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Southern Atlantic Healthcare Alliance



SOUTHERN ATLANTIC HEALTHCARE ALLIANCE

2007-2008 MEMBER SPOTLIGHT



Beaufort County Hospital

Washington, NC

BEAUFORT COUNTY

CEO: Bill Bedsole

(252) 975-4100

www.beaufortcountyhospital.org



Betsy Johnson Regional Hospital

Dunn, NC
HARNETT COUNTY
CEO: Kenneth E. Bryan
(910) 892-7161
www.bjrh.org



Carteret County General Hospital

Morehead City, NC
CARTERET COUNTY
President: Frederick A. Odell, III
(252) 808-6000
www.ccgh.org



Halifax Regional Medical Center

Roanoke Rapids, NC
HALIFAX COUNTY
President: Will Mahone
(252) 535-8011
www.halifaxmedicalcenter.org



High Point Regional Health System

High Point, NC
GUILFORD COUNTY
President: Jeffrey S. Miller
(336) 878-6000
www.highpointregional.com



Johnston Memorial Hospital

Smithfield, NC
JOHNSTON COUNTY
President & CEO: Kevin Rogols
(919) 934-8171
www.johnstonmemorial.org



Lenoir Memorial Hospital

Kinston, NC

LENGIR COUNTY

President & CEO: Gary Black

(252) 522-7000

www.lenoirmemorial.org



Lexington Memorial Hospital

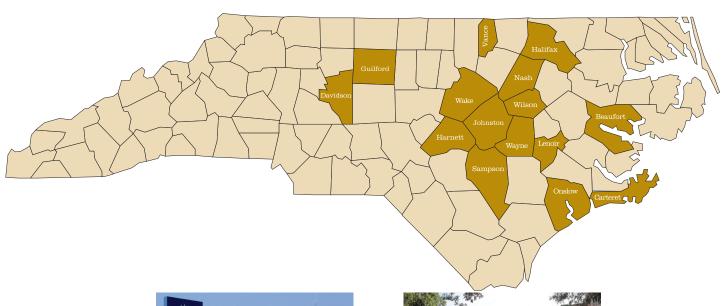
Lexington, NC

DAVIDSON COUNTY

CEO: John A. Cashion

(336) 248-5161

www.lexingtonmemorial.com





Maria Parham Medical Center

Henderson, NC
VANCE COUNTY
President & CEO: Robert Singletary
(252) 438-4143
www.mphosp.org



Moses Cone Health System

Greensboro, NC
GUILFORD COUNTY
President & CEO: Tim Rice
(336) 832-7000
www.mosescone.com



Nash Health Care Systems

Rocky Mount, NC
NASH COUNTY
CEO: Larry Chewning
(252) 443-8000
www.nhcs.org



Onslow Memorial Hospital

Jacksonville, NC
ONSLOW COUNTY
President & CEO: Ed Piper, PhD
(910) 577-2345
www.onslowmemorial.org



Sampson Regional Medical Center

Clinton, NC
SAMPSON COUNTY
CEO: Lee Pridgen
(910) 592-8511
www.sampsonrmc.org



WakeMed Health & Hospitals

Raleigh, NC

WAKE COUNTY

President & CEO: William K. Atkinson, PhD

(919) 350-8000

www.wakemed.org



Wayne Memorial Hospital

Goldsboro, NC

WAYNE COUNTY

President & CEO: J. William Paugh

(919) 736-1110

www.waynehealth.org



Wilson Medical Center

Wilson, NC
WILSON COUNTY
President & CEO: Richard Hudson
(252) 399-8040
www.wilmed.org

BOARD OF DIRECTORS EXECUTIVE COMMITTEE

Ed Piper, PhD, Onslow Memorial Hospital, Chairman Bill Atkinson, PhD, WakeMed Health & Hospitals, Vice Chairman Bill Bedsole, Beaufort County Hospital, Treasurer Jeff Miller, High Point Regional Health System, Secretary Gary Black, Lenoir Memorial Hospital, Member at Large

SAHA STAFF

Dale Armstrong, Chief Executive Officer Sarah Hoffman, Vice President of Operations Swati Bhardwaj, Project Manager Cindy Pittman, Project Manager Cindy Nobling, Executive Assistant



SAHA TEAMS

The success of our alliance is only possible because of the efforts, innovations and dedication of SAHA teams.

