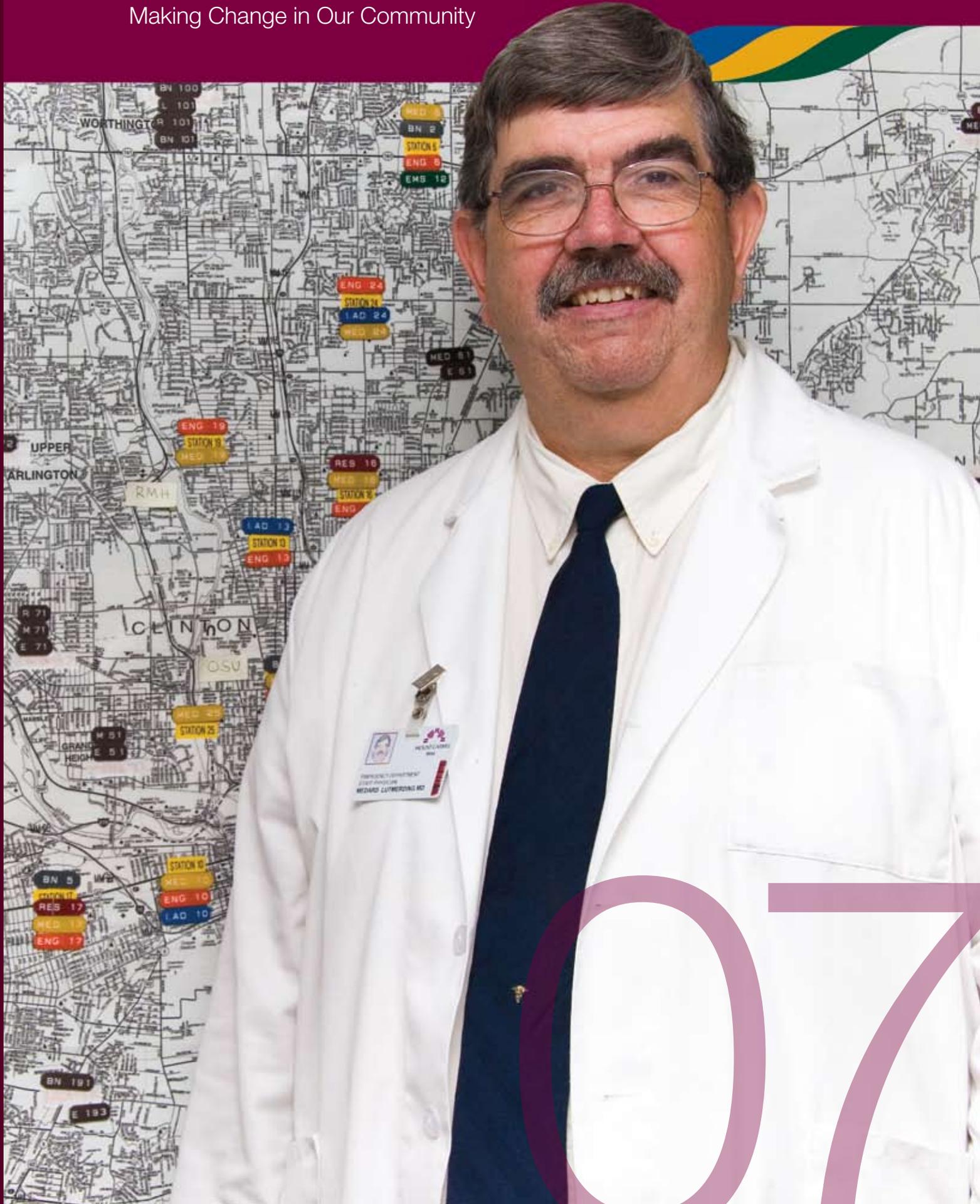




Columbus Medical Association Foundation's

Good Health Columbus

Making Change in Our Community



“The Emergency Patient Transport Plan (EPTP) was created to promote access to care for EMS patients ...”

Story: pg.3

Welcome to the fall edition of Good Health Columbus.

In this issue, the CMAF illuminates the work of the Central Ohio Trauma System (COTS). COTS, a unique organization born out of the

need for better trauma coordination as well as a place to collaboratively address community-wide trauma issues, has expanded its reach.

While becoming better known over the past few years, COTS still maintains a

Donor Flexibility and Focus Hallmark of Columbus Medical Association Foundation

The Columbus Medical Association Foundation is solely focused on improving the health and wellness of the central Ohio community. It is a unique charitable institution in that physicians from all specialties and community representatives across multiple sectors are united to solve health problems— by supporting innovative and effective health and wellness projects.

