedures went down from an average of 4.5 hours to 1.5, as of January 2011.

New efficiencies and technology, along with the staff's diligence, hard work and focus on the future, have also led to a better bottom line: hitting the break even point for an \$870 million budget in 2010. This has been accomplished while dealing with past problems, such as \$14 million for nine years' worth of malpractice claims, long overdue maintenance and repairs and badly needed facility upgrades.

By dealing with problems head-on and exercising financial responsibility, Grady is able to make strategic investments that will pay off for patients for years to come. None of this would be possible without the commitment of the staff and the leadership of the members of the Grady Memorial Hospital

Corporation, as well as continued support from the Fulton-DeKalb Hospital Authority and the Fulton and DeKalb County commissions.

For the first time in many years, Grady can be optimistic.

Investing in the future means better care today.

Because generous donors have given or pledged more than \$300 million to the Greater Grady Campaign, we've been able to put more than \$100 million into new equipment and facility upgrades, with more on the way.

There are newly renovated intensive care units, a new cardiac facility, new imaging equipment, a new comprehensive outpatient mental health facility, 20 new ambulances and a new robotic pharmacy that fills 3,000 prescriptions a day. More than 300 patient rooms have been updated and upgraded.

The new stroke and neuroscience facility, funded by a generous gift from The Marcus Foundation, opened in March 2010, and two of the nation's top interventional neurologists joined the Grady team. Patients now transfer from other hospitals to Grady's stroke center for the advanced, specialized care.

The new North Fulton Health Center marked the beginning of a unique partnership with the Fulton County Health Department that provides patients with one-stop shopping for key health and social services. That's part of a plan of improvement for the neighborhood centers, where services now include specialties such as cardiology and eye care.

Important people—including patients—are taking notice.

Certifications, awards and changing public perceptions show that people see what we're doing and realize that Grady is a leader.

Consider:

- Grady's focus on quality care and system improvements resulted in Joint Commission accreditation for the hospital and Crestview, our long-term care facility.
- The American Stroke Association awarded Grady its Gold Plus Performance Achievement Award, making Grady one of only 150 hospitals nationwide to achieve this level of performance.
- The Cancer Center was accredited by the American College of Surgeons' Commission on Cancer, and the Avon Breast Health Center was given full accreditation by the college's National Accreditation Program for Breast Centers.
- Grady's patient satisfaction score was 79.8 percent, up from 76.2 percent and now comparable to other hospitals in the region and state.

People are working hard to see that Grady's positive trajectory continues, even in uncertain times.

Challenges present new opportunities.

The demands on Grady continue to grow and the health system continues to face significant financial challenges. The ongoing recession hit us hard in 2010. Grady's uninsured patient population grew by 3.2 percent while the number of insured patients dropped by 1.5 percent. Grady provided more than \$220 million in indigent care in 2010.

In 2011, Grady continues to suffer from big cuts in government support at various levels, including a shortfall of more than \$10 million in federal funding and reductions of \$3 million each by Fulton and DeKalb counties. Tough times require tough decisions, and Grady's leadership is having to make some, such as trimming the staff, closing two neighborhood health centers and increasing co-pays for prescriptions at the outpatient pharmacy.

So, while we're optimistic, we must also be realistic. We have to face our challenges with an eye on a future Grady that's even greater.

With healthcare reform underway, administrators are working hard to make sure that Grady comes out ahead. Grady has some advantages including its current momentum, key clinical programs, an emerging neighborhood network and the ability to provide both acute and long-term care. In May, Grady is launching a new primary care concept—Kirkwood Family Medicine—that will serve members of Kirkwood and surrounding communities. Administrators are also moving some services into more cost-effective settings, collaborating with partner institutions to bring in more patients and providing incentives for wellness and preventive care. This year, Grady will open a walk-in center on its downtown campus. In addition, construction is planned for a new primary care building onsite.

We promise to continue to combine fiscal responsibility with visionary thinking so that Grady will be able to deliver top-quality care for generations to come.

We want Grady always to be newsworthy, for all the right reasons.

Sincerely,

A.D. "PETE" CORRELL
Chairman of the Board
Grady Memorial Hospital Corporation

"TODAY, MUCH HAS CHANGED AROUND GRADY, BUT ONE CONSTANT IS THE DEDICATION OF THE STAFF."



79.8%

OVERALL PATIENT
SATISFACTION, UP
FROM 76.2% IN 2009

ALL THE CHANGES AT GRADY
WOULD MEAN LITTLE IF THEY
WEREN'T TRANSLATING INTO
BETTER PATIENT CARE. THEY
ARE. PATIENTS ARE TAKING
NOTICE, AND THEY APPROVE.

"I PLAN TO STAY WHEN I GET
MY INSURANCE. WHY WOULD
I LEAVE GRADY?"

— Pia Jerome, Grady patient



RENOWNED NEUROLOGISTS JOIN GRADY'S STROKE TEAM

MARCUS STROKE AND NEUROSCIENCE CENTER | Two top neurologists have joined an already strong team at Grady Health System, putting the year old Marcus Stroke and Neuroscience Center in line to be among the top centers of its kind in the country.

Drs. Rishi Gupta and Raul Nogueira, associate professors at Emory University School of Medicine, are neuro interventionalists. That means they're experts in minimally invasive procedures for treating complex vascular lesions in the head, neck and spine. And that means a better chance of recovery for Grady's stroke patients.

Gupta came to Grady from Vanderbilt University Medical Center where he was professor of neurology, neurosurgery and radiology and worked in the Vanderbilt Stroke Center. Nogueira spent the last 11 years at Massachusetts General Hospital while also training and teaching at Harvard Medical School.

"Drs. Gupta and Nogueira are at the forefront of their profession and their unique talents are an asset to the entire Southeast region, an area more prone to stroke than any other," said Dr. Michael Frankel,

professor of neurology at Emory and director of the Marcus Center. "Combining the talents of these doctors with our team, technology and the state-of-the-art design of the center enables Grady to advance its already strong care for stroke patients."

Both Gupta and Nogueira said they came to Grady for the opportunity to work with other top neurologists—including each other—in an urban area with a population at high risk for stroke.

Patients from other hospitals are now transferring to Grady for neurological care. In Georgia, "very few centers provide this type of service where we treat acute strokes 24/7," Gupta said.