BioMed & Facilities

Business Office

Case Management

Chief Financial Officers/Finance Committee

Chief Information Officers

Chief Nursing Officers

Compliance/Joint Commission

Emergency Department

Food Service Directors

HCAHPS

Health Information Management

Home Care

Human Resources

Infection Control Practitioners

Lab Directors

Materials Management

Medical Staff Coordinators/Credentialing

Operating Room

Pharmacy Directors

Radiology



Spotlight on Success

It is a fact that when teams work together collaboratively to share ideas and resources, the result is a demonstrated improvement which surpasses that of organizations that do not adopt this philosophy. SAHA's mission is "to improve the quality and delivery of healthcare to those we serve by supporting and strengthening our membership through collaborative efforts, networking and educational opportunities." Once again, the demonstrated commitment of the many SAHA teams has yielded significant benefits to our member hospitals.

It cannot go without saying that the challenge of operating a high quality, fiscally viable hospital in today's environment requires committed teams dedicated to the pursuit of excellence. Therefore, it is only appropriate that this year's annual report spotlights the significant successes of SAHA's many initiative teams. Improvements in cost, compliance, quality, safety, education and knowledge sharing are among the highlights spotlighted.

As SAHA celebrates its fourth anniversary, the momentum continues. SAHA's focus as we move into the next 12 months will build on our current foundation of quality, patient safety and cost savings. You can expect to see resources committed to growth and development in these areas along with a corresponding enhancement of the SAHA College curriculum.

We are excited about the challenges and opportunities that lie ahead and look forward to meeting them together.

DALE ARMSTRONG, FACHE, CEO

Dee flow

Southern Atlantic Healthcare Alliance



SPOTLIGHT ON

Cost
Savings

"We operate in very challenging times.

There are enormous pressures placed on our financial operations, and every opportunity to save expenses is a plus for us. SAHA represents that opportunity, and we are very pleased to be a part of SAHA and to access the vendors and manufacturers they are associated with."

These are the words of Carteret County General Hospital President Fred Odell. Carteret enjoyed a IO-to-I return on their SAHA investment – the highest savings-perdollar-invested of all SAHA hospitals in fiscal year 2008. On average, hospitals saved \$3.65 for every dollar invested in SAHA initiatives during the past year. From 24-hour pharmacy coverage, to transcription, to staffing, SAHA teams uncovered opportunities to save money on important products and services through carefully negotiated contracts. The significant savings hospitals realize through SAHA membership help to enhance the quality of care they provide to patients and maximize their operational efficiency.

HIM TEAM: BRAINSTORMI<mark>NG</mark> YIELDS BIG SAVINGS

"Our team knows the value of constantly brainstorming new ways to save. Many of us are small hospitals, but we all have big missions to fulfill. More and more, we see the benefits of working collectively to achieve our individual goals for our facilities and the communities we serve," says Julie Bain, RHIA, director of Health Information Management (HIM) at Halifax Regional Medical Center and member of the SAHA HIM Team, which celebrated several savings successes this past year.

14 HOSPITALS ENJOY \$43,000 SAVINGS

At the top of many HIM Team members' brainstorming lists last year were coding books.

Coding and reference books are critical to HIM operations. They help staff meet federal regulations and maximize reimbursement.

Thanks to the HIM Team and SAHA negotiation efforts, 14 hospitals netted \$43,000 in savings by placing a group order for Ingenix reference materials. The dollar savings combined with free shipping services translated into a 41 percent discount off of the list prices for the 1,000 items that were ordered.

Congratulations to Betsy Johnson, Carteret, Halifax, High Point, Lenoir, Lexington, Maria Parham, Moses Cone, Nash, Onslow, Sampson, WakeMed, Wayne and Wilson for a successful team effort in 2008.

