

H Hospital News & More

Western Pennsylvania

The Region's Monthly Healthcare Newspaper

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Award-winning doctor works to aid uninsured

By Vanessa Orr

For many individuals and families, being able to afford health insurance is simply not an option. Despite holding full-time jobs, they don't have the means to afford this ever-increasing expense, yet they still occasionally need to see a doctor or undergo medical testing.

In 1999, Zane Gates, M.D., of Altoona decided to do something to help the working poor. In conjunction with Altoona Regional Health System, Gates opened a free clinic, Partnering for Health Services, which today treats more than

3,500 patients annually who do not qualify for Medicaid but can't afford insurance.



Submitted photo

Dr. Zane Gates, director of Partnering for Health Services.

"Unlike a lot of free clinics that, because of funding, are only open to patients one day a week, we are a fully functioning free clinic that is open every day to provide all of the same services that a person would receive at a doctor's office," explained Gates. "Patients can see a nurse practitioner, or any of the specialists who volunteer their time; they can also receive all of the tests and lab work they need, which is donated by Altoona Hospital."

See **Uninsured** On **Page 5**

Brother's Brother Foundation responds to needs of Haitian earthquake victims

By Christopher Cussat

The tragic earthquake that struck Haiti made the entire world pause in shock, horror and disbelief.

But as pictures of the devastation began to spread around the globe, so did the human stories of hope and Haiti's awe-inspiring resilience — a spirit that helped to fuel a response of generosity from the

global community.

The United States' tremendous outpouring of sympathy and support is embodied in the response of and donations from the people of western Pennsylvania and by the outreach of organizations such as the Pittsburgh-based Brother's Brother Foundation.

See **Earthquake** On **Page 37**

ONE STEP AT A TIME



Submitted photo

Allegheny General Hospital's Dr. Raymond Benza and Jessica Lazaar are used to climbing the stairs at AGH; they have a much bigger climb awaiting them on Mt. Kilimanjaro. See page 4.



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It's only money

Like many Americans, I spend a great deal of time thinking about the cost of living in these here United States.

A couple of weeks ago, while visiting family in Florida, I found myself in the opulent lobby of a golf resort. The weather was warm — a far cry from the frigid temperatures and lake effect snow you all were enjoying back home in western Pennsylvania — and I decided nothing would cool me off like a Diet Dr. Pepper.

But when I went to purchase one, I found my body temperature actually rise a few degrees rather than go down. The price on the 16-ounce bottle of carbonated water was a whopping \$4.38! I couldn't believe it. Why, I don't think they charge that much for a soda even at a movie theater.

Reluctantly, I bought the Diet Dr. Pepper — but I didn't open it. I decided I would set it on my desk as a reminder of the day I passed another threshold in my life — the day I spent \$4.38 for a 16-ounce soft drink.

Coincidentally, that same day I got word that my cable television bill was going up and my family and I decided to pass on fresh stone crabs for dinner, which would have cost us \$200. Earlier in the week, my spouse and I inquired about a health club membership and were told that the husband and wife special rate would be a mere \$186 a month. (Kind of odd, I thought to myself, that just inquiring about the cost of joining a place to make me healthier was giving me chest pains.)

My sister and I spent some time that evening reflecting on all this. We decided that our parents surely would think us fools for allowing cable compa-

nies to bully us into paying for TV when, in their day, a good set of rabbit ears (or a bad set and some cheap aluminum foil) could pull in just about everything worth watching. And, their sets didn't need to be high definition, take up half of a living room wall or cost in excess of \$1,000, either.

Okay, before I get into a rant simply about how everything costs more these days (after all, average salaries also have gone up — at least for those lucky enough to still have a job) let me hone in on this point: American consumers have brought a lot of this on themselves.

Simply put, collectively we are suckers for a great sales pitch and we are obsessed with keeping up with not only the Joneses, but the Gateses, the Trumps and the Buffetts. For many of us, it's just not a vacation unless we spend \$3,500 to \$6,000 or more for a condo on a pristine beach — and then spend the week fretting over the cost instead of relaxing with family and friends. And, while I'll admit a cell phone has become a necessity for most of us, I'm not sure we all need one that tracks our stocks, gives us up-to-the-minute scores on every sporting event being played and reminds us to water our plants.

And, while no doubt devices like the Kindle wireless reading device from Amazon are cool, their inherent danger is that we become dependent on their convenience. As one woman told me recently, she just hates lugging a book around. (Too heavy, perhaps? And, is she one of those people paying exorbitant fees for health club memberships?)

As health care professionals, we should keep this consumer madness in mind as we watch the ongoing debate about how to fix our health care system and

Publisher's Note



what such a fix might cost. Old Doc Adams on "Gun-smoke" often would treat a bullet wound or deliver a baby on the prairie for a basket of eggs or an apple pie and call it even. Today, some hospitals will charge \$15 for an aspirin and an insurance plan will pay it because, well, it's not real money anyhow.

All I'm saying is, it's hard to decry any health care legislation that throws our federal government further in debt by trillions of dollars, when we willingly pay \$4.38 for a soft drink. A few decades ago, we called such behavior conspicuous consumption. Today, it's business as usual. **T**

Harvey D. Kart

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Path to a Cure: AGH clinicians to scale Mt. Kilimanjaro in quest to raise global awareness of pulmonary hypertension disease

It is safe to assume that the panoramic view of the African continent from the majestic summit of Mt. Kilimanjaro is a sight that both figuratively and literally takes one's breath away. At more than 19,000 feet above

sea level, Kilimanjaro is one of the world's most formidable peaks, the scaling of which requires a supreme level of physical endurance and cardiovascular health.

For health care professionals who

specialize in the study and treatment of pulmonary hypertension (PH), there are few more fitting symbols than Kilimanjaro of the daunting challenge and quest to find a cure for this debilitating and deadly lung disease.

On Feb. 19, two members of the Allegheny General Hospital Gerald McGinnis Cardiovascular Institute (CVI) will climb Mt. Kilimanjaro as part of a national campaign established by the Pulmonary Hypertension Association (PHA) — called Path to a Cure — to raise awareness about the disease and money to support PH research programs around the country.

