

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 19.87
NAME Heidi H. Benson
TITLE Director, Clinical Operations
HOSPITAL NAME LifePoint Hospitals, Inc.
ADDRESS: 103 Powell Court, Suite 200
CITY, STATE, ZIP Brentwood, TN 37027-5079
HOME PHONE: 615 654-3248
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 372-8640
OFFICE FAX 615 372-8581
OFFICE E-MAIL: heidi.benson@lpnt.net
DISTRICT: MIDDLE
PAY DATE: 11/14/2008
EXPIRATION DATE 11/28/2009

MEMBER ID# 0206243
NAME Debbie E. Bratton
TITLE Registered Nurse
HOSPITAL NAME
ADDRESS: 7475 Whiteash
CITY, STATE, ZIP Southaven, MS 38671
HOME PHONE: 662 393-4327
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 726-7005
OFFICE FAX
OFFICE E-MAIL: brattond@methodisthealth.org
DISTRICT: MEMPHIS
PAY DATE: 06/01/2009
EXPIRATION DATE 06/24/2010

MEMBER ID# 050271
NAME Tammy Billings
TITLE Quality Improvement Analyst
HOSPITAL NAME St. Jude Children's Research Hosp.
ADDRESS: 262 Danny Thomas Place
CITY, STATE, ZIP Memphis, TN 38105-3678
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 495-2197
OFFICE FAX 901 495-3105
OFFICE E-MAIL: tammy.billings@stjude.org
DISTRICT: MEMPHIS
PAY DATE: 09/03/2008
EXPIRATION DATE 09/03/2009

MEMBER ID# 0309101
NAME Linda A. Buck
TITLE Director, Quality & Risk Management
HOSPITAL NAME Livingston Regional Hospital
ADDRESS: PO Box 550
CITY, STATE, ZIP Livingston, TN 38570-0550
HOME PHONE: 931 823-2306
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 403-2108
OFFICE FAX 931 403-2354
OFFICE E-MAIL: linda.buck@lpnt.net
DISTRICT: MID EAST
PAY DATE: 02/20/2009
EXPIRATION DATE 09/10/2010

MEMBER ID# 0312051
NAME Ellen L. Borchers
TITLE Director, Quality & Compliance
HOSPITAL NAME
ADDRESS: 306 Watercress Drive
CITY, STATE, ZIP Franklin, TN 37064-3234
HOME PHONE: 615 948-0718
HOME FAX:
HOME E-MAIL: ellenborchers@comcast.net
OFFICE PHONE: 615 313-4421
OFFICE FAX 615 313-4498
OFFICE E-MAIL: elborchers@magellanhealth.com
DISTRICT: MIDDLE
PAY DATE: 11/10/2008
EXPIRATION DATE 12/05/2009

MEMBER ID# 02050607
NAME Sandy Lynn Bunting
TITLE Manager-Clinical Network Mgmt.
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street
CITY, STATE, ZIP Chattanooga, TN 37404
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 763-3302
OFFICE FAX 423 763-7440
OFFICE E-MAIL: sandy_bunting@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 04/21/2009
EXPIRATION DATE 05/06/2010

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0005012
NAME Brenda Cannon
TITLE Director, Quality Management
HOSPITAL NAME Laughlin Memorial Hospital, Inc.
ADDRESS: 1420 Tusculum Boulevard
CITY, STATE, ZIP Greeneville, TN 37745-5825
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 787-5000
OFFICE FAX 423 787-5114
OFFICE E-MAIL: brendacannon@lmhcare.org
DISTRICT: NORTHEAST
PAY DATE: 04/13/2009
EXPIRATION DATE 06/21/2010

MEMBER ID# 0610112
NAME Flora A. Claybrook
TITLE Regional Nurse Liaison
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 51 Stonebridge Blvd.
CITY, STATE, ZIP Jackson, TN 38301
HOME PHONE: 731 784-2161
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 664-4136
OFFICE FAX 731 664-4188
OFFICE E-MAIL: flora_claybrook@bcbst.com
DISTRICT: WEST
PAY DATE: 10/07/2008
EXPIRATION DATE 10/11/2009

MEMBER ID# 0309195
NAME Kathy V. Cartwright
TITLE Market Director, Clinical Quality
HOSPITAL NAME United Healthcare of Tennessee
ADDRESS: 10 Cadillac Drive, #200
CITY, STATE, ZIP Brentwood, TN 37027
HOME PHONE: 615 791-6483
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 372-3449
OFFICE FAX 615 372-3640
OFFICE E-MAIL: kathy_v_cartwright@uhc.com
DISTRICT: MIDDLE
PAY DATE: 09/16/2008
EXPIRATION DATE 09/19/2009

MEMBER ID# 0811171
NAME Donna Coomes
TITLE Corporate Director
HOSPITAL NAME Johnson City Medical Center
ADDRESS: 400 N. State of Franklin Rd.
CITY, STATE, ZIP Johnson City, TN 37604-6094
HOME PHONE: 901 337-7098
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 431-6454
OFFICE FAX
OFFICE E-MAIL: coomesdf@msha.com
DISTRICT: NORTHEAST
PAY DATE: 11/18/2008
EXPIRATION DATE 11/17/2009

MEMBER ID# 0610116
NAME Reba L. Celsor
TITLE
HOSPITAL NAME LifePoint Hospitals, Inc.
ADDRESS: 103 Powell Court, Suite 200
CITY, STATE, ZIP Brentwood, TN 37027-5079
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 372-8573
OFFICE FAX 615 372-8581
OFFICE E-MAIL: reba.celsor@lpnt.net
DISTRICT: MIDDLE
PAY DATE: 09/19/2008
EXPIRATION DATE 10/11/2009