MAXIMIZING HEALTH INFORMATION MANAGEMENT EFFICIENCY

Efficiency – from a cost- and space-saving standpoint – is at the heart of the HIM Team's agreement with Brannan Business Systems Inc. While office supplies are not essential to direct patient care, they are vital to the appropriate management of a patient's health information.

In December, the HIM Team finalized a 5-year agreement with Brannan for folder and sticker fulfillment, storage and delivery. The seven participating hospitals – Betsy Johnson, Carteret, Halifax, Lenoir, Maria Parham, Moses Cone, Onslow and Wilson – will enjoy an average annual savings of \$22,481.

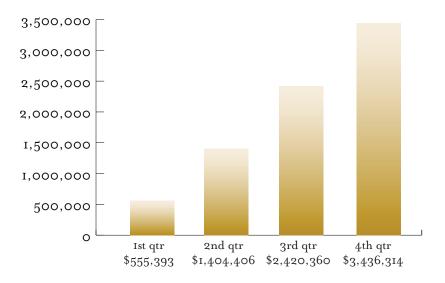
The savings amounts to more than dollars and cents. As part of the contract, Brannan stores each hospital's order. The hospitals can then have portions of their orders shipped to them as space in their HIM departments permits. The hospitals are only billed on the shipments they request.

A single contract with double the benefits translates into double the success for the HIM Team. Congratulations to the HIM Team and many thanks to Brannan for its efforts to forge such a positive partnership with SAHA.

OR TEAM AND VHA: CELEBRATING \$2.1 MILLION IN SAVINGS

SAHA members began to reap the benefits of the agreement with large group-purchasing organization, VHA Inc. in 2008. SAHA and VHA Inc. eclipsed the million dollar mark and are celebrating a \$2 million+ cost-savings success. Thanks to the work of the Operating Room Team and Materials Managers, SAHA members Betsy Johnson, High Point, Lexington, Moses Cone, Nash, Sampson and WakeMed will realize an annual \$2.1 million savings on custom surgical procedure trays through an agreement with Medline Inc. These hospitals continue to work with VHA to uncover more major savings opportunities.

Total Quantifiable Savings for FY 07-08



SAHA CONTRACTS

Participating SAHA hospitals finalized agreements with vendor partners on the following products and services in fiscal year 2008.

- 24-hour Pharmacy Coverage Pharmacy Directors
- Business Office Resources

 Business Office Team
- Capital Financing
 Chief Financial Officers
- Dosimetry Badges
 Radiology
- FMLA Assistance
 Human Resources Team
- Folders/Stickers for HIM Health Information Management
- Hood Cleaning Food Services
- Hospital Pricing Analysis
 Chief Financial Officers
- Life and Disability Insurance
 Human Resources Team
- Patient Leveling Compliance
 Case Management Team
- Point-Of-Care Testing Lab Directors
- RAC Readiness
 Case Management Team
- Reference Materials
 Health Information
 Management
- Staffing/Recruiting
 Human Resources and
 Rehabilitation
- · Stop Loss Insurance
 Human Resources Team
- Transcription
 Health Information
 Management





Compliance with state and federal regulatory agencies is a constant focus for SAHA. In 2008, SAHA continued to help members navigate the ongoing changes in regulations set forth by national and state agencies through shared knowledge and resources.

WORKING TOGETHER FOR CONSTANT READINESS

Though quality and safety improvement is the focus for compliance, the fact remains that hospitals must be in a state of constant readiness for surveys by The Joint Commission, the Department of Environmental Health, the Division of Health Service Regulation and other licensing and accreditation organizations. Continuous updates to regulations, policies and the National Patient Safety Goals make survey preparation a challenge for all healthcare facilities.

SAHA members face this challenge by working together. Last year SAHA arranged multiple programs to assist hospitals with constant-readiness efforts. Through these programs, members learned about The Joint Commission S3 tool, a free, Web-based tool to help

hospitals identify potential patient safety issues, trends and where they need to focus improvement efforts.

Teams also gained valuable insights from Beaufort
County Hospital and Johnston Memorial Hospital representatives, who shared their then recent Joint
Commission and Division of Health Service Regulation survey experiences.