The doctors can often remove blood clots from the brain without performing major brain surgery. That can prevent a stroke from progressing and causing more damage.

As researchers, Nogueira and Gupta are studying two new devices for stroke treatment currently available in Europe but not yet approved by the Food and Drug Administration for use in the United States. Their work could help make that happen.

The new devices for retrieving clots are "very promising compared to those currently in use," said Dr. Nogueira.

They're also comparing stents in the brain versus medication for people who have intracranial atherosclerosis, commonly called hardening of the arteries. The build-up of fatty materials on artery walls causes blockage that can lead to stroke.

Because of their work, Grady patients are receiving the most advanced treatment available.

"We're very happy to be here," said Nogueira. "This is rapidly becoming one of the leading sites in treatment of stroke in the country." ■

DR. RISHI GUPTA (LEFT) AND DR. RAUL NOGUEIRA, ASSOCIATE PROFESSORS AT EMORY UNIVERSITY SCHOOL OF MEDICINE, CAME TO GRADY IN 2010 TO BE PART OF THE TEAM AT THE NEW MARCUS STROKE AND NEUROSCIENCE CENTER.

**GRADY KNOWS
NEUROLOGY**

15,000
STROKES OCCUR
ANNUALLY IN THE
AREA SERVED BY
GRADY

GRADY WAS THE
FIRST HOSPITAL
IN THE SOUTH-
EAST TO DEVELOP
A STROKE TEAM
THAT PROVIDES
SERVICES
24/7

3RD
LEADING CAUSE
OF DEATH IN THE
U.S. IS STROKE,
ACCORDING TO
THE CDC

1ST
HOSPITAL IN THE
SOUTHEAST TO
TREAT PATIENTS
WITH tPA, WHICH
REVOLUTIONIZED
STROKE TREATMENT

SOUTH GEORGIA LAWYER MAKES A CASE FOR GRADY'S STROKE CENTER

GRADY IN ACTION | On a Saturday night in November, lawyer Steve Harrison thought he might be getting a migraine. At 59, Harrison, the chief public defender of the Oconee Circuit, wasn't used to being sick.

When he still felt a little abnormal on Monday, he decided to see his regular physician in Eastman. "The last thing I thought about was a stroke," he said. But that's exactly what was developing.

Harrison collapsed to the floor of his doctor's waiting room. "It felt like my left side was being pulled into the earth," he said. "I could tell the doctor was talking to me, but I couldn't say anything."

From Dodge County Hospital in Eastman, he was transferred to Saint Joseph's in Atlanta. A neurologist there told him, "If I had what you have, I'd want to go to Grady."

Angioplasty showed two small blood clots in the back of his brain. Drs. Rishi Gupta and Raul Nogueira decided to try to dissolve them with blood thinners.

"These guys just look smart," said Harrison. "They could explain things really well."

His room in the Marcus Stroke and Neuroscience Center "was very big and open," he said. He also liked the convenience of having tests right down the hall. "My nurse helped roll me down on my own bed," he said. "Results were almost instantaneous."

Mostly, he appreciated the progress he's made. He was able to leave Grady with a walker. Now, he can get along without it. His eyesight has come back.

"Grady has a good thing going," he said.

In the works at the Marcus Center is a telestroke network that will enable Grady neurologists to examine patients at other hospitals around the state via a secure wireless network and advise their doctors on the best treatment options, perhaps saving patients like Harrison a transfer or two.

"If there's nothing we could do differently, we'll advise them to treat the patients there," said Gupta. "If the patient requires more aggressive care, we can transport them by helicopter or ambulance to Grady." That can make all the difference for some patients. It did for Harrison. ■

NEW TECHNOLOGIES IMPROVE ODDS OF STROKE RECOVERY



GRADY'S NEURO INTERVENTIONALISTS USE MEDICAL IMAGING TOOLS TO HELP DISSOLVE BLOOD CLOTS AND ANEURYSMS IN THE BRAIN. THE MERCI TOOL, PICTURED ABOVE, USES A NON-INVASIVE CATHETER-BASED SYSTEM TO RETRIEVE AND REMOVE CLOTS IN PATIENTS EXPERIENCING ACUTE ISCHEMIC STROKE.

EMERGING TECHNOLOGIES | Patients who get to Grady quickly stand a good chance of avoiding the full impact of a stroke thanks to new equipment and the doctors who use it.

Acute strokes are caused by blood clots that block vessels. Grady's neuro interventionalists can remove the blood clots through a minimally invasive procedure that snakes a small device through the vascular system until it reaches the location of the clot in the brain.

Using a catheter approach, doctors access the blood clot by going through the femoral artery, said Dr. Rishi Gupta.

Two devices are currently in use.

The Merci device is shaped like a corkscrew.

The Penumbra device is attached to an aspiration pump and "works like a vacuum cleaner" to suck out the blood clot, said Gupta's colleague, Dr. Raul Nogueira.

These are effective in about 60-80 percent of cases, Nogueira said.

Now he and Gupta are conducting trials on two new devices being used in Europe and being considered for approval by the Food and Drug Administration in the United States.