A wide variety of individual and corporate donors support the work of the Columbus Medical Association Foundation. This support is evidenced in the projects funded by CMAF and the financial support provided to selected projects or to achieve the donor's personal charitable objective. In either case, CMAF donors have the flexibility to direct how their charitable gift in support of their philanthropic health vision and/or interest is to be utilized.

Philanthropic interest is as unique as the individual or corporation themselves. Each year the CMAF receives gifts primarily in the form of cash and securities. However,

gifts of real estate, retirement plan assets, tangible personal property or LLC and limited partnership interests can also be accepted by the Foundation. Many are utilizing the Foundation as their charitable giving vehicle by establishing family funds, corporate funds and including the CMAF in their estate planning.

“We've seen more and more people become attracted to the way CMAF is addressing health care problems in central Ohio,” said CMAF Director of Development Weldon Milbourne. “The CMAF is becoming the destination for health care philanthropy.”

Milbourne also cites the full range of CMAF estate planning options that are available and the ability to create personalized charitable funds at the foundation for increasing donor participation. “By having the flexibility to work with donor wishes, the CMAF can help them achieve their goals,” he said.

The CMAF also serves as the official charitable gift recipient organization for the Physicians Free Clinic and the Central Ohio Trauma System (see cover story).

Thank you to the individuals, companies and organizations that made monetary contributions to the Columbus Medical Association Foundation in the Third Quarter of 2007. Every donation to the CMAF is greatly appreciated. Visit www.goodhealthcolumbus.org/cmaf for more information on making a gift.

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low profile choosing to focus on its work and support the organizations, hospitals and public entities it serves.

The Foundation believes it is important for the community to have a better understanding of this unique organization

and the value it brings to central Ohio and how it improves the quality of life for all of us.

COTS is a perfect example of CMAF's continuing and unique partnership between physicians and the community

to solve health problems. We hope you enjoy this edition and as always feel free to contact me or any of the CMAF staff.

Philip H. Cass, PhD

CMAF Can Help Navigate Charitable Giving During Unpredictable Economic Times

The current economic environment and the unpredictability of the future require serious thought regarding how we contribute to charity. During tougher economic times, more persons appear to be interested in planning gifts in ways that allow them to maintain income and/or access to principal if needed.

Over the years, bequests, gift annuities, charitable trusts and other planned gifts have proven to be effective and popular ways to make charitable gifts while continuing to receive the economic benefit of the asset to be gifted.

By example, a charitable bequest is a convenient way to leave a legacy to health without losing control of your assets during your lifetime. If all goes well, your planned gift will be used to improve the health of the community. If there are future financial hurdles, all of your assets are available to you to help meet the challenge.

Your bequest or other planned gift to the Foundation can be directed to

the health and wellness concern or to the organization(s) that provides health and wellness-related services of interest to you and your family. If you choose, a permanent fund bearing your name can be created to fulfill your charitable objectives. It's a perfect way to leave a lasting remembrance of the life you lived.

But, regardless of economic cycles, there will always be those among us who consistently exhibit the philanthropic spirit. We hope the Columbus Medical Association Foundation can be of assistance during these times.

Including a financial contribution to health and wellness in an estate plan is one way to support a healthy future. A future gift to the community through the Foundation:

- Can be directed to the health and wellness-related concern, issue, or organization(s) that provide health services of interest to you.
- Support Columbus Medical Association Foundation programs such as the Physicians Free Clinic, Central Ohio Trauma System or Access HealthColumbus.
- Allows you to fulfill all of your charitable interests in health and wellness through one charitable organization.
- Support the CMAF areas of investment:
 - o Affordable and Sustainable Health Care
 - o Health Care Safety Net
 - o Convening Conversations on Health and Health Care
 - o Health Disparities
 - o Youth Philanthropy and Leadership

Create your personal health legacy for generations to come.