Raymond Benza, M.D., a nationally recognized PH specialist who serves as director of the CVI Center for Research and Innovation and medical director of AGH's Heart Failure, Transplantation and Mechanical Assist Devices Program, and Jessica Lazaar, M.P.A., PA-C, director of quality, research and education, will join Robert Frantz, M.D., a PH specialist from the Mayo Clinic, in a climb that is expected to take seven days.

Under the direction of Benza and Srinivas Murali, M.D., medical director of the CVI, AGH houses one of the

nation's most advanced PH research programs, including the nation's largest repository of DNA samples from patients with the disease.

The goal of the Path to a Cure campaign is to raise \$100,000 to support basic and clinical PH research as well as related patient, family and community programs coordinated by the PHA. With a \$50,000 matching fund established by the pharmaceutical company Actelion, every dollar donated or raised to support the Path to a Cure is doubled.

Those wishing to help with fund raising can contribute by:

- Donating a basket to raffle (CVI will host the raffle Jan. 25-28 outside the AGH cafeteria).

- Directly sponsoring the hikers by making a tax-deductible donation on the Web site.†

The PHA Path to a Cure Web site is <http://phassociation.org/path-toacure/>. A blog has also been established to keep people updated on the team's training and fund raising activity at <http://pathtoacure.blogspot.com/>. For more information, please contact Lazaar at (412) 359-3345 or Benza at (412) 359-4760.



Submitted photo

Dr. Raymond Benza and Jessica Lazaar of AGH's Gerald McGinnis Cardiovascular Institute plan to climb Mt. Kilimanjaro.

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Uninsured From Page 1

The clinic is funded by a \$2 million endowment, and runs off of the interest it provides. Much of the prescription medication that patients require is donated by pharmaceutical companies who would otherwise have to dispose of it. "Billions of dollars of medication are thrown away each year," explained Gates. "Working with these companies, we are able to get just about anything our patients need, including medication for MRSA infections, which can cost \$1,000 a dose."

In April, the clinic will also begin offering hospital-only insurance to those who need it at a cost of \$60 to \$90 per month. "Not only will this help our patients, but it will also help hospitals who are getting annihilated by the cost of uncompensated care," said Gates. "This is better for them than medical assistance reimbursement; they will now be getting money where they were getting nothing before."

The clinic has been so successful, in fact, that it has inspired a Pennsylvania State Senate bill to fund similar clinics throughout the state. Senate Bill 5, sponsored by Sen. Dominic Pileggi, R-Delaware, and Sen. Edwin Erickson, R-Chester, will provide \$500,000 each for hospital systems to set up similar types of clinics, from a \$50 million allocation from HealthNETPA. Physicians who volunteer their time would gain student loan forgiveness. An almost identical bill, House Bill 2174,

has been introduced in the House by Rep. Thomas Caltagirone, D-Reading.

"Establishing a care-based model instead of an insurance-based model not only benefits patients, but hospitals and clinics as well," said Gates. "Clinics win because they get better funding, which allows them to really control costs; hospitals win because they are able to get better reimbursement."

"Insurance-based models don't work because they are not designed to take care of fixed costs; it is a risk-based system," he added. "In the clinic system, fixed costs are already paid for up front. Our clinic can take care of 3,500 people, including lab tests, imaging and office visits for about \$1 million. If done in a conventional way, that cost would be closer to \$17 or \$18 million."

Gates adds that a care-based model is also better for patients in that it allows them to "get in the door right away," and also cuts down on the amount of paperwork required, increasing patient satisfaction. "When nurses are spending 40 percent of their time filling out forms, they are not spending that time with patients," said Gates. "Insurance-based models also cost doctors money — they spend 20 percent of their revenue just dealing with the forms it requires to collect what they are owed."

As the volunteer medical director of the free clinic for the past decade, Gates believes that he knows what works. "I've had 10 years to analyze the uninsured — who they are and

what their incomes are," he explained. "And while it's very cheap to care for them, it is extremely expensive to insure them." The clinic currently treats its 3,500 patients for \$207 each; to insure each of these patients would cost \$4,470.

"Oftentimes, these working poor are not getting the same care as the people in our prison system," he added. "They pay taxes, yet they don't have a seat at the table. No one has asked them what their problems are; you don't see an 'uninsured lobby.' People who are at the health care table are only concerned with their own interests."

Gates' commitment to helping the uninsured receive medical care has resulted in WebMD Health Corp. naming him one of its Health Heroes in 2009. The national award also recognized his work in establishing a foundation to create after school programs for children living in two local housing projects.

As for the future, Gates hopes to see more free clinics set up, and he will continue in his fight to get the uninsured the medical care they need. "There are 50 million people in the United States who are uninsured, and that's a crime," he said. "We need to guarantee that these people have a place to go."†

For more information on Partnering for Health Services or Altoona Regional Health System, visit www.altoonaregional.org.

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Homecare agencies prepare for Pennsylvania licensing changes

By Jason L. Levan

In response to Pennsylvania's rapidly graying population, homecare agencies and homecare registries in the state face significant changes.

Modifications made Dec. 12 to the state's Healthcare Facilities Act mean homecare agencies must now be licensed to operate in Pennsylvania, and the industry will be regulated by the state Department of Health.

"It ensures a standard of care and affords consumers additional protections," said Christine Baksi, communications director for the Pennsylvania Homecare Association, an organization of more than 300 homecare and hospice providers. The PHA was the chief organization to spur the changes.



Jason Levan/WPHN

Maureen Bonatch, director of client services for VNA Extended Home Care.

Agencies have until Feb. 10 to apply for a license to the Department of Health. A license is \$100 per year, and agencies will be responsible for the cost of background checks and TB screenings. While existing agencies will be allowed to continue operating during the application process — expected to take about six months — agencies that were not established before Dec. 12 will need a license before they can begin providing care.