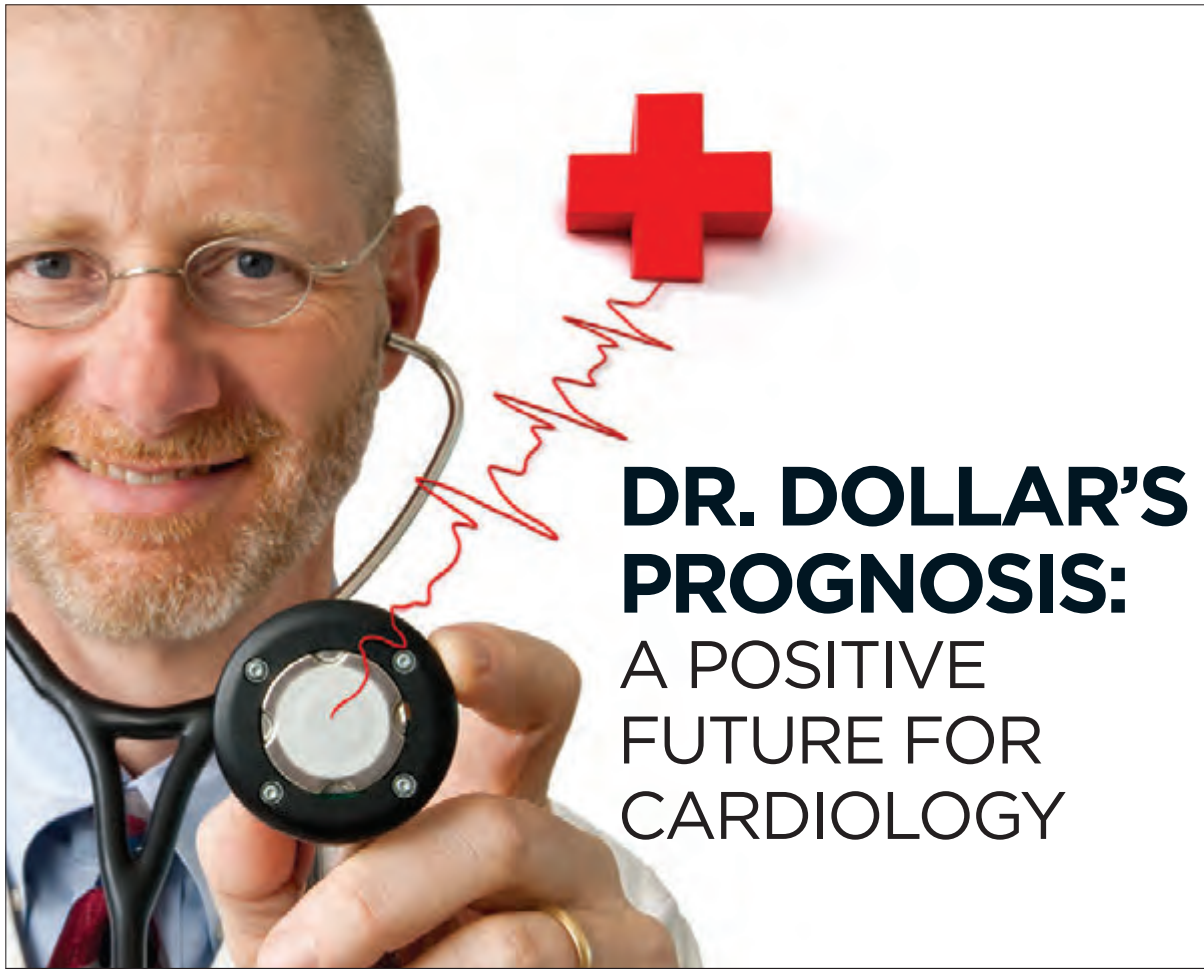
These function as a "stent on a stick," he said. They open up the blood vessel and pull the clot out.

"We believe we can open up blood vessels faster and more effectively," Nogueira said. "The faster we open them up, the higher the chances that the patient will do well."

A stroke is basically dead brain cells, he said. While cells cannot be restored, intervention can prevent more from being damaged. ■



Grady's Marcus Stroke and Neuroscience Center includes a neuro telemetry center where technologists can monitor patients continuously, alerting the nursing and medical staff to anything that needs attention.



CARDIOLOGY IMPROVEMENTS | Dr. Allen Dollar has a heart for Grady.

Dollar, director of cardiology at Grady, was in private practice at Piedmont Hospital from 1992 to 2005—"a large private practice I loved," he said—but he had goals that couldn't be accomplished there.

"I wanted to teach and to work with the underprivileged," he said.

So Dollar joined the faculty of Emory University School of Medicine and became a Grady cardiologist.

He's seen huge changes in his five-year tenure as a new board, new management and new money brought new life to the old health system.

"I've had much more fun in the last year than in my 20 years of practice," he says. "I wake up in the middle of the night with ideas I write down, and wake up in the morning raring to go to work. I actually like going to meetings here because you get something done."

In the last year and a half, he said, "we have in every arena of cardiology pulled our program into the 21st century."

In 2008, the hospital added new digital echocardiography equipment to give physicians a clear view of the heart.

In 2009, a new \$2.5 million catheterization laboratory opened. "The old one was held together with chewing gum and bailing wire," said Dollar.

And, in 2010, Grady completed a \$11 million renovation of the cardiac outpatient center, which had been

"basically unchanged since 1954," he said. From "six little rooms" the unit was expanded to "14 beautiful rooms" with a large waiting room furnished with flat-screen televisions to show educational videos.

There have been changes in the way patients are handled as well.

"As of a year and a half ago, every step of the system was broken," Dollar said. "The scheduling was inefficient. There was trouble with the patient transport. Outpatients were not having the proper instruction. There were problems getting test results back in the hands of the people ordering the tests."

Not so any more.

"We used to have patient waiting time of several hours," Dollar said. "Now we're functioning like a real doctor's office. You show up and get seen on time... People have the sense they're valued and their time is valued."

Grady's cardiology team is a mix of new blood and institutional history. New employees include Diane Wirth, a nurse "borrowed" from Emory to manage the center, and technician Evelyn Nunn. Dr. Nanette Wenger brings the deep understanding of years of service. In her fifty-second year at Grady, she's known internationally as an expert on women and cardiovascular disease.

And to revitalize cardiology research at Grady, Emory faculty member Dr. Susmita Parashar has been working with Grady patients since July.

Grady now receives cardiology job applicants from all over the country, Dollar said. "Grady's reputation—that there is a sense of excitement and growth happening here—is widely broadcast," he said. "It's infectious. People want to join the team."

The changes could make Grady's cardiology department profitable over the long run. "Historically, cardiology for most hospitals has been the flagship of making money," Dollar said. "We probably come as close as any division in the hospital to breaking even or making a little money. I think that's going to go up. We have to have efficiency, scheduling and accountability. All those things are happening."

But Dollar can always see more room for more improvement. Running Grady's cardiology department is "like painting the Brooklyn Bridge," he said. "You're never done."

And he loves it. ■

IN 2005, DR. ALLEN DOLLAR LEFT PRIVATE PRACTICE TO JOIN EMORY'S FACULTY AND GRADY TO HELP REVITALIZE THE CARDIOLOGY PROGRAM.

A RECORD ACHIEVEMENT NEW SYSTEM IMPROVES CARE AND FINANCES

TRANSFORMATIVE TECHNOLOGIES | Technology at Grady underwent an upgrade of epic proportions in 2010 as two million medical records were computerized for the first time.

