Emory Johns Creek Hospital
Mohamad K. Moussa, MD

This season has been very busy for all Emory facilities, and Emory Johns Creek was no exception, with steady higher census on all the teams and record patient admissions. Due to this growth, we will be adding a 14th FTE in addition to our four advanced practice providers (APPs). Emory Johns Creek just celebrated its ninth birthday, with more services added to support the hospital community, including building a second MRI scanner and opening a clinical decision unit (CDU) in the ER.

Our team has welcomed a new nocturnist, Dr. Kim, who has transitioned well into her new role. We hired a palliative care nurse practitioner, Jan Willes, in April and the palliative care consultation service has been growing steadily under the direct supervision of our hospitalist Sukit Chaiyachati. We continue to teach Emory and Mercer PA students (who rotate with us routinely) and to learn from one another via biweekly lunch-and-learn lectures.

We launched SIBR (Structured Inter-disciplinary Bedside Rounds)/ACU on our surgical floor in December under the directorship of Seham Al Haddad. The entire hospital is now ACU, except for the observation wing (where patients have relatively short stays).

Emory Saint Joseph's Hospital
Dhaval Desai, MD

As we enter the summer months, the Emory Saint Joseph's (ESJ) hospital medicine program has had a lot of positivity to reflect from the first part of the calendar year. We launched two additional SIBR units in February, and they have done remarkably well so far. Challenges have included optimal census management per physician and fine-tuning the actual rounding process with the multi-disciplinary team, but these issues are being resolved in real-time with constructive feedback from the entire group. Over the next several months, all of the SIBR units and physician champions for these units (Ingrid Pinzon, Reza Hassanyar, Matt Darrow, Mohamed Seedahmed, and myself) will start specific quality projects for each unit, including HAC prevention, value-based care, optimizing LOS, early palliative interventions, and utilizing technology to prevent readmissions (i.e. utilizing a smart-phone/tablet app to optimize discharge planning/post-discharge care for a patient with COPD).

From an educational standpoint, students continue to rotate from Emory's physician assistant program and acute care nurse practitioner program. In addition, the first “hospital medicine resident elective” was completed in February by a PGY-3 resident in Emory’s internal medicine program. While there was no direct patient care, the resident learned about a variety of non-clinical topics, including billing/coding, hospital committee involvement/participation, teaching (“chalk-talk”) feedback, and an introduction to hospital quality measures and initiatives. Feedback was very positive for this rotation. In
the summer months, we will also have a pharmacy resident rotate with the hospital medicine team. Pharmacy residents continue to rotate at ESJ, and they will now spend time with hospitalists. This is a pilot program for our group, and we will evaluate this initiative after the rotation is complete. Michele Sundar continues to lead education at ESJ for the hospital medicine group, and her organization and interest in further developing and sustaining these initiatives is appreciated. Overall, participation in education/teaching from the entire ESJ Hospital Medicine group continues to grow.

Lastly, "Hospital and Nurses Week" is a nationally celebrated holiday across the nation. ESJ held a series of celebrations in the first week of May, including a breakfast for nurses/hospital staff, an awards celebration, and an outdoor fiesta! The hospital medicine group has become an integral part of the culture at ESJ, and we were a huge part of these celebrations: several physicians served breakfast to nurses (and made pancakes at live stations in the cafeteria), and two of our hospitalists participated the “Dunk-a-Doc” fundraiser, in which hospital staff could purchase balls to throw and dunk physicians in a large water tank. The fundraiser, to say the least, was very entertaining, and we raised nearly $600 for Mercy Care, one of our outreach organizations for Atlanta's homeless and uninsured.

Emory University Hospital Midtown
Bruce Mitchell, MD

Willie Smith gave a presentation as part of a mini-academic hospitalist lecture series on "Discharging Pearls."


Emory University Hospital
Emory University Orthopaedics & Spine Hospital
David A. Krakow, MD

We presently have 30 physicians and 5 APPs on staff. Several of our physicians have been promoted to new leadership positions.

Rumman Langah (with the division since 2010) was recently named associate director of hospital medicine at Emory University Hospital (EUH). Rumman also serves as step-
down unit medical director and director of the medical student clerkship at EUH. Sarah Decaro (with the division since 2014) has been named director of care coordination for EUH. She is also the assistant director of EUH's medical student clerkship.

Ananth Vadde (with the division since 2013) has been named the medical director of the new 5D medical unit. Annie Massart (with the division since 2014) has been named medical director of the 6G teaching unit. Annie also co-leads the physician assistant diagnosis course at EUH. Ananth and Annie previously served as co-directors of the 6G unit (prior to the opening of the new 5D unit). Julie Schneider and Haritha Katakam are co-champions at EUH for the new IT-optimization initiative.

Wesley Woods Long-Term Acute Care Hospital
Jeffrey Mikell, MD

We continue to welcome a number of new Emory hospitalist moonlighters to the service, increasing the visibility of the program. We are still in the process of hiring another physician to fill our currently vacant full-time-equivalent position. On a brighter note, with the assistance of Nicole Hairston, NP, we are working on another research opportunity in a long-term acute care (LTAC) setting: we are investigating a unique way to lower, and hopefully eradicate, catheter-associated UTIs in the LTAC.