There is a wide array of estate and financial planning options available to make a gift for a healthy future. To fully evaluate the opportunities and vehicles available, the services of a competent professional who specializes in estate and charitable gift planning is recommended. Regardless of

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Stanley Collins
Columbus Foundation

Columbus Metropolitan
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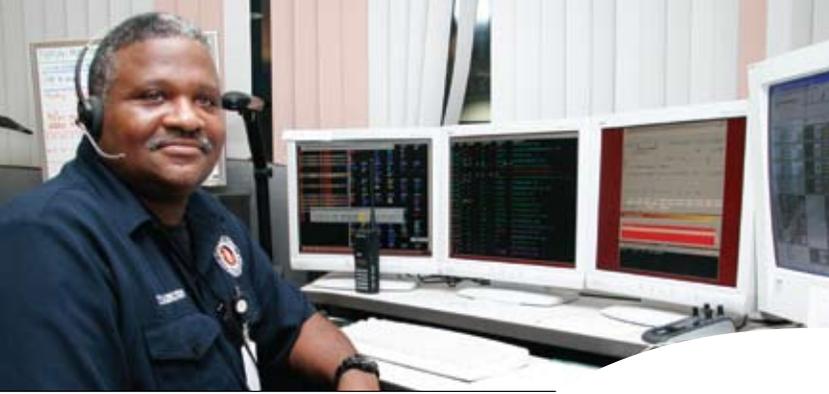
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Thomas Hoaglin
Dorothy Horn
ISTA Pharmaceuticals, Inc.

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People expect trauma care and emergency responses to work. When it doesn't, people notice.

About seven years ago, a group of physicians, area hospitals and Emergency Medical Services (EMS) agencies founded the Central Ohio Trauma System (COTS) to work together to resolve issues associated with trauma and emergency care.



Top page: Madison County Fire Chief, Clifford L. Mason

Above: Silas and Sam meet again in the Deaf Park near the CMAF office.

COTS is a nonprofit 501 (c) (3) affiliated organization of the Columbus Medical Association. It is comprised of representatives from 23 area hospitals, EMS, the Columbus Medical Association, the Franklin County Coroner, the Columbus Public Health Department and the Franklin County Board of Health. COTS' primary purpose is to provide an ongoing forum to collectively allow stakeholders to improve patient care. Additionally, COTS maintains a trauma registry that collects demographic and clinical data on trauma victims to guide community-wide decision-making.

Shortly after COTS formation in the late 1990s it addressed hospital emergency department diversion. It's not uncommon for hospital emergency departments to become gridlocked during peak times such as flu season. When that occurred in the past, hospitals would close their emergency departments to EMS traffic. While hospitals did their best to continue

accepting the most critical patients, there was no clear policy that guided EMS in transporting patients when hospitals were on divert status. It also seemed that some hospitals were more susceptible to diverting patients or had differing criteria on when to initiate emergency department diversion. Through the work of the COTS' collaborative, the Emergency Patient Transport Plan (EPTP) was created to promote access to care for EMS patients when emergency departments are overloaded. The EPTP is implemented when four or more hospitals simultaneously go on divert status. Through a central command center at the Columbus Fire Alarm Office, emergency traffic is apportioned to each hospital.. "The plan in essence reopens all of the hospitals and they take turns getting EMS patients, making their patient loads more manageable at peak times," says Dr. Medard Lutmerding, a Mt. Carmel Emergency Physician and COTS Board Member.

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Dr. Victor H. Hinrichs
Donna Hirsch
Dr. George T. Ho
Thomas Hoaglin
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ISTA Pharmaceuticals, Inc.

Gail Jack
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Carl Johnson
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Raymond Mazzotas
Dr. Jeffrey McAdoo
McNemar Optical
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The EPTP is widely credited for putting COTS on the map by recognizing its ability to broker a community-wide plan and oversee its implementation. COTS still serves as a Regional Trauma Registry tracking data on 55,000 trauma admissions from 23 hospitals in central Ohio. This data is used by COTS and other partners to drive system-wide improvements in trauma & emergency care.

The most telling thing about COTS' success is that each year it is given additional responsibilities by its board and members. COTS currently offers expanded trauma education and training opportunities, training more than 900 healthcare professionals including physicians, nurses, medics, safety and security staff in Basic Disaster Life Support (BDLS®), Advanced Trauma Life Support (ATLS®) Course for Doctors, the Emergency Nursing Pediatric Course (ENPC®), and the Trauma Nursing Core Course (TNCC®) since 2001. And, through a partnership with the Columbus Coalition Against Family Violence, COTS has trained more than 3,300 healthcare professionals in uniform screening for domestic violence.