On March 19, the Emergency Department (ED) staff retired their whiteboards and markers to begin tracking patients electronically with instant updating. Two days later two neighborhood centers—Asa G. Yancey and North DeKalb—began scheduling, placing orders and documenting patients' progress via computer.

And so it went around the Grady system as department after department began using the new medical software developed by the Wisconsin-based Epic.

"I marvel at the incredible change in the ED in just 15 hours," said Dr. Leon Haley, Jr., chief of emergency medicine, a few hours after his department's mid-night launch. "There's instant access to triage information, real discharge instructions for patients, color coding and real-time updates on lab and radiology status—in a simple word, beautiful."

"With Epic, we have the ability to get results in a timely fashion and report our results to the people who order tests through our department," said cardiologist Dr. Allen Dollar. "We can keep up with our patients."

On the financial end, better records of charges and payments means more accurate and efficient billing.

About 90 people, from doctors to financial staff members, reviewed software from several companies



NADIA RALLIFORD, RN, IS PART OF A TEAM PULLED TOGETHER FROM THROUGHOUT GRADY TO LAUNCH EPIC, THE NEW COMPUTERIZED RECORD-KEEPING SYSTEM.

from January to May of 2009 before settling on the Epic system. Then Grady pulled in staff from various departments to help with development and training.

"The executive committee decided we'd have a better outcome to have some people on board who had worked at Grady and knew what Grady was all about," said Nadia Ralliford, a trauma nurse and specialist in working with sexual assault victims, who was asked to become an Epic coordinator.

She's impressed with the system. "You no longer have to worry about who wrote this or what did they write," she said. "Most important, you can take care of patients from anywhere in the hospital, see their backgrounds, what happened on their last visit, their medications. Just keeping track of all that medical information was difficult.

"Epic is a fantastic system," she said. "This is something everybody wanted." ■

UNMATCHED BREADTH OF SERVICES MAKES HIV/AIDS CENTER ONE OF NATION'S BEST

PONCE DE LEON CENTER | One in four Georgians with HIV/AIDS is treated by a Grady infectious disease specialist at the health system's Ponce de Leon Center. Dr. Wendy Armstrong calls it a "medical home" for about 5,000 patients, many of whom are the "sickest of the sick."

"There may not be another like it in the country," said Armstrong, an associate professor at Emory University School of Medicine. The center was named one of the top three HIV/AIDS facilities in the United States by the University HealthSystem Consortium, a national alliance of academic health systems.

A variety of centers meet patients' needs. There are specialists in women's health and pediatrics, and subspecialty clinics for ophthalmology, dermatology, neurology, hepatitis, mental health and substance abuse. There are services for chemotherapy, radiology and nutrition, and a laboratory. The "transition center" works with people who are triply afflicted with mental illness, substance abuse and HIV/AIDS. And the oral health center, directed by

Dr. David Reznik, is nationally known. Separate non-profit agencies help patients find housing and legal assistance.

Grady's infectious disease specialists also conduct research that may improve treatment or decrease the infection rate for AIDS and other diseases in the future.

Dr. David Malebranche, an assistant professor of medicine at Emory and a Grady internist, for instance, researches behavioral prevention, especially among African-American men. "HIV doesn't grow out of a vacuum," he said. "I conduct research we can apply to more general health conditions."

Properly treated HIV/AIDS patients are often able to have full lives as productive members of society, Armstrong said. Suppressing the virus also significantly decreases the probability of its transmission.

"From a public health standpoint, this is huge," she said.

Because of the work at the Ponce Center, untold numbers of Georgians may never need to be treated for the disease. ■



DR. DAVID MALEBRANCHE, AN INFECTIOUS DISEASE SPECIALIST AT GRADY'S PONCE DE LEON CENTER, STUDIES BEHAVIORAL PREVENTION OF HIV/AIDS.

NEARLY

600,000

PATIENT VISITS

Many people don't see past the behemoth of a building they see from the downtown connector. But Grady is actually Grady Health System—a network that includes a larger complex of buildings and services downtown, the state's

largest nursing home, the Ponce de Leon Center housing one of the country's top three outpatient HIV/AIDS programs, and six neighborhood health centers.



WITH ABOUT 800 PHYSICIANS AND MORE THAN 50 SPECIALTY SERVICES, GRADY HEALTH SYSTEM DRAWS PATIENTS FROM THROUGHOUT GEORGIA.



INNOVATIONS IN AMBULANCE SYSTEM SAVE TIME AND MONEY

RETHINKING EMS | Grady ambulances are a familiar sight and sound, rushing patients to the area's busiest emergency room. But many patients need transportation, not urgent care.

An innovative system now allows paramedics to offer to take less critically ill patients to a neighborhood center. Eventually, the 911 center will be staffed with nurses who can schedule appointments and arrange transportation for less-urgent callers, said Bill Compton, vice president of emergency medical services.

Of the calls received last year, about 20,000 were non-emergencies, he said.

Other efficiencies—such as in-house maintenance and refueling of ambulances—are also being put into place at Grady, Atlanta's 911 ambulance provider. And after replacing 20 of its 45 ambulances over two years, Grady plans to save money by installing its current "boxes"—the part of the ambulance that carries the patient—onto new chassis and cabs.

"The changes make us more productive, more efficient and provide a better level of patient care," Compton said. ■

**THE LONGEST-RUNNING AMBULANCE SERVICE IN THE U.S.,
GRADY EMS HAS BEEN IN CONTINUOUS
OPERATION SINCE 1892**

**GRADY EMS RESPONDS TO APPROXIMATELY
95,000 CALLS PER YEAR**

**GRADY EMS IS THE LARGEST HOSPITAL-BASED
AMBULANCE SERVICE IN THE U.S.**


**GRADY EMS COVERS 142 SQUARE MILES
AROUND ATLANTA**

**GRADY EMS IS THE DESIGNATED 911
AMBULANCE PROVIDER FOR THE CITY OF ATLANTA**

Stroke is the #3 killer in the world.
Atlanta has the #1 defense.

grady

Grady is now home to the finest stroke treatment center in this part of the world, specially designed and staffed to lead the fight against stroke.