MEMBER ID# 0308141
NAME Deborah Patricia Crouse
TITLE QI Specialist
HOSPITAL NAME Qsource
ADDRESS: 3175 Lenox Park, #309
CITY, STATE, ZIP Memphis, TN 38115
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 273-2611
OFFICE FAX 901 761-3786
OFFICE E-MAIL: dcrouse@tnqio.sdps.org
DISTRICT: MEMPHIS
PAY DATE: 09/09/2008
EXPIRATION DATE 08/14/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0510185
NAME Sharon Dalusong
TITLE Director, Quality Standards
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-1895
OFFICE FAX 615 344-8188
OFFICE E-MAIL: sharon.dalusong@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/05/2009
EXPIRATION DATE 10/18/2009

MEMBER ID# 0510071
NAME Stephanie Davis
TITLE Clinical Director, Patient Safety
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-5488
OFFICE FAX 615 741-3725
OFFICE E-MAIL: stephanie.davis@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 09/30/2008
EXPIRATION DATE 10/07/2009

MEMBER ID# 0308122
NAME Janis M. Darnaby
TITLE QRM Director
HOSPITAL NAME River Park Hospital
ADDRESS: 1559 Sparta Road
CITY, STATE, ZIP McMinnville, TN 37110-1399
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 815-4201
OFFICE FAX 931 815-4710
OFFICE E-MAIL: janis.darnaby@capellahealth.com
DISTRICT: MIDDLE
PAY DATE: 07/11/2008
EXPIRATION DATE 08/12/2009

MEMBER ID# 0310021
NAME Stacy Dorris
TITLE CKD Program Manager
HOSPITAL NAME Qsource
ADDRESS: 3175 Lenox Park, Suite 309
CITY, STATE, ZIP Memphis, TN 38115
HOME PHONE: 901 596-5327
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 273-2615
OFFICE FAX 901 761-3786
OFFICE E-MAIL: sdorris@qsource.org
DISTRICT: MEMPHIS
PAY DATE: 09/09/2008
EXPIRATION DATE 10/02/2009

MEMBER ID# 0412201
NAME Cassandra A. Davenport
TITLE Director, Patient Safety & Quality
HOSPITAL NAME Williamson Medical Center
ADDRESS: 4321 Carothers Parkway
CITY, STATE, ZIP Franklin, TN 37067-8542
HOME PHONE: 615 364-5556
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 435-5970
OFFICE FAX
OFFICE E-MAIL: cdavenport@wmed.org
DISTRICT: MIDDLE
PAY DATE: 12/30/2008
EXPIRATION DATE 12/20/2009

MEMBER ID# 0607241
NAME Lynne Dorsey
TITLE Delegate Oversight Project Manager
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street, 4E
CITY, STATE, ZIP Chattanooga, TN 37402-2555
HOME PHONE: 423 657-5741
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 535-3104
OFFICE FAX 423 535-3337
OFFICE E-MAIL: lynne_dorsey@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 07/22/2008
EXPIRATION DATE 07/24/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 040992
NAME Tammy Driver
TITLE Chief Nursing Officer
HOSPITAL NAME DeKalb Community Hospital
ADDRESS: PO Box 640
CITY, STATE, ZIP Smithville, TN 37166-0640
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 215-5300
OFFICE FAX 615 215-5600
OFFICE E-MAIL: tdriver@dchn.com
DISTRICT: SOUTH MIDDLE
PAY DATE: 09/09/2008
EXPIRATION DATE 09/09/2009

MEMBER ID# 2653
NAME Jill Fainter
TITLE
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-5865
OFFICE FAX
OFFICE E-MAIL: jill.fainter@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/05/2009
EXPIRATION DATE 10/31/2009

MEMBER ID# 92126
NAME Rita Eden
TITLE Vice President, Client Services
HOSPITAL NAME TeamHealth
ADDRESS: 10328 Saint Regence Lane
CITY, STATE, ZIP Knoxville, TN 37922-6169
HOME PHONE: 865 966-6256
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 985-7007
OFFICE FAX 865 539-8056
OFFICE E-MAIL: rita_eden@teamhealth.com
DISTRICT: KNOXVILLE
PAY DATE: 02/10/2009
EXPIRATION DATE 12/08/2009

MEMBER ID# 9609233
NAME Beth Fleming
TITLE Risk Manager
HOSPITAL NAME Maury Regional Medical Center
ADDRESS: 1224 Trotwood Avenue
CITY, STATE, ZIP Columbia, TN 38401-4802
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 381-1111
OFFICE FAX 931 540-4154
OFFICE E-MAIL: bfleming@mauryregional.com
DISTRICT: MIDDLE
PAY DATE: 02/24/2009
EXPIRATION DATE 03/01/2010

MEMBER ID# 0411012
NAME Villa L. Edwards
TITLE Director of Case Management
HOSPITAL NAME Cumberland Medical Center
ADDRESS: 421 South Main Street
CITY, STATE, ZIP Crossville, TN 38555-5031
HOME PHONE: 423 365-0962
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 456-7371
OFFICE FAX 931 707-1627
OFFICE E-MAIL: vedwards@cmhealthcare.org
DISTRICT: MID EAST
PAY DATE: 10/28/2008
EXPIRATION DATE 11/01/2009

MEMBER ID# 0108132
NAME Michelle Franklin
TITLE Patient Safety Specialist
HOSPITAL NAME
ADDRESS: 4950 Smithson Road
CITY, STATE, ZIP College Grove, TN 37046-9290
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-2029
OFFICE FAX 615 344-2531
OFFICE E-MAIL: michelle.franklin@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 06/29/2009
EXPIRATION DATE 08/13/2010