COTS also serves the community in times of a large-scale crisis. COTS is the Hospital Incident Liaison (HIL) for 27 Central Ohio hospitals during a disaster. The COTS HIL is on call 24/7

as a clearinghouse for information and to assist with allocation of emergency resources to hospitals. COTS also coordinates central Ohio hospitals' collective emergency preparedness assuring that strategies are interoperable and comprehensive in relation to local, state and federal plans. COTS worked with the Ohio Department of Public Safety, Division of Emergency Medical Services (EMS), and local EMS providers to establish three portable trailers filled with emergency equipment to assist EMS in the triage of large number of casualties from a disaster (see sidebar article). In the days following Hurricane Katrina, COTS worked with area hospitals and health departments to establish a medical relief team that was to be deployed to the Gulf States by the U.S. Department of Health & Human Services.

Each year, COTS is asked to take on additional work and those closest to the organization say it is a product achieved through quality work with individuals, organizations and the community. "Central Ohio is extremely privileged to have had the visionary leadership that established COTS, and also to have the collaboration among hospitals, EMS agencies, and healthcare practitioners that puts patient care 'first' when discussing tough issues," says COTS Executive Director, Nancie Bechtel. "There is a lot of work to be done, but our

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On September 6, 2007

Police and fire departments from across Franklin County joined forces with the U.S. Department of Homeland Security on Thursday for a full-scale explosive drill designed to test first responders' readiness and skills. Area hospitals were also involved in the practice run taking place in 12 different locations.

The goal of the drill is to be better prepared in the event of a major disaster. Multiple jurisdictions and multiple disciplines took part in simulated exercises involving different types of explosions such as chemical explosions, vehicle explosions and more.

Many healthcare partners and response agencies worked tirelessly to further plan for the community's needs should a disaster occur. There were also about 200 volunteers recruited by COTS who selflessly gave their time to be "actors" so that many local systems could experience a more realistically test of their response capabilities. These volunteers made it possible to identify and address gaps in our emergency plans and without them the drill would have been nearly as effective.

COTS' Current Initiatives

- The COTS Regional Emergency Care Access Plan (RECAP) addresses hospital diversion when emergency departments are extremely busy, including the Emergency Patient Transport Plan (EPTP).
- COTS' Guidelines for Patients with Concealed Weapons provide a standardized approach for intervening with patients who are legally carrying a concealed weapon and require emergency care.

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Lisa Oyer
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Carol Pope
Porter Wright Morris & Arthur
PPG Industries, Inc.
Abishek Prasad

Charles Osborne
Lisa Oyer
Dr. Karl S. Pappa
Dr. Sugat Patel
Pediatric Ophthalmology
Associates

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- COTS' Regional Guidelines for Pre-Hospital Newborn Safe Haven provide direction for local EMS and peace officers who are presented with a relinquished newborn as allowed under Ohio Law.
- COTS Regional EMS Infectious Exposure Guidelines promote consistency in prompt care for EMS personnel exposed to potentially infectious body fluids while in the line of duty in Central Ohio.
- COTS' White Paper for Central Ohio EMS Agencies on the Prehospital Transport of STEMI* Patients to Local Hospitals is a resource to help EMS providers make informed destination decisions for patients having heart attacks.
- COTS is the Hospital Incident Liaison (HIL) for 27 Central Ohio hospitals during a disaster. The COTS HIL is on call 24/7 as a clearinghouse for information and to assist with allocation of emergency resources to hospitals.

MD Camp

Disparities in health care among racial and minority groups are well documented and are attributed to many factors, including access to care. Limited access to health care is in part due to the lack of diversity in the health care workforce. Racial and ethnic minorities are more likely to receive care from non-white physicians than white physicians. However, according to the Institute of Medicine publication *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, just six percent of physicians in the U.S. are minorities while 25 percent of all Americans are Black, Latino and Native American. More specifically in Ohio, 13.6 percent of the population is racial /ethnic minorities. That translates into a shortage of minority physicians.

Recognizing the need to encourage minority students to take an interest in the health care system, an Ohio State University Medical student paid a visit to the OSU Office of Diversity and Cultural Affairs with an idea. In 2003, Jeff Pettet shared his idea of creating a program that would encourage minority and disadvantaged high school students to become exposed to health care professions in the hopes of attracting minorities to education in the health care industry. This idea was shared with Muntaqima Farqan, Associate Director for the OSU Office of Diversity and Cultural Affairs. The result was a program created to expose minority students to health care career options, academic counseling and exploration of potentially available financial resources. Together, Jeff and Muntaqima created the "MD Camp" program and established a curriculum. "What we were trying to do with the program was to give them a slice of life in medical school," said Muntaqima Farqan.