MARCUS STROKE & NEUROSCIENCE CENTER  **Grady**

atlanta can't **live** without **grady** gradystroke.org

KNOWLEDGE IS POWER IN THE FIGHT AGAINST DIABETES

NATIONALLY RECOGNIZED DIABETES PROGRAM KEEPS PATIENTS EDUCATED

WINNING THE WAR | The Grady Diabetes Center is at the forefront of dealing with a disease that may affect one million Georgians.

More than 700,000 people in the state have been diagnosed with diabetes, and another 350,000 may be undiagnosed.

"It's a growing population," said Dr. Dawn Smiley, assistant medical director of the center.

Diabetes, one of the country's most common, serious and costly diseases, is generally more prevalent in low-income populations, such as those who depend on Grady.

Grady is facing the problem head-on with a holistic approach that includes education, nutrition, exercise and lifestyle. Patients see ophthalmologists and podiatrists because problems with the eyes and feet are common in diabetics. The center recently added a shoe-fitting clinic.

All first-timers enroll in a new-patient clinic. In a session that lasts at least six hours, they meet the staff, discuss their medical history with a nurse, have a complete physical by a physician and get their feet and eyes checked.

A major component of the day is an education session conducted by nurses.



"They get to know the vocabulary and set lifestyle goals," Smiley said. "We address each patient as an individual, designing a program to fit their needs."

Patients learn the meaning of terms such as "carbohydrate," "fiber" and "sugar-free." They're taught to read ingredient and nutrition labels on packages.

And just in case anything is left unclear, there's time for a question-and-answer session with a doctor.

Typically, patients attend five more classes as they begin to implement their plan.

"Patients invariably tell me they feel like they have received exceptional care," Smiley said. Some patients who leave for private physicians when they get insurance "come back with rave reviews for us," she said.

Grady is extending its diabetes care with technology, creating The Diabetes Management Feedback Program, which was recognized with an award from the National Association of Public Hospitals and Health Systems.

The program allows primary physicians and specialists in multiple locations to track a patient's pertinent information such as glucose levels, weight, blood pressure and lipids.

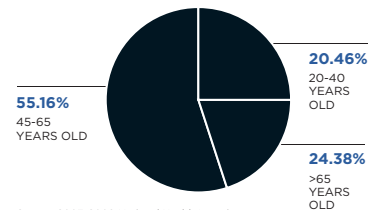
"The Diabetes Management Feedback Program at the Grady Diabetes Center helps us reach beyond our walls and better assist the 20,000 Grady patients affected by this disease," said Dr. David Ziemer, medical director of the diabetes center.

As an intern, Smiley saw a 28-year-old diabetic with an infected wound die of complications. She wants to make sure that never happens to a Grady patient. ■

DR. DAWN SMILEY, ASSISTANT MEDICAL DIRECTOR OF GRADY'S DIABETES CENTER AND AN ASSISTANT PROFESSOR AT EMORY UNIVERSITY SCHOOL OF MEDICINE, HAS FAMILY MEMBERS WITH DIABETES. WITH THE REST OF THE GRADY STAFF, SHE IS DETERMINED TO EMPOWER PATIENTS TO CONTROL THEIR DISEASE AND AVOID SERIOUS COMPLICATIONS.

NEW CASES OF DIAGNOSED DIABETES

About 1.9 million people aged 20 years or older were newly diagnosed with diabetes in 2010.



Source: 2007-2009 National Health Interview Survey estimates projected to the year 2010

DIABETES CONTROLLED THANKS TO GRADY'S DIABETES EDUCATION



DIABETES PATIENT PATRICIA HENDERSON MODIFIED HER DIET AND CHANGED HER EXERCISE REGIMEN AFTER BEGINNING GRADY'S EDUCATION PROGRAM, GIVING HER MORE CONTROL OVER HER DISEASE.

GRADY IN ACTION | For Patricia Henderson, an outing to a park in 2007 turned into a diagnosis of diabetes. Henderson, who was living in Virginia, felt dizzy so she and her husband walked to a nearby fire station. A paramedic checked her glucose and suggested that she see a doctor.

Henderson, who now lives in Atlanta, recently became a patient at Grady's Diabetes Center where she says she's having a "wonderful experience."

Grady doctors are keeping tabs on her health, and she's receiving instruction in nutrition and exercise.

"The dietitian explained to me some things about portions and taught me to read the labels in the store," she said. "You really have to be careful!"

Henderson said she's managing her diabetes pretty well. "I've learned if I want something sweet, I've got to get an apple or some yogurt," she said.

Understanding her condition and taking care of herself with the help of the Grady staff "makes you feel more in control," she said. "It gives you a better feeling about yourself." ■

GRADY CONQUERING DIABETES



THE NUMBER OF RESEARCH PROJECTS THE ENDOCRINOLOGY DIVISION RECEIVED FUNDING FOR AND WORKED ON IN 2010

EACH YEAR THE DIABETES CENTER CARES FOR





GRADY SURGEONS MAKE LIFE-OR-DEATH DIFFERENCE FOR TRAUMA PATIENTS

MARCUS TRAUMA CENTER | People all around Georgia are alive today because of Dr. Leslie Matthews and the rest of Grady's trauma surgeons.

One in four trauma patients in Georgia comes to Grady, the only Level 1 trauma center within 100 miles and one of the busiest in the country.

Take Cherie Mitchell, for example. She was driving home from a friend's house after midnight in late 2009 when she ran off the road, hit a tree and skidded down a 40-foot embankment. For about six hours she was trapped, unable to get to her cell phone. She tried to signal for help with a flashlight, but to no avail.

As dawn broke, she was finally spotted. A woman whose son had wrecked in the same spot years before made a habit of looking down into the ravine. She called 911.

First responders knew what they needed to do: get Mitchell to Grady.

In the helicopter, she finally passed out.

She arrived at Grady with a body temperature of about 93 degrees Fahrenheit, internal bleeding, a crushed pelvis and broken bones in her legs and feet.

Matthews, a Morehouse faculty member who had been at Grady since 2007, was on duty. He stopped the internal bleeding and took care of the broken bones. Twenty-one days after the accident, Mitchell, 23,

left Grady using a walker. Now she walks without it, but with a limp.

"Grady saved my life," she said.

About 60 percent of Grady trauma patients, like Mitchell, are in motor vehicle accidents. Many others have experienced falls or other miscellaneous accidents.