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0512221
NAME Denise D. Gabel-Comeau
TITLE Director, Quality & Performance Impro
HOSPITAL NAME Meth. Hlthcare-LeBonheur Child. Med.
ADDRESS: c/o 609 Haley Cove
CITY, STATE, ZIP Marion, AR 72364
HOME PHONE: 901 647-6962
HOME FAX:
HOME E-MAIL: denisecomeau@hotmail.com
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: denisecomeau@hotmail.com
DISTRICT: MEMPHIS
PAY DATE: 12/17/2008
EXPIRATION DATE 12/22/2009

MEMBER ID# 9712234
NAME Michael L. Greer
TITLE Director, Survey Readiness
HOSPITAL NAME LifePoint Hospitals, Inc.
ADDRESS: 103 Powell Court, Suite 200
CITY, STATE, ZIP Brentwood, TN 37027-5079
HOME PHONE: 615 781-1887
HOME FAX:
HOME E-MAIL: mtahq@home.com
OFFICE PHONE: 615 565-1586
OFFICE FAX 615 695-8419
OFFICE E-MAIL: michael.greer@lpnt.net
DISTRICT: MIDDLE
PAY DATE: 10/24/2008
EXPIRATION DATE 11/05/2009

MEMBER ID# 050241
NAME Joyce Gentry
TITLE Quality Director
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-2006
OFFICE FAX
OFFICE E-MAIL: joyce.gentry@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/30/2009
EXPIRATION DATE 02/04/2010

MEMBER ID# 0710112
NAME Kenneth Grubbs
TITLE
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-2552
OFFICE FAX 615 344-8108
OFFICE E-MAIL: kenneth.grubbs@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/08/2009
EXPIRATION DATE 10/11/2009

MEMBER ID# 9711241
NAME Susan T. Goodwin
TITLE Director, Quality Management
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE: 615 882-0537
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-5874
OFFICE FAX 615 344-8188
OFFICE E-MAIL: susan.goodwin@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/05/2009
EXPIRATION DATE 11/02/2009

MEMBER ID# 0509281
NAME Joyce E. Hall
TITLE Senior Quality Research Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: c/o 618 Townsend Drive
CITY, STATE, ZIP Ringgold, GA 30736
HOME PHONE: 706 937-3664
HOME FAX:
HOME E-MAIL: jecar@aol.com
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: joyce_hall@bcbst.com
DISTRICT: OOS
PAY DATE: 09/04/2008
EXPIRATION DATE 09/28/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0810288
NAME LeeAnn Hanna
TITLE Director of Education
HOSPITAL NAME Centennial Medical Center
ADDRESS: 2300 Patterson Street
CITY, STATE, ZIP Nashville, TN 37203-1528
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 342-3951
OFFICE FAX
OFFICE E-MAIL: leeann.hanna@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 10/28/2008
EXPIRATION DATE 10/28/2009

MEMBER ID# 0308142
NAME Lesley A. Hays
TITLE Quality Improvement Specialist
HOSPITAL NAME Qsource
ADDRESS: 3175 Lenox Park Blvd. ,#309
CITY, STATE, ZIP Memphis, TN 38115
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 761-3786
OFFICE FAX 901 725-6672
OFFICE E-MAIL: lhays@tnqio.sdps.org
DISTRICT: MEMPHIS
PAY DATE: 07/28/2008
EXPIRATION DATE 08/14/2009

MEMBER ID# 0510123
NAME Karen Hanrahan
TITLE Risk Manager/Safety Officer
HOSPITAL NAME Williamson Medical Center
ADDRESS: 4321 Carothers Parkway
CITY, STATE, ZIP Franklin, TN 37067-8542
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 435-5973
OFFICE FAX
OFFICE E-MAIL: khanrahan@wmed.org
DISTRICT: MIDDLE
PAY DATE: 09/12/2008
EXPIRATION DATE 10/12/2009

MEMBER ID# 0306162
NAME Elizabeth Brown Hernandez
TITLE
HOSPITAL NAME
ADDRESS: 7321 Stone Ridge Drive
CITY, STATE, ZIP Olive Branch, MS 38654-8427
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: lhernandez@jcrinc.com
DISTRICT: MEMPHIS
PAY DATE: 04/16/2009
EXPIRATION DATE 06/16/2010

MEMBER ID# 0102231
NAME Jerry L. Hardwick
TITLE Director, Quality Standards
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE: 615 790-7555
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-5869
OFFICE FAX 615 344-8188
OFFICE E-MAIL: jerry.hardwick@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/05/2009
EXPIRATION DATE 02/23/2010

MEMBER ID# 0709243
NAME Lee R. Holmes
TITLE Director of Quality
HOSPITAL NAME Nashville General Hospital
ADDRESS: 1818 Albion Street
CITY, STATE, ZIP Nashville, TN 37208-2918
HOME PHONE: 615 566-3037
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 341-4577
OFFICE FAX 615 341-4046
OFFICE E-MAIL: lee.holmes@nashvilleha.org
DISTRICT: MIDDLE
PAY DATE: 09/09/2008
EXPIRATION DATE 09/24/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0307252
NAME Cynthia T. Hooper
TITLE Director, System Accreditation
HOSPITAL NAME Jackson-Madison Co. Gen. Hospital
ADDRESS: 620 Skyline Drive
CITY, STATE, ZIP Jackson, TN 38301
HOME PHONE: 731 660-5602
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 541-6537
OFFICE FAX 731 541-6684
OFFICE E-MAIL: cynthia.hooper@wth.org
DISTRICT: WEST
PAY DATE: 06/18/2008
EXPIRATION DATE 07/25/2009