For organizations such as the Visiting Nurse Association of Indiana County, the

change is more of an administrative effort. Under the new rules, homecare agencies and registries are required to conduct criminal background checks and child abuse clearances, conduct tuberculosis screening for all staff with direct contact with clients and require that identification badges be worn. It also mandates that homecare agencies have two years to ensure the competency of employees who provide in-home care through continuing education.

Homecare agencies provide assistance with self-administered medications, personal care, homemaking, companionship, respite care and other services. Homecare registries are companies that provide lists of people who conduct those services as independent contractors.

Hospitals, nursing homes, home health and hospice agencies must already be licensed by the state.

change is more of an administrative effort.

"For us, it's not much of a change — it's just getting the paperwork in, mostly," said Maureen Bonatch, M.S.N., RN, director of client services for VNA Extended Home Care, based at Indiana Regional Medical Center. "We've always tried to give clients the best care possible. We already go above and beyond" what the new regulations call for.

Bonatch said the changes affect about 60 staffers in the VNA's Extended Homecare program.

"This validates what we believe, that quality caregivers are most important for our clients," Bonatch said. "We believe if you send the employee out to someone's home that you should have checked on their background."

It's a necessary move, she said, "because a lot of private agencies could say they're a private duty agency and open the door. They're popping up every day."



Jason Levan/WPHN

Staffers at the Visiting Nurse Association of Indiana County conduct training as they prep for new state regulations.

"It's added protection for the clients and elevates the industry," Bonatch said. "It maintains accreditation and a commitment to health and certain standards."

The Pennsylvania Homecare Association in the last 15 years has ratcheted up the pressure on the state Legislature and Gov. Rendell to approve the mandates largely because of Pennsylvania's aging population, which increasingly requires homecare services.

The Department of Health estimates more than 250,000 Pennsylvanians already receive in-home services such as assistance with bathing, meal preparation and transportation. Estimates show the number of people 85 and older will double by 2020. As the need for homecare services increases, so too will the number of agencies, the department predicts. There are about 600 homecare agencies and registries already operating in the state.

"People are much more vocal about their desire to stay at home as opposed to an institution," said Baksi, of the Pennsylvania Homecare Association. "They want the most comfortable and private setting where dignity can be preserved best. They don't want to be removed from their home." T

For more information, visit the Pennsylvania Homecare Association Web site at www.pahomecare.org.



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Health officials, educators join forces in fight against obesity

By Ron Cichowicz

America's obesity problem is growing larger every day, affecting adults and children alike as it threatens lives and costs society billions of dollars each year.

"Obesity is a significant health issue," said Michael Culyba, M.D., vice president of medical affairs for the UPMC Health Plan. "It is one of the big three contributors to chronic disease, along with smoking and inactivity."

"We believe that, as a health plan, we have a commitment to the health of the community; we see our role as more than just an insurance company. Historically, health care systems were structured to treat people who are sick. Now, the focus is on keeping people well and health care systems have a responsibility for improving public health."

"So, when we hear the community saying, 'We have a problem,' we ask, 'What can we do about it?'"

The search to answer that question led the UPMC Health Plan to Armstrong County, where four years ago a number of local organizations were also wrestling with the same question of what to do with childhood obesity.

"The rise of childhood obesity is a big concern for area organizations that want to improve the health of the Armstrong County community," said Harold Altman, M.D., chief medical officer of Armstrong County Memorial Hospital (ACMH) and medical consultant for the Armstrong School District. "Overweight and obese children are at a higher risk for health problems, such as heart disease and type 2 diabetes, just to name two."

A wake up call to the severity of this problem came in 2004, when Pennsylvania mandated all school districts to measure the Body Mass Index (BMI) of each student and to develop a wellness policy. According to the results, approximately 35 percent of the children in Armstrong County School district have BMIs above the 85th percentile.

In 2005, several area organizations formed a coalition to address the rising number of overweight children and their related health risks. The coalition became known as HEALTHY Armstrong (Healthy Eating Active Lifestyles Together Helping Youth). Locally, key partners included ACMH, ACMH Foundation, Armstrong School District, Children's Community Pediatrics-Armstrong and Armstrong County, and the coalition has since grown to include other community organizations committed to the health of Armstrong County youth.

"We knew, to be successful, we needed help because, as they say, 'No money, no mission,' so we sent an RFP (request for proposal) to major insurers," Altman explained. "When we approached UPMC, they said, 'Absolutely' and provided seed money to get started. But they also came into the fold as part of the steering committee and now as a member of the executive council."

"That's true, we didn't just write a check," Culyba said. "We rolled up our sleeves, helped design the program, and brought resources to it. UPMC Health Plan provides financial assistance and guidance on communication efforts, as well as clinical expertise, including research, measurements and outcomes. This was a true collaboration."

The coalition decided that the place to start would be in an elementary school. According to Altman, the BMI statistics for Armstrong County showed that kindergarten students were below the national average but by sixth grade, they were substantially above it, with a plateau occurring in junior and senior high school.

HEALTHY Armstrong decided to use the We Can! (Ways to Enhance Children's Activity and Nutrition) curriculum, a science-based, national education program developed by the National Institutes of Health to help children ages 8-13 improve food choices, increase physical activity and reduce the amount of time spent in

front of televisions, computers and video games. We Can! is unique among youth obesity-prevention initiatives in its focus on reaching parents and families as a primary group for influencing young people. The UPMC Health Plan spearheads We Can! Pittsburgh, a local initiative that provides parents in western Pennsylvania with innovative resources to help their families maintain healthy lifestyles.

Through the collective efforts of the HEALTHY Armstrong coalition, Armstrong County was named the first We Can! county in the nation in 2007.

the school district. Teachers initiated both in-school and after-school activities. Some of the activities included walking during lunch, monthly newsletters to parents, a fitness calendar for home use, wellness tips, pedometers and a fitness club.

After the success of the pilot program, similar programs were started in all the elementary buildings in Armstrong School District. Each school has a wellness committee and a facilitator. In 2009, HEALTHY Armstrong added two positions devoted to moving the obesity program forward: a project



Submitted photo

Dr. Michael Culyba of UPMC Health Plan, Dr. Harold Altman of Armstrong County Memorial Hospital, Dr. Patricia A. Cluss, associate professor of psychiatry at University of Pittsburgh School of Medicine, and Dr. Kiran Bhat of Children's Community Care Pediatrics-Armstrong, discuss the HEALTHY Armstrong program.