"We see a little bit of everything," Matthews says.

Dr. Matthews also happened to be on duty the day Edward Anderson was using a chainsaw to cut an oak tree into wood to burn. The saw jerked and bounced backward, slicing through the muscles and veins on the right side of his neck.

He was airlifted to Grady from Forsyth County.

"He'd lost his entire blood volume—five liters," said Matthews. Anderson's pupils were fixed and dilated, and there was no discernible pulse.

"He was pronounced dead," Matthews said.

A few minutes later, a nurse noticed movement in his left arm. Doctors were able to save him. A few days later he was talking, although his speech was a little muddled. A week after the accident, he was discharged.

Then there was Mark Mettler, a skydiver whose parachute failed to open. He fell 500 feet at 70 miles an hour, sustaining 18 injuries, any of which doctors said were life-threatening. He was airlifted to Grady from Rockmart in 2008.

A few months later, he came back to share cake and punch with Matthews and the rest of his care team.

Matthews is one of about a dozen trauma surgeons from Morehouse and Emory University schools of medicine who staff Grady's trauma center. All of them have their own dramatic stories from among the 3,200 trauma patients a year admitted to the hospital.

All are responsible for saving patients who would have died without Grady.

"The most rewarding part of my job is seeing people who weren't expected to survive walk out of the hospital and return to their normal lives," said Matthews. ■


DR. LESLIE MATTHEWS (FRONT) AND HIS COLLEAGUES FROM MOREHOUSE SCHOOL OF MEDICINE OPERATE OUT OF GRADY'S LEVEL 1 TRAUMA CENTER, ONE OF THE BUSIEST IN THE COUNTRY. THEY PERFORM LIFE-SAVING SURGERIES ON CRITICALLY INJURED PATIENTS FROM ACROSS GEORGIA.



AIRLIFE GEORGIA AIRLIFTS PATIENTS WITH MEDICAL EMERGENCIES TO GRADY, WHERE THE GRADY EMERGENCY DEPARTMENT STAFF IS WAITING TO GIVE THEM IMMEDIATE TREATMENT. GRADY'S HELIPAD CAN HOLD UP TO FOUR HELICOPTERS AT ONCE.



AS AN INTERNATIONALLY RECOGNIZED TEACHING HOSPITAL, GRADY PRODUCES ABOUT 200 PHYSICIANS EACH YEAR, MORE THAN ANY OTHER INSTITUTION IN GEORGIA.



1 OUT OF 4 DOCTORS IN GEORGIA TRAINED AT GRADY

As a training ground for physicians from Emory and Morehouse schools of medicine, Grady's impact reaches well beyond its own patient base. People throughout Georgia receive care from doctors who trained at Grady.

Of course some doctors who train at Grady stay at Grady, such as Dr. Curtis Lewis, the hospital's chief medical officer.

Dr. Joy Baker, a graduate of Morehouse School of Medicine, stayed at Grady for her residency in obstetrics and gynecology.

Baker appreciates the changes at Grady. "I'm sure we're doing things that are good for our patients and good for the hospital in the long run," she said. "The staff is more productive. It seems like things are more organized, more efficient, and the patients are seeing the difference."

Baker's interest in Grady is personal as well as professional. Her grandmother, who has both Medicare and private insurance, has been a patient for years.

"I'm very passionate about Grady," Baker said. "I'm sure I'll always have some dealings with Grady."

GRADY DEAL WITH CHILDREN'S HEALTHCARE RESULTS IN A NEW \$43 MILLION BUILDING AT HUGHES SPALDING

A WIN-WIN FOR ATLANTA | "Children's Healthcare of Atlanta (CHOA) at Hughes Spalding is like the neighborhood bar on the old television show *Cheers*," said Dr. Robert Pettignano, medical director of the pediatric hospital. "When you walk in, everybody knows your name, and everybody says hello."

Vanessa Watson-Robinson says much the same thing of Hughes Spalding, owned by Grady Health System and now operated by CHOA. "There's a warmth there," she said. "I really love their attitude from the time you check in until you check out."

With sons age 21 and 16 who have asthma, Watson-Robinson has had plenty of opportunities to experience Hughes Spalding. Her sons, Antonio Edwards and Antwan Watson-Robinson, have always been treated there.

Since 2006 when CHOA took over its management, Hughes Spalding has become the flagship hospital for asthma treatment in the CHOA system. "As the only asthma center within the Children's network, we see patients from all over," said Pettignano. "Our service profile has been targeted to provide what the community really needs."

Hughes Spalding also has specialty clinics for sickle cell and child protection (for victims of child abuse) as well as primary, emergency and inpatient care.

"The hospital handles about 45,000 emergency room visits, 23,000 primary care visits and 1,100 admissions to inpatient services each year," Pettignano said. A large portion of those patients are uninsured.

In the mid-2000s, when Grady was hemorrhaging money and Hughes Spalding was underutilized, the Fulton-DeKalb Hospital Authority voted to transfer management of the children's hospital to CHOA. CHOA, in turn, promised to contribute up to \$2 million in annual operating funds, make monthly financial reports and upgrade facilities. The upgrade turned out to be a new \$43 million building.

Hughes Spalding, like Grady, is staffed with physicians from Emory University and Morehouse schools of medicine.

Being part of the CHOA network with hospitals at Egleston and Scottish Rite is a definite plus, said Pettignano, who is on the Emory faculty.

"We have the ability to access expertise from other campuses," he said, such as the child protection center at Scottish Rite and the AFLAC Cancer Center and Blood Disorders Service at Egleston.

The collaboration is paying off. In May 2010, Hughes Spalding received exceptional reviews from the Joint Commission, an accrediting agency for healthcare organizations. It was recognized for innovation in programs such as asthma, autism and sickle cell, and for its dedication to safe patient care. The Commission is adding four processes from the hospital to its national best practices database.

There's also that new four-story brick building built by CHOA and funded by private donations.



It opened in late 2009 to replace an old building designed for adults.

Watson-Robinson's son Antonio has graduated from pediatric care, but Antwan still gets treatment there for asthma and allergies. Watson-Robinson thinks of Hughes Spalding as her hospital. Her sons have always received good treatment, she said, but she often wondered about the facilities.