MEMBER ID# 9810193
NAME Kathryn D. Lampley
TITLE Quality Improvement Analyst
HOSPITAL NAME Maury Regional Medical Center
ADDRESS: 1224 Trotwood Avenue
CITY, STATE, ZIP Columbia, TN 38401-4802
HOME PHONE: 931 964-2249
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 381-1111
OFFICE FAX 931 540-4154
OFFICE E-MAIL: klampley@mrhs.com
DISTRICT: MIDDLE
PAY DATE: 09/30/2008
EXPIRATION DATE 10/19/2009

MEMBER ID# 0210301
NAME Sheila Denise Keith
TITLE Manager, Medical Information Mgmt.
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street, 2G
CITY, STATE, ZIP Chattanooga, TN 37411
HOME PHONE: 423 624-6438
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 752-7603
OFFICE FAX 423 763-3084
OFFICE E-MAIL: sheila_keith@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 01/27/2009
EXPIRATION DATE 10/30/2009

MEMBER ID# 0411186
NAME Susie Leming-Lee
TITLE Director, Perioperative Quality Mgmt.
HOSPITAL NAME
ADDRESS: 2114 Creekwalk Drive
CITY, STATE, ZIP Murfreesboro, TN 37130
HOME PHONE: 615 896-2202
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 343-3934
OFFICE FAX 615 343-7246
OFFICE E-MAIL: susie.leming-lee@vanderbilt.edu
DISTRICT: MIDDLE
PAY DATE: 12/17/2008
EXPIRATION DATE 01/01/2010

MEMBER ID# 9808132
NAME Albert Irving Koehler
TITLE Director, Clinical Services
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: c/o 3317 Windsor Court
CITY, STATE, ZIP Chattanooga, TN 37411-4232
HOME PHONE: 423 622-3833
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 535-3710
OFFICE FAX 423 535-3337
OFFICE E-MAIL: irv_koehler@bcbst.com
DISTRICT: NORTHEAST
PAY DATE: 06/11/2009
EXPIRATION DATE 08/13/2010

MEMBER ID# 0209111
NAME Jinger K. Loggins
TITLE Director, Performance Improvement/JC
HOSPITAL NAME Cumberland Medical Center
ADDRESS: 421 South Main Street
CITY, STATE, ZIP Crossville, TN 38555-5031
HOME PHONE: 931 484-2214
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 456-7170
OFFICE FAX 931 707-1627
OFFICE E-MAIL: jloggins@cmchealthcare.org
DISTRICT: MID EAST
PAY DATE: 09/09/2008
EXPIRATION DATE 09/11/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 050211
NAME Trudi Emily Lovinski
TITLE Director, Quality/Risk Management
HOSPITAL NAME Centennial Medical Center
ADDRESS: 2300 Patterson Street
CITY, STATE, ZIP Nashville, TN 37203-1528
HOME PHONE: 615 898-1490
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 342-4786
OFFICE FAX 615 342-4775
OFFICE E-MAIL: trudi.lovinski@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 12/30/2008
EXPIRATION DATE 02/01/2010

MEMBER ID# 0610114
NAME Amy Denise Matthis
TITLE Outcomes Improvement Director
HOSPITAL NAME West Tennessee Healthcare
ADDRESS: 620 Skyline Drive
CITY, STATE, ZIP Jackson, TN 38301-3901
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 541-6336
OFFICE FAX 731 541-2195
OFFICE E-MAIL: amy.matthis@wth.org
DISTRICT: WEST
PAY DATE: 09/09/2008
EXPIRATION DATE 10/11/2009

MEMBER ID# 0610113
NAME Denise Godwin Mallette
TITLE Quality Outcomes Manager
HOSPITAL NAME West Tennessee Healthcare
ADDRESS: 620 Skyline Drive
CITY, STATE, ZIP Jackson, TN 38301-3901
HOME PHONE: 731 616-2367
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 425-4925
OFFICE FAX 731 425-2195
OFFICE E-MAIL: denise.mallette@wth.org
DISTRICT: WEST
PAY DATE: 09/09/2008
EXPIRATION DATE 10/11/2009

MEMBER ID# 0411122
NAME Sherry Faye McDonald
TITLE Vice President, Clinical Operations
HOSPITAL NAME LifePoint Hospitals, Inc.
ADDRESS: 103 Powell Court, Suite 200
CITY, STATE, ZIP Brentwood, TN 37027-5079
HOME PHONE: 615 452-8785
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 565-1577
OFFICE FAX 615 372-8615
OFFICE E-MAIL: sherry.mcdonald@lpnt.net
DISTRICT: MIDDLE
PAY DATE: 10/28/2008
EXPIRATION DATE 11/12/2009

MEMBER ID# 0809121
NAME Janet D. Massengill
TITLE Quality Outcomes Specialist
HOSPITAL NAME University of Tennessee Medical Center
ADDRESS: 1924 Alcoa Highway
CITY, STATE, ZIP Knoxville, TN 37920-6999
HOME PHONE: 865 922-3760
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 305-9785
OFFICE FAX 865 525-3742
OFFICE E-MAIL: jmasseng@utmck.edu
DISTRICT: KNOXVILLE
PAY DATE: 09/15/2008
EXPIRATION DATE 09/12/2009