COMPLIANCE EDUCATION BENEFITS MANY

More than 60 people from 15 of our member hospitals gathered in August for SAHA's Joint Commission
Update. For some participants, it was their first and only opportunity to receive a comprehensive overview of Joint Commission's new survey and scoring processes. The program also included a look ahead at the 2009 National Patient Safety Goals.

Joint Commission continuously enhances its standards to ensure US hospitals – like SAHA member hospitals – provide high-quality, safe care to patients. SAHA, in partnership with VHA, is pleased to provide Joint Commission education and networking opportunities to member hospitals – free of charge.

"SAHA members' commitment to comprehensive compliance efforts and their willingness to assist each other signifies their dedication to high quality patient care and constant quality improvement."

DALE ARMSTRONG, FACHE CEO, Southern Atlantic Healthcare Alliance

RAC LISTSERV CREATED FROM COMMON NEED

The creation of the Recovery Audit Contractor (RAC) Listserv is an example of how SAHA collaboration helps address member concerns. The implementation of CMS's permanent RAC program is a concern for SAHA members and hospitals throughout the United States. Hospitals – small or large – cannot afford to repay CMS if auditors discover errors in reimbursement processes. Nor do they have the time or manpower to devote to the lengthy appeals process they would endure to recoup unnecessary repayments.

When SAHA members needed information about the RAC process, SAHA responded to that need by coordinating the RAC Audit Seminar. During the seminar, EHR representatives shared their experiences from the initial RAC rollout and helpful practices to limit hospital exposure to audit citations.

With 79 attendees from all SAHA hospitals present, the group agreed to create an online RAC Listserv. Through the listserv, members share insights to ensure documentation is compliant with RAC standards. The listserv continues to grow as members offer their audit preparation experiences and compliance suggestions.

SAHA TEAMS TACKLE DEPARTMENTAL COMPLIANCE

Individual teams also created educational opportunities to help them understand and overcome compliance challenges in their respective disciplines. Some of these initiatives included:

Teams	Compliance Programs
Pharmacy Directors	NPSG 3E: Anticoagulation Therapy Medication Disposal
Case Management	Important Notice from Medicare Education
Emergency Department	Emergency Management Standards
Medical Staff Coordinators	2008-09 Medical Staff Standards
Food Services Directors	DEH Inspection Forms and Surveys
HIM Directors	Best Practices to be Joint Commission Compliant

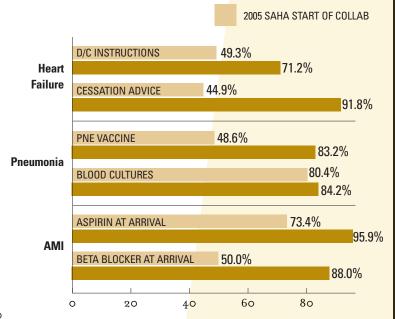




SAHA hospitals exacted significant quality of care successes during the past year, thanks, in large part, to their strong commitment to benchmarking and best practices. Benchmarking and best practices are prevalent terms in today's healthcare industry. They are extremely relevant to quality efforts at SAHA hospitals as they continue to yield successes for members and, most importantly, patients.

BENCHMARKING

The Centers for Medicare and Medicaid Services (CMS) core measures and Surgical Care Improvement Project (SCIP) national benchmarking initiatives continue to help SAHA hospitals measure the success of their quality efforts and recognize opportunities for improvement. In fiscal year 2008, SAHA hospitals celebrated great progress in their efforts to comply with congestive heart failure (CHF), pneumonia, heart attack and surgical care best practices.

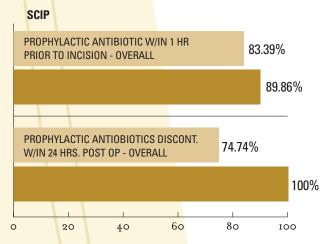


CMS CORE MEASURES: SAHA HOSPITALS MAKE STEADY PROGRESS

Collectively, SAHA member compliance with CMS best practices for CHF, pneumonia and heart attack patients increased by 13 percent since the start of collaborative efforts in 2005 and by two percent over last year's figures. Six SAHA hospitals scored better than national and state averages for several measures, according to The Joint Commission's Quality Check. Congratulations to Carteret, High Point, Nash, Onslow, WakeMed and Wilson for their exceptional performance and to all SAHA members for positive progress in quality improvement.