"I've gone to other children's hospitals in Atlanta to visit relatives," she said. "I used to ask, 'Why isn't Hughes Spalding like this?'"

She loves the new building. "It's more like a children's hospital," she said.

Pettignano agrees. "The staff finally feels they have what they really need and deserve in order to care for our pediatric patients," he said. ■

DR. ROBERT PETTIGNANO, MEDICAL DIRECTOR OF CHILDREN'S HEALTHCARE AT HUGHES SPALDING AND ASSOCIATE PROFESSOR IN PEDIATRICS AT EMORY UNIVERSITY SCHOOL OF MEDICINE, FINDS THE HOSPITAL'S NEW BUILDING WARM AND WELCOMING WITH ITS BRIGHT COLORS AND CHEERFUL ARTWORK.

HUGHES SPALDING WINS GOLD IN ENVIRONMENTAL CERTIFICATION

POSITIVE IMPACTS | Children's Healthcare of Atlanta (CHOA) at Hughes Spalding leads the state in LEED.

It's the first hospital in Georgia to achieve Leadership in Energy and Environmental Design Gold status. The designation was awarded in November 2010 by the U.S. Green Building Council, a non-profit organization dedicated to sustainable building design and construction.

Hughes Spalding, a pediatric hospital managed by CHOA since 2006, is owned by Grady Health System. Its new \$43 million four-story brick structure opened in late 2009, replacing a building constructed in 1952 as a private hospital for African-American adults. Grady had operated a pediatric hospital there since 1992 without significant redesign or refurbishing.

The new 71,000-square-foot structure houses an enhanced and expanded emergency department, specialty clinics for sickle cell, asthma and child abuse victims, and primary care services with extended and weekend hours. Its 24 inpatient beds are child-friendly. A 1982 building was partially renovated to hold support services.



THE NEW ENVIRONMENTALLY FRIENDLY HUGHES SPALDING BUILDING WAS DESIGNED WITH PEDIATRIC PATIENTS IN MIND.

Colors, style, materials and finishes of the new building are similar to CHOA facilities at Egleston and Scottish Rite.

To be environmentally friendly, the new Hughes Spalding was developed with an underground irrigation system to collect rainwater for outdoor landscaping and a reflective roof to help maintain cooler temperatures inside. Proximity to MARTA, storage for bicycles and preferred parking spots for low-emitting and fuel-efficient vehicles encourage employees to conserve fuel.

The hospital was also recently recognized as the Atlanta Downtown Design Excellence Award winner in the community category.

"The new facility allows us to deliver an even higher level of patient care in a facility that is suitable for a pediatric population," said Julia Jones, vice president of operations, Children's at Hughes Spalding. "We have laid a foundation that does more than keep the facility operational, but puts it on a path for future growth." ■

During a stroke,
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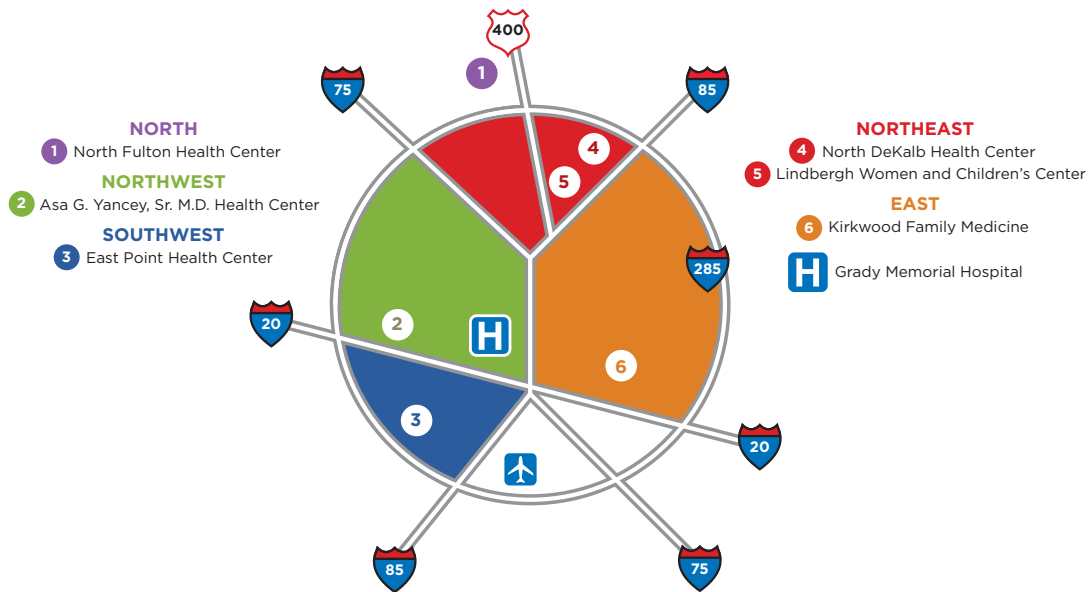
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NEIGHBORHOOD CENTERS EXTEND GRADY'S REACH

KIRKWOOD CENTER TO BECOME NEW MODEL

NEW PRIMARY CARE FACILITY | DeKalb Grady Health Center is getting a new building and a new name—Kirkwood Family Medicine.

That's in keeping with the role of Grady's neighborhood centers, which serve as the family physician for thousands of patients in Fulton and DeKalb counties.

DeKalb Grady, the largest of Grady's neighborhood centers, handles more than 20,000 patient visits a year, offering adult primary care, pediatrics, obstetrics and gynecology, eye care and a full-service lab and x-ray department.

The center is moving less than a mile from its current location to the corner of Warren Street and Memorial Drive, next to Peachtree Hope Charter School.

"We've placed a school nurse there this year," said center director Dr. Karen Duncan. Staff members are collaborating with the school on health education and also reaching out to the Kirkwood and East Lake neighborhoods.

"We're beginning to look at what the community needs are," Duncan said. "Obesity is a nationwide concern and a lot of our pediatric patients have asthma."

The new 12,000-square-foot space will house all the present services including the center's on-site pharmacy.

"Operations will be more efficient for patients and we will have a central nursing station," she said. "There will be more teamwork. Nurses will be cross-trained for smoother operations and what I believe will be greater satisfaction."

It will also be more attractive, with blue and greens accented with gold and plum—"more warmth and more color," Duncan said.