A pilot program was launched at Elderton Elementary School, which has approximately 260 children in grades K-6. The hope was that results from the pilot program would unveil both any obstacles needed to be overcome and what would work throughout

director based in the community and a school program coordinator.

Among the initiatives introduced were school meal program modifications and daily morning exercises.

See **Obesity** On **Page 34**

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RMU creates innovative teaching model

By Valerie M. Howard, Ed.D., RN



Robert Morris University School of Nursing and Health Sciences and UPMC Passavant Hospital implemented an innovative clinical teaching model, the Dedicated Education Unit (DEU), during the Summer 2009 semester.

The current and projected nursing and nursing faculty shortage have necessitated the re-thinking of clinical education in the new millennium. The typical clinical group size in nursing education, which is one instructor for every eight students, has led to greater challenges in hiring due to the lack of qualified nursing faculty, increased expense due to the low instructor to student ratio, and limited student enrollment due to the inadequate space available in nursing education programs. In addition, health care organizations are experiencing challenges in recruiting qualified graduate nurses to staff their units.

Undergraduate clinical experiences can be a fertile opportunity to recruit qualified graduates, provided the experience has been a positive one for the students. Hiring a graduate nurse who has had consistent clinical experiences on the unit may reduce the usual amount of time required for the orientation of most new nurses. One innovative strategy to maximize undergraduate clinical experience is through the creation of a clinical unit in the hospital that is dedicated to the education and development

of student nurses.

The DEU is located at Passavant's 6 Main unit and is staffed with B.S.N.-prepared registered nurses who are committed to the education and development of student nurses.

As the RMU faculty project director, I met with Passavant and university administrators to discuss solutions for anticipated concerns. Then, six staff nurses were selected and met with me for an intense four-hour symposium that introduced them to clinical teaching methods. The topics for the symposium, which counted for four CEU credits, included clinical teaching methods, learning theories, development of the optimal clinical learning experience, clinical evaluation and dealing with challenging students.

This clinical unit was used for clinical experiences for RMU nursing students in the advanced medical surgical nursing course in the summer semester, and was expanded to include an introductory medical surgical course in the fall semester. The specially trained staff nurses served as the clinical instructors/preceptors for the student nurses, and I provided additional guidance. Rather than the historical 1-8 ratio of instructor to students, the staff nurses provided the clinical education, with the students working the required hours per week with the same staff nurse.

Clinical instructors, who work as staff nurses on the units in which they are teaching, can provide the optimal experiences for student nurses because they understand the nuances of the health care system and are at ease in their environments. By utilizing the staff nurses on the DEU as instructors/preceptors, the students had the opportunity to apply their knowledge

in the clinical setting with professional nurses who are competent and comfortable in the hospital environment. In addition, utilizing a consistent staff nurse for a student's undergraduate clinical experiences provides the student with continuity in the educational process. This staff nurse understands uniquely the learning needs of the student and can seek growth opportunities for the student in the clinical setting.

In addition, utilizing one clinical unit for several undergraduate experiences reduces the amount of time needed for student orientation during each clinical rotation. By using familiar clinical settings, errors may also be reduced, thus maximizing patient safety as well. Providing a positive clinical environment for students will enhance the recruitment efforts of the health care agencies. By hiring students who have had several clinical experiences on the unit, the health care agency can reduce the time needed for orientation, thus reducing hiring costs.

Preliminary survey data examining the satisfaction with the DEU experience from the staff nurses' and students' perspectives revealed that both groups found this to be a positive learning experience. Students appreciated the one-on-one interaction with the staff nurse, and the staff nurses appreciated the opportunity to guide and mentor new student nurses. From both the RMU and UPMC Passavant perspective, this collaborative project was a "win-win." †

Howard is an associate professor of nursing at Robert Morris University and the director of the university's Regional Research and Innovation in Simulation Education (RISE) Center. She can be reached at (412) 397-3846 or howardv@rmu.edu.



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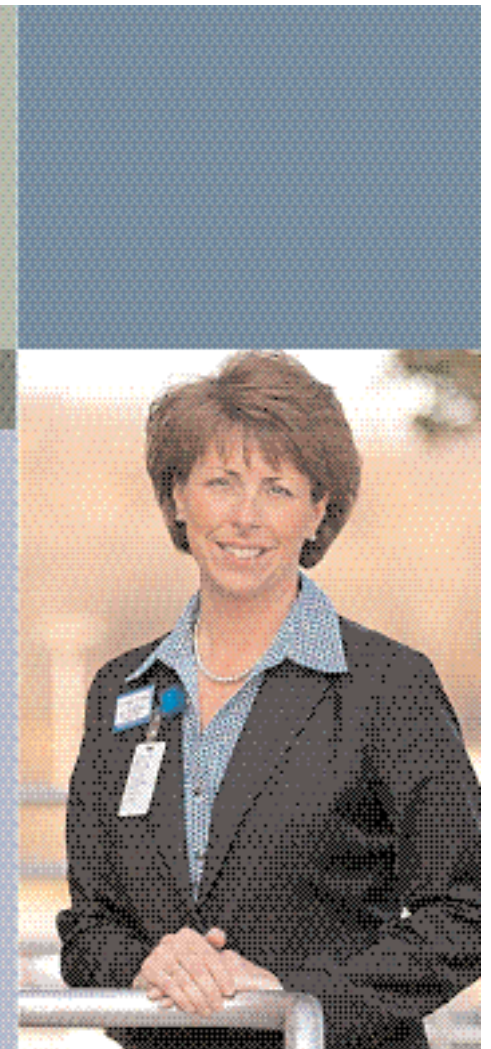
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CALU
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Employers must harness power of social media for hiring

By Daniel Casciato

Social media is a global phenomenon, and it's changing the way people, including job recruiters, conduct business. A recent CareerBuilder.com webinar, "Social Media Basics for your Employment Brand," discussed why companies should incorporate social media into their recruiting.

