

# Middle Tennessee Medical News

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## MTMC Launches HIT Innovations

*New Hospital a Frequent Technology Test Site*

By SHARON H. FITZGERALD

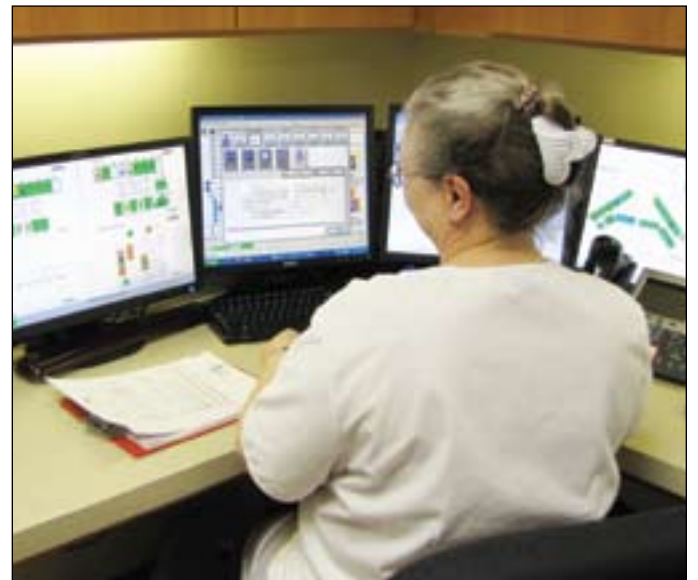
When a new hospital rises from the ground up, it's a prime opportunity to introduce the latest bells and whistles and do that in an integrated and coordinated way. That's just what's happening at Middle Tennessee Medical Center in Murfreesboro, fertile ground for a host of cutting-edge health information technology initiatives.

"We're in a unique position in this period of technology, in that we are trying to give the clinical people more and more technology so they have to use it less and less," said Dan West, MTMC's information technology director.

The new MTMC opened its doors in October 2010 and has since served as a site used by IT developers to introduce new products and as a trial-run site for IT to be introduced throughout Ascension Health's more than 70 hospitals. MTMC is one of four hospitals under the umbrella of Saint Thomas Health, which is a member of Ascension Health, a Catholic organization that is the nation's largest not-for-profit health system.

By mid-July, MTMC nurses at the patient bedside will be using

(CONTINUED ON PAGE 16)



## Children's Hospital Embarks on the Next Phase

*Expanding Physical Space, Focus*

By CINDY SANDERS

Although the freestanding Monroe Carell Jr. Children's Hospital at Vanderbilt debuted less than a decade ago, physicians and administrators quickly realized the hospital's rapid growth meant expansion was inevitable. This spring, the Children's Hospital launched a \$30 million, phase one expansion project that will increase space and enhance programming.

Luke Gregory, Children's Hospital CEO, noted that within a year of the hospital's 2004 opening, the facility was essentially running at full capacity. "We've run high

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# Preparing for the Worst

## DisastersNet Helps Keep Hospitals at the Ready

By CINDY SANDERS

Floods, fire, tornadoes, manmade destruction ... no one wants to think about the worst, but everyone has to be prepared.

From 9-11 to Hurricane Katrina to the past year of severe weather events in the Southeast, it has become increasingly evident that no one is immune to disaster. And in an emergency situation, it's vital the pillars of the critical infrastructure — fire, police, hospitals — have an incidence management plan ... and know how to execute it.

That's why more than 100 hospitals, healthcare systems and regional hospital affiliate groups in 22 states have turned to Nashville-based information technology company DisastersNet to ensure their staff is ready and knows how to react in the face of tragedy. Chris Riddle, who spent 24 years as a hospital safety officer, founded the company in 2008 and had the first product ready for use the following year. Since then, the company has seen steady growth for both its incidence management and compliance management systems. Patient safety is at the heart of both technol-



Chris Riddle

ogy lines.

Riddle explained the 9-11 attacks changed the way the United States looked at homeland security and the critical infrastructure. "The government wanted to come up with some standard process by which we manage incidence or unplanned events," he said. While the Instant Command System (ICS) has been around since the 1970s, it was refined after the terrorist attack and healthcare became part of the core group required to implement ICS into their emergency operations process. Although Riddle said hospitals have long had an emergency response plan, it wasn't an organized process like it is today.