"Most important," she said, is parking. "The new site will have parking right in front."

The move is projected for late spring. "We plan to be there in time for back-to-school physicals," she said.

Duncan, who came to Grady on a two-year program and has stayed for 24 years, said she finds satisfaction in being part of the community.

"It's easy to prescribe a medicine for an ear infection," she said, "but it can become monotonous. Here, every day is a challenge. Every patient is different. The needs are more than medical needs. It can be frustrating at times to find resources, but very rewarding to be part of people's lives. I think I've grown as a person and physician."

Some of her earliest patients are now bringing their children to the center, she said.

Pia Jerome is one of the patients who receives care at the center.

After losing her job, and with it her health insurance, she ended up at DeKalb Grady in DeKalb County about a year ago. "I know everybody in the pharmacy. I know the ladies at the front desk. I know a nurse. When I go there, it's chitchat, chitchat, how do you do?" she says.

As for the care, "I believe my doctor at Grady is better than any doctor I've gone to in the private sector," she says. "I do love that place!"

The only drawbacks are an inefficient building and inconvenient parking, she said.

"I heard they're getting a new building," she said. "I'm very excited about that."

Asked whether she will stay if she gets insurance, she said, "Of course. Why would I leave Grady?" ■

GRADY'S NEIGHBORHOOD HEALTH CENTERS OFFER PRIMARY CARE TO THOUSANDS OF RESIDENTS EACH YEAR IN FULTON AND DEKALB COUNTIES.

FACILITIES NOW RIVAL QUALITY OF CARE AT STATE-OF-THE-ART GRADY BURN CENTER

GRADY BURN CENTER | "...the unidentified man sustained burns over 80 percent of his body, and was flown by helicopter to Grady Hospital."

—wsbradio.com, July 16, 2010

"A 10-year-old child was airlifted to the Grady Medical Center burn unit in Atlanta Thursday..."

—jacksonheraldtoday.com, July 22, 2010

"Baby at Grady's Burn Unit after apartment explosion"

—The Atlanta Journal-Constitution, Nov. 25, 2010

Those snippets of news coverage are routine for the Grady Burn Center, one of only two in the state. What the stories don't say is that those patients were cared for in an expanded and refurbished space officially unveiled in May.

"This state-of-the-art facility will aid our doctors and nurses in providing the best possible care to

patients who suffer from a variety of burn injuries and related complications," said Grady Health Foundation President Lisa Borders prior to the reopening.

Rooms in the 23-bed inpatient unit have new cabinetry, floors, ceilings and televisions. Critical care beds are equipped with a zoned air surface that adjusts to the patient's weight distribution, reduces body pressure and minimizes skin and tissue damage.

Nurses' stations have been decentralized and are now outside patient rooms. The center also has specially designed hydrotherapy tables for bathing patients, a rehabilitation gym and a spacious family lounge. A waiting area in the new outpatient center, redone with new furniture and artwork, now has a special children's space.

"We needed to make the burn center more marketable and more accessible to the many patients we

serve," said Unit Director Elaina Hall. "For our patients and their visitors, these changes better reflect the level of excellence that has earned our burn center its excellent reputation."

Georgia Power and the Southern Company helped to fund the refurbishment. "Just as Georgia Power and the Southern Company provide an essential service for the citizens of our state, so does the Grady Burn Center," Georgia Power CEO Mike Garrett said at the unveiling celebration.

The center provides comprehensive care for pediatric and adult patients, admitting more than 400 patients a year with an additional 2,000 outpatient visits. Its staff includes surgeons from Emory University School of Medicine and nurses certified in critical burn and advanced wound care.

Atlanta lawyer Ken Shigley, president-elect of the State Bar of Georgia, once spent two weeks as a patient in the old burn unit. He returned for an open house at the revamped space and blogged about that visit. "For me as a former patient, the tour was a poignant experience," he wrote.

He also included a bit of advice: "In case you or a loved one are ever in a serious accident, or have a serious burn injury, anywhere in northern Georgia, memorize these four words: 'Take me to Grady!'" ■



GRADY'S BURN CENTER, ONE OF ONLY TWO IN THE STATE, PROVIDES COMPREHENSIVE CARE TO PEDIATRIC AND ADULT PATIENTS IN NEW FACILITIES FEATURING THE LATEST IN EQUIPMENT AND TECHNOLOGY.

YOUNG BURN PATIENT FINDS CARE AND COMFORT AT GRADY BURN CENTER

GRADY IN ACTION | Pierre and Shanna Arscott were leaving a soccer game on Oct. 20, 2010, when they got the most frightening telephone call of their lives: their two-year-old son, Isaiah, had been badly burned and was being flown to Grady's Burn Center.

Isaiah, their only child, had gone with relatives to a farm about two hours from their Lithonia home, where the family was having a party. His parents planned to join them later.

But somehow Isaiah had fallen backwards into a bonfire.

The Arscotts beat the helicopter to Grady. When Isaiah arrived, they learned that he had second- and third-degree burns on his back, the back of his head and on his arms from his shoulders to his hands.

The terrified Arscotts found comfort at Grady, Shanna Arscott said. Nurses not only took care of Isaiah, but made sure his parents were comfortable. When his mother broke into sobs, a nurse was there to reassure her.

The family spent three weeks at the burn center and Isaiah goes back almost weekly for follow-up. He's had four skin grafts and wears a special compression jacket to help his back heal.

Now he's up and running, his mother said. When people ask what happened, Isaiah tells them. Then he says, "I'm okay now."

Thanks to Grady. ■



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FINANCIAL HIGHLIGHTS

CONSOLIDATED STATEMENT OF OPERATIONS

	2009	2010
Net Patient Service Revenue	571.4	703.8
Other Revenue	120.1	94.4
Total Revenue	691.5	798.2
Salaries and benefits	297.4	301.3
Supplies and other expenses	315.3	326.8
Depreciation and interest	28.9	40.7
Provision for uncollectible accounts	91.2	201.2
Total Expenses	732.8	870.0
Shortfall before County Contributions	-41.3	-71.8
County contributions	75.7	70.6
Operating Margin	34.4	-1.2
Non-operating Income	3.0	1.0
Excess or Shortfall	37.4*	-0.2

*NOTE: 2009 Excess includes significant one-time gains.

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