SAHA members focused on all areas of Core Measures and SCIP metrics. The numbers represented graphically show the greatest measures of improvement.

2008 SAHA CURRENT AVG



For details on individual hospital results, please visit www.sahalliance.org.



SCIP: COLLABORATION = QUALITY PROGRESS

SAHA partnered with the North Carolina Center for Hospital Quality and Patient Safety for the Surgical Care Improvement Project. The aim of SCIP is a 25 percent improvement in surgical care at US hospitals by 2010. SAHA was able to bring additional resources for the SCIP collaborative to member hospitals. SAHA staff acted as coaches to encourage participating hospitals to continue to improve their compliance with the SCIP goals. In addition, networking meetings were held to give members opportunities to learn from each other and share best practices. The data from the collaborative revealed considerable improvement in the way the II SAHA hospitals participating in SCIP care for and serve surgical patients. Overall, SAHA hospital compliance with the project's measures has improved by approximately IO percent since the start of collaborative efforts and last year's figures.

The Quality Center's SCIP data also reveals an important fact about SAHA's success: Hospitals working collaboratively on SCIP are making more quality improvement progress than hospitals that do not share ideas and resources.

BEST PRACTICES

The concept of using national, evidence-based, best practices to improve care delivery, quality and outcomes was popularized in the early 1990s. National demonstration projects have proven the value of best-practice implementation, and so have the efforts of Darlene Houston, RN, and the physicians and staff at Lenoir Memorial Hospital.

When Darlene came to Lenoir in 2006, her initial focus was to improve patient education on CHF – a CMS core measure. "Our compliance was really low - around 20 percent," says Darlene. What began as one employee's charge grew into a comprehensive CHF guideline compliance effort that is embraced and appreciated by Lenoir physicians and nurses alike.

Her initial approach was simple: Keep CHF education in front of nurses and physicians as much as possible. With red pen in hand, Darlene began to write notes for physicians in a standard location on the charts of patients who potentially needed CHF education. She showed her co-workers how to recognize CHF red flags amidst patient information and where to indicate the potential need for education in charts. Darlene also discussed her focus with physicians and asked for their help. She then performed CHF patient and family education herself, using easy-to-understand comparisons from daily life.

The result: A 35 percent (and climbing) increase in CHF education compliance and physician/staff buy-in of the new process.

As the CHF champion, Darlene, with the support of the clinical staff at Lenoir, is tackling compliance with the full spectrum of CMS core measures that relate to CHF. With input from staff and physicians, Darlene has created a CHF Core Measures Checklist. Included in the patient chart, the checklist is a reminder about ARB/ACE inhibitor administration, echocardiograms, diet and adherence to other CMS core measures. "Our compliance with ARB/ACE inhibitor administration has hit 100 percent," says Darlene. "Echo compliance is up 10 to 20 percent and so is beta blocker compliance."

When it comes to meeting the CMS guidelines for compliance with best practices, Darlene, like staff members at many SAHA hospitals, recognizes the need for perfection. "We are a small hospital. We've got to be the best. Missing one patient has a big impact on our results. We see this very clearly at Lenoir, and we're working very hard to be the best."

Congratulations to Lenoir Memorial Hospital and all SAHA hospitals for their work to improve the quality of care for patients throughout our region.





Sharing knowledge – it is the key building block of SAHA's mission. It is the basis of all SAHA hospital efforts to improve quality, safety, cost efficiency, compliance and survey readiness. It is the reason SAHA members continue to succeed. SAHA hospitals benefited from shared knowledge and expertise in many ways during the past year. The quality and cost-savings statistics in this report prove that the value of teamwork and transparency among SAHA hospitals continues to grow for our members and their patients.

BUSINESS OFFICE MANAGERS GAIN VALUABLE PERSPECTIVES FROM ONSLOW

"Prioritizing Patient Collections and Bad Debt" was the topic of an important knowledge-sharing experience for SAHA Business Office Manager Team members. SAHA officials worked with the Advisory Board Company and its consulting arm H*Works to bring this teleconference to the team free of charge.