While possessing advanced degrees and key work experience is crucial to the success of anyone's job search, today's job seekers are also using social media tools as part of their networking strategies. They're using social media outlets to find job opportunities and to connect and network with people in ways that traditionally have taken place offline.

According to the Melissa Murray, moderator of the webinar and an emerging media consultant with Personified, a CareerBuilder HR consulting company, 67 percent of today's worldwide Internet users are using some form of social media.

In the past, when we recruited job candidates, we would look at those with a degrees from prestigious universities who worked for leading health care organizations. Today, however, you can do a quick search on LinkedIn to find and narrow your list of candidates who match your specific needs. You can even search on Twitter for anybody discussing a specific keyword.

Consider some of these statistics from a recent survey by Forrester Research:

- 36 percent of online users think more positively about companies that blog
- 69 percent of online users read blogs and read

reviews

- 85 percent of businesses surveyed are using some form of social media

- 39 percent of Fortune 500 companies are using social media

There are three reasons why you need to consider social media when recruiting for your health care practice or organization:



CREDIBILITY

Company brands are defined by the experiences and opinions of employees and customers, not necessarily what your brand seeks to convey. The Forrester Research survey indicated that 43 percent of online users trust information posted by people they know

over other sources.

You can put as much valuable information on your Web site as possible, but a customer can share a negative review about your organization on a Web site such as Yelp.com, his Facebook page, or tweet about it to his followers and it can negate any of that positive information on your Web site.

Murray says that instead of being afraid of social media and the power people have to share information about your organization, "to understand the importance of participating in these online conversations or to at least listen or monitor what people are saying about you so you understand what is being said about you." This way, you have an opportunity to respond to that person and act upon it if possible.

GENERATES VALUABLE FEEDBACK

Social media provides an organization the opportunity to interact with talent by asking and answering questions.

IT'S EXPECTED

People demand authenticity and responsiveness from their brands.

So how can you use social media in your recruitment process? Murray offers these 10 steps:

1. *Set a goal.* Decide where it is that you want establish a presence and what is the purpose of that presence, whether it's for recruiting only, or recruiting and customer information.

See **Hiring** On **Page 21**

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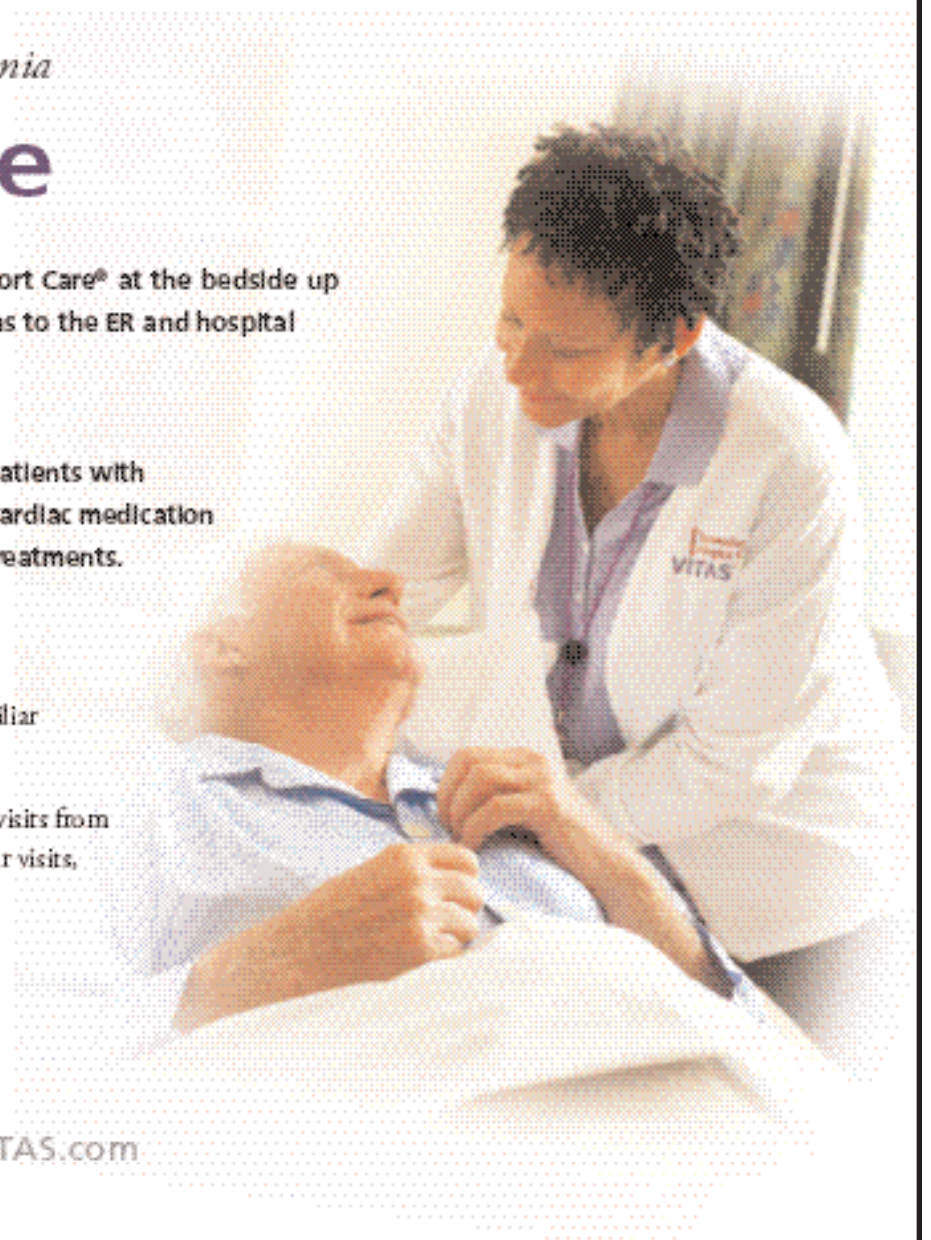
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Jefferson Regional founder remembered for her dedication, compassion

By Candy Williams

Jefferson Regional Medical Center administration, medical staff and employees are celebrating the life of one of its founders, Sister M. Crescentia Mulvehill, 92, who died on Dec. 27, 2009, in the 77th year of her religious life as a sister of St. Joseph of Baden.