MEMBER ID# 0208192
NAME Patricia W. McGregor
TITLE Utilization Review Nurse
HOSPITAL NAME Blanchfield Army Community Hospital
ADDRESS: 650 Joel Drive
CITY, STATE, ZIP Fort Campbell, KY 42223-5349
HOME PHONE: 931 647-5292
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 270 798-8728
OFFICE FAX 270 798-8570
OFFICE E-MAIL: patricia.mcgregor@se.amedd.army.mil
DISTRICT: MIDDLE
PAY DATE: 06/22/2009
EXPIRATION DATE 08/19/2010

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0808061
NAME Penny L. Miller
TITLE CSR Consultant
HOSPITAL NAME Joint Commission Resources
ADDRESS: 1515 West 22nd Street, #1300W
CITY, STATE, ZIP Oak Brook, IL 60523
HOME PHONE: 423 968-5772
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 630 335-5798
OFFICE FAX 630 968-5772
OFFICE E-MAIL: pmiller@jcrinc.com
DISTRICT: OOS
PAY DATE: 08/06/2008
EXPIRATION DATE 08/06/2009

MEMBER ID# 0710316
NAME Sharon Lynn Mullins
TITLE Quality Consultant
HOSPITAL NAME Vanderbilt University Hospital
ADDRESS: c/o 8232 Rossi Road
CITY, STATE, ZIP Brentwood, TN 37027
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 364-8376
OFFICE FAX
OFFICE E-MAIL: sharon.mullins@vanderbilt.edu
DISTRICT: MIDDLE
PAY DATE: 09/04/2008
EXPIRATION DATE 10/31/2009

MEMBER ID# 0801141
NAME Marian Mosby
TITLE Manager - Education
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE: 615 973-5165
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-5306
OFFICE FAX 615 344-1889
OFFICE E-MAIL: marian.mosby@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 02/13/2009
EXPIRATION DATE 01/14/2010

MEMBER ID# 0308131
NAME Rhonda Gail Murchison
TITLE Associate Administrator/CNO
HOSPITAL NAME Methodist Healthcare-North Hospital
ADDRESS: 3960 New Covington Pike
CITY, STATE, ZIP Memphis, TN 38128-2589
HOME PHONE: 662 429-8239
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 384-5389
OFFICE FAX 901 384-5323
OFFICE E-MAIL: murchisr@methodisthealth.org
DISTRICT: MEMPHIS
PAY DATE: 06/18/2008
EXPIRATION DATE 08/13/2009

MEMBER ID# 9709041
NAME Joyce A. Mosier
TITLE Director, Utilization Management
HOSPITAL NAME
ADDRESS: 320 Binkley Drive
CITY, STATE, ZIP Franklin, TN 37069
HOME PHONE: 615 791-4621
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 343-8236
OFFICE FAX 615 343-8248
OFFICE E-MAIL: joyce.mosier@vanderbilt.edu
DISTRICT: MIDDLE
PAY DATE: 09/03/2008
EXPIRATION DATE 09/04/2009

MEMBER ID# 0711022
NAME Cheryl Murphy
TITLE Sr. Quality Research Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street
CITY, STATE, ZIP Chattanooga, TN 37402
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 535-7573
OFFICE FAX
OFFICE E-MAIL: cheryl_murphy@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 02/20/2009
EXPIRATION DATE 11/02/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0707302
NAME Susan Warner Nance
TITLE Quality Assurance Director
HOSPITAL NAME Park Center
ADDRESS: c/o 528 Fairhaven Court
CITY, STATE, ZIP Nashville, TN 37211
HOME PHONE: 615 837-0543
HOME FAX:
HOME E-MAIL: nance4@bellsouth.net
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: nance4@bellsouth.net
DISTRICT: MIDDLE
PAY DATE: 09/03/2008
EXPIRATION DATE 07/30/2009

MEMBER ID# 0609211
NAME Kelly Christine Ownby
TITLE Quality Research Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: c/o 821 Kay Circle
CITY, STATE, ZIP Chattanooga, TN 37421
HOME PHONE: 423 894-2431
HOME FAX:
HOME E-MAIL:
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: kelly_ownby@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 11/18/2008
EXPIRATION DATE 09/21/2009

MEMBER ID# 9510251
NAME Patricia J. Olenick
TITLE Director, Continuum of Care
HOSPITAL NAME HCA Inc.
ADDRESS: One Park Plaza, Bldg. II, 2E
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE: 615 221-5165
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 344-8129
OFFICE FAX 615 344-2632
OFFICE E-MAIL: pat.olenick@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 09/10/2008
EXPIRATION DATE 10/25/2009

MEMBER ID# 050671
NAME Johnnie Denise Parker
TITLE Oversight Project Manager
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street
CITY, STATE, ZIP Chattanooga, TN 37402
HOME PHONE: 423 886-3072
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 755-6280
OFFICE FAX 423 296-4563
OFFICE E-MAIL: denise_parker@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 05/27/2008
EXPIRATION DATE 06/07/2009

MEMBER ID# 0310067
NAME Lori Orme
TITLE Chief Nursing Officer
HOSPITAL NAME Williamson Medical Center
ADDRESS: 4321 Carothers Parkway
CITY, STATE, ZIP Franklin, TN 37067-8542
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 435-5141
OFFICE FAX 615 435-5168
OFFICE E-MAIL: lorme@wmed.org
DISTRICT: MIDDLE
PAY DATE: 09/12/2008
EXPIRATION DATE 10/06/2009