Driven off a checklist model, the DisastersNet technology helps hospitals identify who is responsible for different aspects of response, where there are weaknesses in the plan, and how to collaboratively make decisions to address key priorities. Riddle said his product automatically runs a Hazard Vulnerability Analysis. For example, he said, "Here in Tennessee, the probability of tornadoes happening in our region is high. Threat to life is high. You measure that against the plans you have in place." He said the DisastersNet technology gives hospitals a risk score and shows problematic areas where plans need to be shored up to address vulnerabilities. "It has a built-in improvement plan where

you can address those things that need to be improved," he added.

By law, healthcare facilities are now required to do exercises twice a year, and one of those drills has to be community-based, Riddle continued. "Once you've determined your risk, then you can use our system to have exercises to assess your ability to respond to those using the Instant Command System. It's a simulation of the event that you can respond to; and then after you are finished, you assess where your weaknesses are," he said.

Community-based exercises could respond to any number of hazards from a natural disaster to a sniper to a massive transportation accident to a biologic warfare attack. The key is that it engages police, EMS, fire and other responders working in concert. "The beauty of the system is they are practicing precisely what they would do in a real event," Riddle said. "Our system comes standard with 27 different templates for healthcare," he noted. Riddle added the templates include natural, human and terrorist events. "They can be modified to meet specific needs within the facility, but it (the template) gives them a good starting point."

With his software product, he continued, "Training becomes second nature so they are able to have these exercises more frequently because it's more efficient than doing it manually." Without such a system, hospitals tend to have a number of notebooks with typed up plans to try to address the spectrum of hazards. No matter what the scenario, each hazard has a number of actions that must be undertaken. With DisastersNet software, that checklist process happens automatically. "It has the ability to communicate with people in the Instant Command team using chat, messaging or email," Riddle said.

He added the product could work in two ways — SaaS (software as a service) or as a side appliance with a server on site. Although Riddle said the Internet is the "most robust communication vehicle we have in our country," he did say that with a SaaS option, hospitals would lose access to the program if they lost Internet connectivity. However, he continued, DisastersNet maintains two different geographic locations where servers are hosted. "We do have a redundant backup site. If you lose one site, it's automatically replicated to a warm site, and you instantly have access to data." If using the product as a side appliance with an onsite server, communication would still be intact via intranet even without Internet access.

Another plus of the system is that it can be adapted to create a hierarchy of hospitals among a healthcare system or region, which allows for communication and shared information. Recently, DisastersNet was selected by Indiana District One to automate their incident management services across the 17-hospital district.

## VitalSigns



Special to  
Medical News  
from Erin Lawley,  
NashvillePost.com

The process for achieving Food and Drug Administration approval of a drug or medical device is long and complex, to put it mildly. And in recent months, followers of Middle Tennessee's healthcare industry have gotten a rare look at the difficulties companies often face in navigating that process — through the example of BioMimetic Therapeutics.

The Franklin-based biotechnology company has been working toward FDA approval of its Augment Bone Graft product for several years. The device, which would be BioMimetic's first orthopaedic product, is intended to fuse bone during foot and ankle surgeries — a safe and effective alternative to the current standard of care, which uses a piece of the patient's bone harvested from another site, BioMimetic argues.

The company submitted in 2009 and 2010 the three parts of its Premarket Approval Application for the marketing of Augment in the United States. And in mid-May, the company faced what it thought was the last major hurdle before getting the green light from the full agency.

But things didn't go exactly as planned.

The FDA pointed to concerns about the device's safety in the briefing documents it sent to the Orthopaedic and Rehabilitation Devices Panel, spooking investors into a stock sell-off that caused BioMimetic's stock price to plummet 35 percent in one day.

And though the company received a positive recommendation from the panel, its shares continued to trade more than 50 percent below their price in early May more than a month later. In part, that's related to the belief that the FDA will ask BioMimetic to perform additional product testing before it gets the full go-ahead for Augment — which has prompted BioMimetic to delay its anticipated approval timeframe from late this year to early 2012.

Although the company is confident that it will ultimately get permission to sell Augment in the United States, its experience shows just how challenging the FDA approval process can be.

Erin Lawley is managing editor of NashvillePost.com, a sister publication of Nashville Medical News. [elawley@nashvillepost.com](mailto:elawley@nashvillepost.com)

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