As a former executive vice president and chief operating officer from 1977 to 1987 for South Hills Health System, a consolidation of the former Homestead Hospital and St. Joseph Hospital in South Side that led to the formation of Jefferson Regional Medical Center, Sister Crescentia had a major impact on its growth. In 2002, South Hills Health System was renamed Jefferson Regional Medical Center.

Thomas Timcho, president and CEO of Jefferson Regional, called Sister Crescentia "the visionary who put the whole plan together." It was her foresight that led to the construction of private rooms in the new hospital building in Jefferson Hills, an amenity that the medical center's patients still appreciate, he said.

"Sister Crescentia believed in the

dignity of the person and that all persons should have the ability to heal in a private setting," Timcho said. "She was adamant that the hospital should be built with all private rooms."

She continued her service to the health care facility as executive vice president from 1987 to 1992. During her tenure, she oversaw construction of Jefferson Hospital, in addition to a home health agency and a large mental health program with many locations, two emergency departments, a personal care

residence and a skilled nursing facility. She served as health consultant from 1992 to 1995 before retiring to the Sisters of St. Joseph Motherhouse in Baden.

For those who knew and worked with Sister Crescentia, news of her passing brought fond memories of her dedication to her work and her compassion for her friends, co-workers and their families. Sister Crescentia could not only address every employee or physician by

name, but also remember their spouse, children or other family members.



Submitted photo

Sister M. Crescentia Mulvehill

John Echement, a member of Jefferson Regional's Board of Directors, said he remembers Sister Crescentia as "a person of great character who cared deeply for what she was doing, who expected excellence from everyone including herself, who genuinely cared about other people and was bigger than life to those who knew her."

Sister Gerrie Grandpre, CSJ, also a board member, said Sister Crescentia was a faith-filled woman whose life was guided by gospel values and the mission of the Sisters of St. Joseph, which is "profound love of God and love of neighbor without distinction."

"Sister Crescentia was a wisdom figure and a visionary leader who inspired, motivated, listened empathetically and allowed people the freedom they needed to be themselves. She empowered others to be the best they could be," said Sister Gerrie.

Sister Crescentia often said that her ministry as Directress of Novices from 1949 to 1963 was the best preparation she had to be a hospital executive, according to Sister Gerrie.

"She said that counseling the novices taught her to really listen to people so that she could understand

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not only what they were saying, but what they were feeling. At Jefferson Regional Medical Center, Sister Crescentia incorporated her trademark 'people skills' into her management style."

Joseph Cvitkovic, Ph.D., director of behavioral health at the medical center, said Sister Crescentia believed in the importance of a community hospi-

ognized our efforts. She loved people and people loved her," she said.

Eleanor Davis of Sun Lakes, Ariz., formerly of Pittsburgh, said she remembered meeting Sister Crescentia when she came to St. Joseph's Hospital, where Davis was active with the auxiliary and her late husband, Earle Davis, M.D., worked as a clinical pathologist.

Sister Crescentia believed in the importance of a community hospital and recognized the significance of treating the whole person with a mind, body and spiritual approach to healing.

tal and recognized the significance of treating the whole person with a mind, body and spiritual approach to healing.

"We were all inspired by her compassionate and dedicated leadership, and these values are still present today in the value statements of Jefferson Regional Medical Center," he said.

Candice Douglas, manager of administrative operations, food and nutrition services, said Sister Crescentia was a great leader at Jefferson Regional "because she knew our primary goal was to serve patients and their families and she could inspire others to work together to achieve those goals. We felt an immediate connection to her and knew that she rec-

"I followed her to Homestead and Jefferson hospitals working with the auxiliaries in those hospitals," Davis said. "She was a great leader and she will be greatly missed by her order, her hospital and her friends."

Echment said a resolution enacted in 1997 by the then Health System board, of which he was chairman, that bestowed the honor of Consultant Emeritus on Sister Crescentia best expresses the feelings of those who knew and worked with her:

In part, it read: "Whereas, we will eternally remember Sister and her value, and want her to forever be a part of the South Hills Health System" (now Jefferson Regional Medical Center).†

ABOUT SISTER M. CRESCENTIA MULVEHILL:

Sister M. Crescentia Mulvehill was the daughter of the late Walter and Adelaide Ager Mulvehill. Sister Crescentia entered the congregation from St. John Gualbert Parish in Johnstown.

Sister ministered as a teacher from 1936 to 1947 in the Pittsburgh and Altoona/Johnstown Dioceses. Sister Crescentia then served in the formation program of the Congregation from 1949 to 1963. After studying health care administration at George Washington University, Washington, D.C., Sister completed her administrative residency at Johns Hopkins Hospital in Baltimore in 1965. She then took the position of assistant administrator at Georgetown University Hospital, Washington, D.C. Sister Crescentia became the administrator of St. Joseph Hospital, Pittsburgh, from 1967 to 1977. She also served on the general council of the Sisters of St. Joseph from 1967 to 1973.

Sister Crescentia was a key administrator in the merger of St. Joseph Hospital and Homestead Hospital in 1973. She served as executive vice president and chief operating officer of the newly formed Jefferson Regional Medical Center of the South Hills Health System from 1977 to 1987. From 1987 to 1992 Sister continued as executive vice president, and from 1992 to 1995 she served as health consultant.

Sister Crescentia's ministry was marked by her leadership skills, her administrative expertise and her warm interpersonal skills. She received a number of awards, including: Person of the Year, Brentwood-Whitehall Chamber of Commerce, in 1991; "Who's Who Among American Women" in 1973; "The World Who's Who of Women" in 1975; and was named one of the 10 top women in Pittsburgh Leadership, Pittsburgh Post-Gazette, in 1970.