MEMBER ID# 749.87
NAME Sharon N. Pettigrew
TITLE Quality/Legal Nurse Consultant
HOSPITAL NAME
ADDRESS: 1003 Country Club Road
CITY, STATE, ZIP Brownsville, TN 38012
HOME PHONE: 731 772-4005
HOME FAX:
HOME E-MAIL:
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: pettigrs@earthlink.net
DISTRICT: WEST
PAY DATE: 10/28/2008
EXPIRATION DATE 11/23/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0901133
NAME Joseph Derek Price
TITLE Delegate Oversight Project Manager
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street - 4G
CITY, STATE, ZIP Chattanooga, TN 37402
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 535-3874
OFFICE FAX 423 535-3337
OFFICE E-MAIL: derek_price@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 01/14/2009
EXPIRATION DATE 01/13/2010

MEMBER ID# 040931
NAME Mark Randolph
TITLE Director, Quality/Risk Management
HOSPITAL NAME Cookeville Regional Medical Center
ADDRESS: 1 Medical Center Boulevard
CITY, STATE, ZIP Cookeville, TN 38501-4294
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 646-2481
OFFICE FAX 931 646-2185
OFFICE E-MAIL: mrandolph@crmchealth.org
DISTRICT: MID EAST
PAY DATE: 09/17/2008
EXPIRATION DATE 09/03/2009

MEMBER ID# 0905201
NAME Shirley Ann Primeau
TITLE Quality Consultant
HOSPITAL NAME
ADDRESS: 129 Walton Trace South
CITY, STATE, ZIP Hendersonville, TN 37075
HOME PHONE: 615 826-3209
HOME FAX:
HOME E-MAIL: davidprimeau@bellsouth.net
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL:
DISTRICT: MIDDLE
PAY DATE: 05/20/2009
EXPIRATION DATE 05/20/2010

MEMBER ID# 921218
NAME Sue Ringer
TITLE Director, Staff Development & Q.A.
HOSPITAL NAME Decatur County General Hospital
ADDRESS: PO Box 250
CITY, STATE, ZIP Parsons, TN 38363-0250
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 847-1254
OFFICE FAX 731 847-1122
OFFICE E-MAIL: sringger@dcgh.org
DISTRICT: WEST
PAY DATE: 03/06/2009
EXPIRATION DATE 11/23/2009

MEMBER ID# 911228
NAME Peggy Putnam
TITLE Director, Risk Management
HOSPITAL NAME Blount Memorial Hospital
ADDRESS: 907 East Lamar Alexander Parkway
CITY, STATE, ZIP Maryville, TN 37804-5016
HOME PHONE: 865 982-6683
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 977-5703
OFFICE FAX 865 981-2196
OFFICE E-MAIL: pputnam@bmnet.com
DISTRICT: KNOXVILLE
PAY DATE: 12/23/2008
EXPIRATION DATE 01/07/2010

MEMBER ID# 090551
NAME Teresa H. Roberts
TITLE Chief Quality Officer
HOSPITAL NAME White County Community Hospital
ADDRESS: 401 Sewell Road
CITY, STATE, ZIP Sparta, TN 38583-1299
HOME PHONE: 931 526-7265
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 738-4181
OFFICE FAX 931 738-4180
OFFICE E-MAIL: teresa.roberts@capellahealth.com
DISTRICT: MID EAST
PAY DATE: 05/06/2009
EXPIRATION DATE 05/05/2010

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 20276
NAME Sandra B. Robinson
TITLE Manager, Quality Improvement
HOSPITAL NAME Methodist Alliance Home Care
ADDRESS: 6400 Shelby View Drive, #101
CITY, STATE, ZIP Memphis, TN 38134
HOME PHONE: 901 476-0668
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 516-1432
OFFICE FAX 901 380-8140
OFFICE E-MAIL: robinssa@methodisthealth.org
DISTRICT: MEMPHIS
PAY DATE: 03/17/2009
EXPIRATION DATE 03/01/2010

MEMBER ID# 0906111
NAME Deidre C. Scott
TITLE Quality Director
HOSPITAL NAME Sumner Regional Medical Center
ADDRESS: PO Box 1558
CITY, STATE, ZIP Gallatin, TN 37066-1558
HOME PHONE: 931 267-1964
HOME FAX:
HOME E-MAIL: scott_deidre@hotmail.com
OFFICE PHONE: 615 328-5161
OFFICE FAX 615 328-5039
OFFICE E-MAIL: deidre.scott@sumner.org
DISTRICT: MIDDLE
PAY DATE: 06/09/2009
EXPIRATION DATE 06/11/2010

MEMBER ID# 0404201
NAME Sue B. Sayre
TITLE Coordinator, JCAHO/PI
HOSPITAL NAME Rhea Medical Center
ADDRESS: 9400 Rhea County Highway
CITY, STATE, ZIP Dayton, TN 37321-7922
HOME PHONE: 423 775-1025
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 775-8572
OFFICE FAX 423 775-8591
OFFICE E-MAIL: ssayre@rheamedical.org
DISTRICT: MID EAST
PAY DATE: 02/13/2009
EXPIRATION DATE 04/20/2010

MEMBER ID# 0706291
NAME Matt Sevier
TITLE Managing Principal
HOSPITAL NAME Parragon Healthcare Group
ADDRESS: PO Box 2567
CITY, STATE, ZIP Cookeville, TN 38502
HOME PHONE: 931 261-2968
HOME FAX:
HOME E-MAIL: mattseviernd@yahoo.com
OFFICE PHONE: 615 319-4275
OFFICE FAX
OFFICE E-MAIL: matt.sevier@parragonhealth.com
DISTRICT: MID EAST
PAY DATE: 07/30/2008
EXPIRATION DATE 06/29/2009