The camp exposes participants to medical school curriculum tailored to their level of understanding and encourages them to pursue careers as healthcare providers. OSU uses its human resource of currently enrolled medical students to design, plan and conduct the three week program. Each camper is paired with a camp counselor who will support, encourage and mentor them throughout the camp experience. Camp administrators do not necessarily seek the most talented and gifted students for the camp but intentionally seek those students who may not have as many opportunities available to them. A G.P.A of 3.0 is required.

During the three weeks of the MD Camp, each camper will participate in a number of experiences.

- **Lecture/Guest Speakers:** Various speakers including physicians, medical students, faculty, staff

and health professionals present on topics similar to those taught in medical school such as pathologies, anatomy, and the physiological changes that lead to acute conditions.

- **Problem-based Learning:** Campers are presented complex clinical cases and work to resolve them in a group discussion format. A medical ethics lecture is also conducted and topics are addressed in group format.
- **Research:** Campers tour research labs at OSU, conduct research on an assigned medical topic and then provide a formal presentation of their findings at the end of the three week camp.
- **Community Project:** Campers learn the importance of philanthropy by implementing the Tar Wars curriculum, with elementary school

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Rita Schadler
Adeana Schmucke
Sally Schuman
Nancy Skeen
Kellie Smith Morris

William Smith
Susan Stechschulte
Ann Strassman
David Stricker
Daphne Suh

- COTS' Regional Trauma Registry has data on 55,000 trauma admissions from 23 hospitals in central Ohio since its inception 1999.
- COTS coordinates professional and public education related to trauma and emergency preparedness.
- COTS provides on-site burn prevention education to Central Ohio school-age children.
- COTS has created a number of brochures to help educate the public about trauma, injuries and emergency services issues.

children at a local community center. The Tar Wars curriculum seeks to educate students about being tobacco-free, provides them with the tools to make positive decisions regarding their health, and promotes personal responsibility for their well-being.

• **Physician/Clinical**

Development: In a hospital setting, campers shadow physicians in different specialties (pediatrics, internal and family medicine etc.). Campers also learn and practice common procedures including phlebotomy, suturing, intubation, and ultrasound. In addition, medical interviewing is taught and camp culminates, on the final day, with each participant being presented with a mock clinical scenario where they use knowledge acquired through shadowing, clinical workshops and lectures, to assess and treat standardized patients.

they choose to pursue” says Farqan. Over the course of its three-year existence, the MD Camp has grown from twelve campers in its first year to twenty-five in the 2006 camp. The Columbus Medical Association Foundation provided a \$7,515 grant to MD Camp in June 2007. Although it is too early to report on the overall impact of participants in the health care field, a large percentage of participants have begun their college years in the pursuit of medicine.

Following the three week camp, participants continue to stay in contact with their counselors and the OSU Office of Diversity and Cultural Affairs for letters of recommendation, references and advice as they prepare to enter college. “What they are exposed to in the MD Camp will help them in which ever professions



Lorena Thomas
Cathy M. Thompson
Dr. Adam C. Tzagournis
Dr. George Tzagournis
Glenna Tzagournis

Helena Tzagournis
Lisa Tzagournis
Dr. Manuel Tzagournis
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Cynthia Wells

Dr. William K. Whitehouse
Nancy Wilson
Mary Wissel
Heather D. Witt
Lucia Wooley

Timothy Wright
Dr. Jennifer H. Young
Keith Zimmerman

the approach, be assured that, each gift, once received, will receive the professional attention it deserves and be utilized for its intended purpose.

Gifts to the CMAF in support of health and wellness can be made in the form of:

- Cash
- Securities
- Real estate
- Retirement plan assets
- Tangible personal property
- LLC and limited partnership interests

Gifts can also be made through the use of the following estate planning vehicles:

- Bequests
- Life Insurance
- Charitable Remainder Trusts
- Charitable Lead Trusts
- Charitable Gift Annuities
- Life Estate Agreements

biggest operational issue is to find additional sources of revenue that will support our existence in the long run. The initiatives we establish to address a problem are not created overnight, and they must be actively maintained to do the community any good.”

COTS is supported by grants from the Columbus Medical Association Foundation and the Columbus Coalition Against Family Violence, as well as by contributions from hospitals, EMS agencies and private donors. The Ohio Department of Health and the Franklin County Terrorism Advisory Team provide funding for disaster preparedness. Similarly, the Columbus Public Health Department has provided some funds for disaster preparedness work, and has provided in-kind support in producing COTS’ registry reports about the demographics and outcomes of trauma victims in central Ohio.



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