Sister Crescentia is survived by a brother, Rev. Louis J. Mulvehill, retired senior priest of the Altoona-Johnstown Diocese, nieces and nephews, grand nieces and grand nephews, and the sisters of St. Joseph of Baden. Mass of Christian Burial was held Dec. 30 in the Motherhouse Chapel. Burial followed in the Sisters' Cemetery on the Motherhouse grounds. Donations in the name of Sister Crescentia may be sent to the Sisters of St. Joseph Memorial Fund, St. Joseph Convent, 1020 State St., Baden, PA 15005.†

Source: Sisters of St. Joseph, Baden, Pa.



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Foundations look at 2010 with optimism

By Vanessa Orr

The year 2009 ended with a whimper, and it wasn't just those looking at the losses in their portfolios who found themselves wondering what happened. Many nonprofits, including some hospital foundations, saw donations decrease this year as individuals and businesses cut back on giving as a result of job losses and stock market swings.

Many of these same foundations, however, look forward to 2010 and the opportunities that it presents. Whether raising money for specific projects or going forward with full-fledged capital campaigns, the hope is that the new year might result in new and increased donations.



GEORGE BOND,
EXECUTIVE DIRECTOR,
ST. CLAIR HOSPITAL
FOUNDATION

"Like most everybody else, we were down this year, primarily because of the stock market," explained George Bond, executive director, St. Clair Hospital Foundation. "Our endow-

ment took a hit. Our donors, who are very supportive, did still give, but they may not have given at the same levels as they did previously.

"I am cautiously optimistic about 2010, though I believe that it will be another year before people begin feeling comfortable that their portfolios are coming back and that they will begin to give at former levels," he added. "We did a year-end annual appeal, and I have been very encouraged by the response I've seen in the last two weeks, particularly from the prospect list. We've had a higher number of returns from that list than in years' past."

Because St. Clair is a community hospital, Bond says that they have a loyal following of donors who offer continued support. This year, the hospital was able to finish a \$13.5 million emergency department expansion, of which the St. Clair Hospital Foundation contributed \$4.3 million.

"I think one reason that we've been able to continue to raise funds is that the hospital has become much more aggressive in its marketing," said Bond. "We've gone out into the community with billboards and ads in local magazines, and this has created a better awareness of the hospital.

"You just never quit asking," he added. "That's my philosophy."



B.J. LEBER, PRESIDENT
AND CEO, WESTERN
PENNSYLVANIA HOSPITAL
FOUNDATION

"Despite the fact that these were challenging times for any organization that was trying to raise money, 2009 was a very productive year for us, and I believe that this is in large

part because of the continued support we received from our West Penn family — the medical staff, boards, employees, Women's Committee and donors who have been with us for years," said B.J. Leber, president and CEO, Western Pennsylvania Hospital Foundation.

In 2009, the Foundation's employee campaign surpassed what was raised in 2008. "We did take a new twist on our employee campaign last year, giving employees the chance to sponsor a specific product or program that had a tangible benefit, such as send-

ing a child to Burn Camp, or sending a crib home with a baby," explained Leber. "This gave the campaign a real boost."

Money raised by the Foundation was used to support STAR (Simulation, Teaching and Academic Research Center), patient care, the Burn Center and Burn Camp, and to support the newly integrated obstetrics programs at West Penn. The hospital also finished a \$6 million renovation to the School of Nursing.

"When times are tough, you have to stick to best practices," said Leber. "You need to develop relationships with your donors and thank your supporters, and we did a lot of that this year."

The foundation is kicking off 2010 with a bang with their Friendship Ball on February 13. Other plans include a direct mail appeal, donor appreciation events, the employee campaign and the development of a legacy donor group for the School of Nursing.

"You need to start these projects whether the economy is strong or not," said Leber. "It takes long-term vision, because the payoff is long-term. You have to look at what will happen down the road."



RICH MAHONEY, EXECUTIVE
DIRECTOR, WASHINGTON
HOSPITAL FOUNDATION

"2009 was a good year for us; we were fortunate enough to be in the back part of our capital campaign, so our donors had a lot of focus," said Rich Mahoney, CFRE, executive director of

the Washington Hospital Foundation. "We have a very supportive donor base — our medical staff, employees, boards and auxiliary were a key part of our campaign, and from them, we raised almost \$3 million. We were also fortunate to have a number of people step forward with leading gifts of \$1 million and \$2 million."

Funds raised go toward Washington Hospital's three-year, \$69 million expansion project that included the creation of a new Emergency Department and four new operating rooms, and renovation of six prior operating rooms. The hospital also created a new Critical Care Unit. "We raised \$11 million in commitments; our goal was \$9 million," said Mahoney. "For us, that's a positive sign that the community recognizes what an impact we have in the area.

"Another good sign is that we have not had anybody who made a capital campaign commitment renege on their agreement; only one or two people have asked for an extended period in which to pay it off," he added. "No one walked away, which is very commendable."

Mahoney says that he expects to see a slight decline in giving in 2010, probably on par with national trends. "Despite the economy's ups and downs, as a community hospital, the health care needs don't change," he said. "The need is still here, and we are fortunate that our donors understand that."



DAN MURPHY, VICE
PRESIDENT, INSTITUTIONAL
ADVANCEMENT, HERITAGE
VALLEY HEALTH SYSTEM

"While there were certainly challenges across the board, we had a pretty good year," said Dan Murphy, vice president, Institutional Advancement, Heritage Valley

Health System. "People were a lot more focused in

their giving, and many had to decide what their philanthropic priorities were. Fortunately, we were successful in maintaining our status as a priority."

"Despite the economy's ups and downs, as a community hospital, the health care needs don't change."

— Rich Mahoney of
Washington Hospital Foundation

Funds raised through the Heritage Valley Sewickley Foundation and Heritage Valley Beaver Foundation support projects at each hospital as well as wellness programs in surrounding communities. "Just before the economy went south, we'd finished a capital campaign for each campus to build new emergency departments at both hospitals," said Murphy. "Donors were able to see their investments get results, and to see that we were good stewards with their gifts."