MEMBER ID# 0953
NAME Gerry Schultheis
TITLE Director of Nursing
HOSPITAL NAME Laughlin Memorial Hospital, Inc.
ADDRESS: 1420 Tusculum Boulevard
CITY, STATE, ZIP Greeneville, TN 37745-5825
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 787-5091
OFFICE FAX 423 787-5083
OFFICE E-MAIL: gerryschultheis@lmhcare.org
DISTRICT: NORTHEAST
PAY DATE: 04/28/2009
EXPIRATION DATE 05/12/2010

MEMBER ID# 0506161
NAME Sharon Inez Slover
TITLE Clinical Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 85 Danny Thomas Boulevard
CITY, STATE, ZIP Memphis, TN 38103
HOME PHONE: 901 476-1610
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 544-2313
OFFICE FAX 901 544-2416
OFFICE E-MAIL: sharon_slover@bcbst.com
DISTRICT: MEMPHIS
PAY DATE: 04/16/2008
EXPIRATION DATE 06/16/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0108022
NAME Molly J. Snell
TITLE Health Administrator
HOSPITAL NAME
ADDRESS: 15400 Old Hickory Boulevard
CITY, STATE, ZIP Nashville, TN 37211-8406
HOME PHONE: 615 834-6726
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 532-5472
OFFICE FAX
OFFICE E-MAIL: paddle@comcast.net
DISTRICT: MIDDLE
PAY DATE: 09/17/2008
EXPIRATION DATE 08/02/2009

MEMBER ID# 0811101
NAME Joseph D. Storey
TITLE Executive Vice President
HOSPITAL NAME Webmedx
ADDRESS: 5410 Maryland Way, Ste. 400
CITY, STATE, ZIP Brentwood, TN 37027
HOME PHONE: 615 376-8833
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 846-1200
OFFICE FAX
OFFICE E-MAIL: jstorey@webmedx.com
DISTRICT: MIDDLE
PAY DATE: 11/10/2008
EXPIRATION DATE 11/10/2009

MEMBER ID# 231.86
NAME Judy Cole Snyder
TITLE
HOSPITAL NAME
ADDRESS: 7655 N. McHenry
CITY, STATE, ZIP Germantown, TN 38138
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 516-1138
OFFICE FAX 901 516-1006
OFFICE E-MAIL: snyderj@methodisthealth.org
DISTRICT: MEMPHIS
PAY DATE: 09/04/2008
EXPIRATION DATE 10/16/2009

MEMBER ID# 060911
NAME Gary Thomas Stutts
TITLE Clinical Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 51 Stonebridge Blvd.
CITY, STATE, ZIP Jackson, TN 38305
HOME PHONE: 731 424-4336
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 664-4184
OFFICE FAX 731 664-4119
OFFICE E-MAIL: gary_stutts@bcbst.com
DISTRICT: WEST
PAY DATE: 09/09/2008
EXPIRATION DATE 09/01/2009

MEMBER ID# 0210181
NAME Julie Anne Stevens
TITLE
HOSPITAL NAME
ADDRESS: 1672 Campbell Road
CITY, STATE, ZIP Goodlettsville, TN 37072
HOME PHONE: 615 859-4201
HOME FAX:
HOME E-MAIL:
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL: julie.stevens@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 09/03/2008
EXPIRATION DATE 10/18/2009

MEMBER ID# 0209261
NAME Regeania Yvette Sumler
TITLE Data Analyst
HOSPITAL NAME Regional Hospital of Jackson
ADDRESS: 367 Hospital Boulevard
CITY, STATE, ZIP Jackson, TN 38305-2081
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 731 661-2128
OFFICE FAX 731 661-2216
OFFICE E-MAIL: yvette_sumler@chs.net
DISTRICT: WEST
PAY DATE: 10/21/2008
EXPIRATION DATE 09/26/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0312191
NAME Lisa Thompson
TITLE Director, Risk Management
HOSPITAL NAME Athens Regional Medical Center
ADDRESS: PO Box 250
CITY, STATE, ZIP Athens, TN 37371-0250
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 744-3318
OFFICE FAX 423 744-3400
OFFICE E-MAIL: lisa.thompson@lpnt.net
DISTRICT: MID EAST
PAY DATE: 02/13/2009
EXPIRATION DATE 02/15/2010

MEMBER ID# 9611043
NAME Cristie U. Travis
TITLE Chief Executive Officer
HOSPITAL NAME Memphis Business Group on Health
ADDRESS: 5050 Poplar Avenue, #509
CITY, STATE, ZIP Memphis, TN 38137-0509
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL:
DISTRICT: MEMPHIS
PAY DATE: 11/04/2008
EXPIRATION DATE 11/04/2009

MEMBER ID# 0408201
NAME Nanette Todd
TITLE Director, Patient Care Systems
HOSPITAL NAME Middle Tennessee Medical Center
ADDRESS: PO Box 1178
CITY, STATE, ZIP Murfreesboro, TN 37133-1178
HOME PHONE: 931 364-2397
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 396-4906
OFFICE FAX 615 396-4835
OFFICE E-MAIL: nanette.todd@mtmc.org
DISTRICT: MIDDLE
PAY DATE: 09/17/2008
EXPIRATION DATE 08/20/2009

MEMBER ID# 0902181
NAME Nancy Louise VanVoorhis
TITLE Retired/Quality Manager
HOSPITAL NAME
ADDRESS: 3430 Bentwood Drive
CITY, STATE, ZIP Kodak, TN 37862
HOME PHONE: 865 933-9968
HOME FAX:
HOME E-MAIL: nvanvoorhis@comcast.net
OFFICE PHONE:
OFFICE FAX
OFFICE E-MAIL:
DISTRICT: KNOXVILLE
PAY DATE: 02/19/2009
EXPIRATION DATE 02/18/2010