Onslow Memorial Hospital's new bad debt and patient collection processes were highlights of the knowledge-sharing experience. Participants learned how changes implemented by Onslow resulted in:

- \$16,500/month in point-of-service collections
- 100 percent increase in pre-registered patients being informed of their financial responsibility

- Dramatically increased collections on self-pay accounts (\$218,426 in the third week of the 45-day window) resulting from a one-time, prompt-payment discount program
- Three-day reduction in accounts receivable days

"A hospital cannot function without a well-maintained revenue cycle," says Valerie Russell, controller for Onslow Memorial Hospital. "OMH not surprisingly tuned theirs up with the help of H*works. The revenue cycle required significant attention to all levels of the organization. Our eight best practices improved our denial processes, collection practices and reduced our accounts receivable. We also implemented new standardized scheduling and electronic ordering. Our industry is ever changing with consumer-driven health care as well as regulation changes. We're glad to share our experiences with other SAHA members so that they too can improve their processes and keep in step with regulation changes."

EMERGENCY DEPARTMENT PATIENT FLOW POINTERS HELP HOSPITALS STREAMLINE

Typically, more than 50 percent of admissions enter the doors of a hospital through the emergency department (ED). That's why the ED is often referred to as a hospital's "real front door."

"SAHA is about hospitals coming together to share a common purpose to pursue excellent quality patient care through collaborative ideas and activities."

ED PIPER, PhD

President & CEO, Onslow Memorial Hospital; Chairman, SAHA Board of Directors

ED patient volumes continue to rise, resulting in part from increases in our area population and in uninsured and under-insured Americans. With this influx of ED patients comes an issue: patient flow in the ED and from the ED to nursing units.

A shared concern about patient flow spawned the need for knowledge-sharing opportunities among SAHA hospitals. In 2008, several ED staff members shared their innovations to help their partners ensure the efficiency and timeliness of care delivery.

Mary Washington Hospital's Dr. Jody Crane, an ED physician and faculty member of the Institute for Healthcare Improvement's collaborative, Operational Improvement in the Emergency Department, talked to SAHA members about their process to identify and improve patient flow. The progressive triage initiative and other process changes created by the Mary Washington Hospital ED team led to significant improvements that SAHA members could implement in their facilities.

And that is what happened at Nash Health Care Systems. The Nash Emergency Care Center used the tools and ideas provided by Dr. Crane to combat patient flow issues. From reviews of their operational metrics and patient satisfaction results, to tactics, to current results, speakers Allison Manning Williams RN, BSN, nurse manager for the Emergency Care Center at Nash Health Care Systems and Pam Barnes, a quality data specialist at Nash, openly shared the smallest details about their patient flow improvement efforts with SAHA members.

Providers at Nash understand the value of sharing knowledge across the SAHA continuum. "Knowledge is power," says Williams. "The optimal goal is to deliver quality patient care throughout the SAHA organizations."

MAKING CONNECTIONS FOR QUALITY CARE AND COMPLIANCE

Relationships among SAHA teams and member hospitals continue to grow with every year and every opportunity made possible through SAHA membership. As knowledge-sharing needs arise in the coming year, SAHA will respond with formal and informal opportunities.

Fiscal year 2008 was a year of success, especially when it came to knowledge sharing. Here are just a few facts and figures about the educational programs SAHA members enjoyed:

> SAHA College offered 32 educational programs in FY '08

> All 16 member hospitals took advantage of these programs

> More than 890 individual participants gained valuable hands-on experience

> SAHA classes received an average rating of 4.6 out of 5 on course evaluations





"I was fortunate to have the opportunity to attend the How to Manage Diversity in the Workplace seminar. We are so blessed that SAHA has been able to bring this type of seminar closer to our facilities. Betsy Johnson Regional Hospital had five employees attend this seminar, and we all took something different away from the meeting. By actively listening and participating, we were shown the value of diversity in the workplace. We need to focus on our strengths and others' strengths to help overcome weaknesses. How we use the information is the key to our growth and continued success."