MEMBER ID# 9505152
NAME Brenda C. Totty
TITLE Director, Clinical Support
HOSPITAL NAME Maury Regional Medical Center
ADDRESS: 1224 Trotwood Avenue
CITY, STATE, ZIP Columbia, TN 38401-4802
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 931 381-1111
OFFICE FAX 931 540-4154
OFFICE E-MAIL: btotty@mrhs.com
DISTRICT: MIDDLE
PAY DATE: 06/16/2009
EXPIRATION DATE 05/15/2010

MEMBER ID# 9709231
NAME Helen M. Vaughan
TITLE Outcomes Coordinator-QI
HOSPITAL NAME Fort Sanders Regional Medical Center
ADDRESS: 1901 Clinch Avenue, SW
CITY, STATE, ZIP Knoxville, TN 37916-2394
HOME PHONE: 865 577-7370
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 541-4905
OFFICE FAX 865 541-1940
OFFICE E-MAIL: hvaughan@covhlth.com
DISTRICT: KNOXVILLE
PAY DATE: 09/05/2008
EXPIRATION DATE 09/23/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 2832
NAME Teresa Vinson
TITLE Director, Quality & Accreditation
HOSPITAL NAME Baptist Memorial Hospital-Union City
ADDRESS: PO Box 310
CITY, STATE, ZIP Union City, TN 38281-0310
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 884-8567
OFFICE FAX 865 884-8428
OFFICE E-MAIL: teresa.vinson@bmhcc.org
DISTRICT: WEST
PAY DATE: 09/15/2008
EXPIRATION DATE 10/31/2009

MEMBER ID# 0607191
NAME Ruth Ostman Westcott
TITLE Vice President-Quality Improvement
HOSPITAL NAME HCA-TriStar Division
ADDRESS: 110 Winners Circle, 1st Floor
CITY, STATE, ZIP Brentwood, TN 37027
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 886-4922
OFFICE FAX 615 886-4952
OFFICE E-MAIL: ruth.westcott@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 06/25/2009
EXPIRATION DATE 07/19/2010

MEMBER ID# 0308143
NAME Judith Ann Weddle
TITLE Patient Safety Team QI Specialist
HOSPITAL NAME Qsource
ADDRESS: 3175 Lenox Park Blvd. #309
CITY, STATE, ZIP Memphis, TN 38115
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 901 273-2613
OFFICE FAX 901 761-3786
OFFICE E-MAIL: jweddle@tnqio.sdps.org
DISTRICT: MEMPHIS
PAY DATE: 08/13/2008
EXPIRATION DATE 08/14/2009

MEMBER ID# 0903261
NAME Teresa Williams
TITLE Vice President, Quality
HOSPITAL NAME Capella Healthcare
ADDRESS: 501 Corporate Centre Drive, #200
CITY, STATE, ZIP Franklin, TN 37067-2662
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 764-3047
OFFICE FAX 615 764-3040
OFFICE E-MAIL: teresa.williams@capellahealth.com
DISTRICT: MIDDLE
PAY DATE: 03/30/2009
EXPIRATION DATE 03/26/2010

MEMBER ID# 070761
NAME Pamela Marie Wells
TITLE Director, Clinical Operations
HOSPITAL NAME LifePoint Hospitals, Inc.
ADDRESS: 103 Powell Court, Suite 200
CITY, STATE, ZIP Brentwood, TN 37027-5079
HOME PHONE: 615 791-9169
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 565-1595
OFFICE FAX 615 372-8581
OFFICE E-MAIL: pamelawells@lpnt.net
DISTRICT: MIDDLE
PAY DATE: 10/16/2008
EXPIRATION DATE 07/06/2009

MEMBER ID# 0207191
NAME Mary L. Woolley
TITLE Quality Improvement Director
HOSPITAL NAME PHP Companies, Inc.
ADDRESS: c/o 5305 Shady Dell Trail
CITY, STATE, ZIP Knoxville, TN 37914
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 865 670-7271
OFFICE FAX
OFFICE E-MAIL: mlwoole@covhlth.com
DISTRICT: KNOXVILLE
PAY DATE: 06/24/2008
EXPIRATION DATE 07/19/2009

T.A.H.Q. Members as of June 30, 2009

MEMBER ID# 0306251
NAME Kathy Wright
TITLE Director, Quality Standards
HOSPITAL NAME HCA
ADDRESS: One Park Plaza
CITY, STATE, ZIP Nashville, TN 37203
HOME PHONE:
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 615 218-3649
OFFICE FAX 615 344-8188
OFFICE E-MAIL: kathy.wright@hcahealthcare.com
DISTRICT: MIDDLE
PAY DATE: 01/05/2009
EXPIRATION DATE 06/25/2009

MEMBER ID# 0711024
NAME Robert Edwin Yeary
TITLE Quality Research Analyst
HOSPITAL NAME Blue Cross Blue Shield of Tennessee
ADDRESS: 801 Pine Street, Bldg. 4-E
CITY, STATE, ZIP Chattanooga, TN 37402
HOME PHONE: 423 843-5250
HOME FAX:
HOME E-MAIL:
OFFICE PHONE: 423 535-6691
OFFICE FAX 423 535-3337
OFFICE E-MAIL: robert_yeary@bcbst.com
DISTRICT: CHATTANOOGA
PAY DATE: 12/30/2008
EXPIRATION DATE 11/02/2009