Paula Yoho, RT-R, N, M, QM, CNMT, RDMS, manager of Medical Imaging at Betsy Johnson, is one of the many employees, leaders and caregivers who benefited from SAHA's 31 educational programs in 2008. SAHA College, SAHA's educational component, exists because continuous learning is vital to constant quality improvement, compliance and the professional and personal growth of those at our member hospitals who lead, serve and provide care.

PROVIDING THE TOOLS TO LEAD

Now more than ever, hospital leaders – new and experienced, clinical and non-clinical – need access to affordable educational programs to help them navigate the complexities of their roles. In 2008 SAHA and partners such as the Advisory Board and Wake AHEC presented poignant programs on:

- Being an Effective Charge Nurse in Today's Healthcare Climate
- Cultural Diversity
- · Preparing to Lead on the Clinical Unit
- Motivating Self and Employees

Those who accept the challenge to lead recognize that education is key to their success. SAHA will continue to provide the educational opportunities our leaders deserve in the years to come.

SAHA COLLEGE KEEPS HOSPITALS ON THE LEADING EDGE

Infection control during construction. Hospital-wide patient flow. The green hospital initiative. Ongoing health information management webcasts.

Documentation of conditions present on admission.

SAHA teams participated in educational offerings on these topics and more throughout fiscal year 2008. SAHA members are interested in improving the quality of their clinical and non-clinical practices at every turn.

Through SAHA College, SAHA demonstrates its continued commitment to provide no-cost or low-cost education to further quality improvement efforts.

Members can expect more progressive, targeted programming in the coming year.





SAHA members collaborated to form three new work teams in 2008. They include:

- · Infection Control Practitioners
- · Rehabilitation
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

TACKLING HOSPITAL-ACQUIRED INFECTIONS

The prevalence of hospital-acquired infections in the media prompted SAHA chief nursing officers to request the formation of the Infection Control Practitioners

Team. SAHA brought together team members for an initial gathering in February, and they have been hard at work ever since.

A highlight of the meeting was a presentation about Moses Cone Health System's new and very successful hand hygiene program and policy. In 2006, compliance with the World Health Organization/Centers for Disease Control hand hygiene guidelines at Moses Cone was 50 percent. A campaign to improve compliance was launched, but it only yielded a four percent increase by the following year.

Dr. Ward Robinson, medical director for infection control at Moses Cone, proposed a new program that included education and information pieces and a disciplinary action component for willful non-compliance with the related hand hygiene policy. The program and policy were directed at employees, medical staff members, volunteers and students.

The initial and ongoing success of the hand hygiene compliance program lay to rest any concerns administrators had about its punitive component. "Hand hygiene compliance hasn't fallen below 95 percent since the implementation of our program in August 2007," says Marion Martin, RN, MSN, MBA, director of Infection Prevention Services at Moses Cone. Moses Cone nosocomial transmission of MRSA was 0.49/1,000 days (excluding surgical site infections) in July 2007. It declined to 0.2 by September 2007.

The beneficial insights shared by Moses Cone served as a catalyst for team members to make improvements in hand hygiene at their own facilities.

SPOTLIGHT ON THE FUTURE

Higher compliance scores. Better survey preparedness. More targeted education programs. Greater knowledge sharing through enhanced relationships. Improved quality of care and patient safety for residents of our region. These are the accelerated benefits SAHA members can expect to enjoy in the year ahead. Many thanks to all SAHA teams, the administration and the staff for a year of exceptional success.



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Southern Atlantic Healthcare Alliance

SAHA GOALS

- To build collaborative relationships between hospitals in the region with the purpose of improving the quality and delivery of healthcare for the patients we serve
- Support and strengthen our member hospitals through collaborative efforts, networking and educational opportunities
- Create value for its members by providing validated savings or operational/quality improvement opportunities

SAHA MEMBER STATISTICS

- 16 Member Hospitals
- Average Member ROI: 3.65:1
- Total Employees: ~29,000
- Total Beds: 4,878
- Net Patient Revenue: \$3.15 billion

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