As a result of the economy, the health system chose not to hold a large scale fund raiser last spring, but will hold a wine event this April. Murphy says that they also had one of the best years ever for their premier golf event.

"In 2009, we also worked to build a pool of smaller donors with more family-oriented events, including a 5K and a big mall shopping event during the holidays to build awareness," said Murphy. "In 2010, we are focusing on maintaining strong relationships with existing donors and those who contributed in the past. We are also plugging away on proposals to foundations, which is an especially challenging area.

"There's a lot of work to do, but there's always a lot of work to do, even when the economy is going great," he added. "You always want to do better every year."



GREG BARRETT, PRESIDENT,
CHILDREN'S HOSPITAL OF
PITTSBURGH FOUNDATION

"We had a tough year in 2009; we raised about \$12 million, which was down pretty significantly from previous years," said Greg Barrett, president of the Children's Hospital of Pittsburgh Foundation. "We are

seeing things starting to stabilize, though it might take a little while for things to turn around; maybe a couple of years."

The foundation is currently finishing up its capital campaign in support of the new hospital campus, as well as raising money for charity care and program support. "We needed to raise \$100 million for the new building, and we are down to the last \$15 million now," said Barrett. "Several million dollars of what we raise also goes to charity care."

By focusing on the fundamentals, such as major gift programs and annual fundraising, Barrett expects the hospital to be very successful in the coming year. "It's also important to have the right people doing the work," he said. "The hospital made significant cuts in staff last year, and we plan to look at rebuilding the fund raising staff.

"My personal philosophy is not to do anything different," he added. "It's business as usual in a good economy or bad. You should be doing everything you can every day to be successful." †

World AIDS Day spotlights progress, need for more education

By Phillip Benditt, M.D.



On Dec. 1, 2009, when we observed World AIDS Day, the troubling incidence of AIDS among African-American women served as a potent reminder of how far we must travel on the long journey to eradicating this disease.

Health care professionals like to highlight the tremendous progress we've made in treating people with HIV and AIDS. The prescription drugs, long-term care plans and innovative treatments we're providing to patients are all getting better. In general, Americans with HIV and AIDS are living longer and stronger lives. We've come a long way in the 25 years since the AIDS epidemic began.

The World AIDS Day Web site, www.worldaids-day.org, has a lot of information about the history of our battle against this dreaded disease.

But we've so much more work to do to battle the spread of HIV among African-Americans, and particularly among women. The Centers for Disease Control and Prevention (CDC) reports that nearly half of the more than 1 million Americans living with HIV/AIDS are African-American and that 40 percent of the nearly 563,000 Americans with AIDS who died in 2007 were black.

Among all women in the U.S. living with HIV/AIDS, 64 percent are African-American. In fact, the rate of AIDS diagnosis for African-American women nationwide is 22 times the rate for white women.

The situation in Pennsylvania reflects the national trend: 67 percent of all women with AIDS or HIV in the Keystone State are African-Americans. This problem is even more pronounced in places like Washington, D.C., where the

prevalence of HIV and AIDS among African-American women rivals that of Nigeria.

What's most frustrating to health care professionals is that AIDS is generally preventable through simple changes in behavior, including increased use of safer-sex practices and testing.

Sadly, too many people — especially African-American women and young people — are not getting the message. According to the CDC, the U.S. has the highest rate of teenage infection in the developed world. Every hour, two Americans between the ages of 13 and 24 contract HIV.

We know that regularly testing those most at risk for HIV — and then providing antiretroviral drugs for HIV/AIDS patients — dramatically reduces the number of people who become infected. Without treatment or education, people will continue to transmit the virus to their partners.

Preventing HIV is not complicated. It takes the individual decision by every person who is sexually active to use safe sex techniques and to get tested. It takes people avoiding IV drugs and drug users vowing never to share needles. Treating AIDS is equally simple: It takes going to health care providers and following their instructions on how to manage the disease and slow its spread.

Many people avoid discussions of diseases that can be spread through sexual contact. But it's better to talk about sensitive subjects than to let a lack of information threaten lives. Let's hope that people everywhere, especially African-American women, heard the message this World AIDS day and are finding out how to protect themselves from HIV and AIDS. †

Benditt is medical director of UnitedHealthcare, Pennsylvania. He can be reached at philip_l_benditt@uhc.com.

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Job hunting these days requires competitive edge

By Russ Jones



The media has frightened employers, employees, job seekers and investors to a level not seen since the early 80s. The picture painted is

bleak. In any case, if we were aware of the rest of the story, we would be concerned, but not engaged in the full blown panic we see, hear and experience in the marketplace each day. Each day we seem to get a fresh dose of the doom and gloom of our economy as we read the print and broadcast news headlines concerning the reductions in force of thousands of employees by organizations across the country. These reports frighten many people who take the news at face value.

Let's take a closer look. In many cases what the media fails to explain is that a job force reduction of, say, 30,000, doesn't mean that 30,000 people are losing their jobs the next day. Certainly, some of the affected employees will lose their jobs immediately, but many others will accept early retirement or severance packages with

generous payouts. Still more job cuts will come from attrition or not filling currently open positions. The headcount will dissipate over the course of perhaps several years, not immediately. In many cases, these large headcount announcements are made to make shareholders content with the actions taken. With the profit pressure placed on CEOs, announcing a large scale workforce reduction appeases stockholders and boards of directors and is a quick way to show potential savings of millions of dollars.

So, the next time you hear or read about a large scale reduction in force, read the fine print and realize how many are affected immediately versus the number announced. Recognizing, however, that those at the helms of organizations are also reading these headlines, they too have a bit of fear about the future instilled in them. There is a higher rate of unemployment than there has been in several years. Market conditions dictate that finding a new position is more difficult than it has been in several years. After all, there are more individuals pursuing fewer positions.

The question then becomes, "How do I give myself a competitive advantage in such a competitive job market?" Here are eight factors that can give you the edge:

1. *Attitude.* This is the single most important attribute in finding a new position. Organizations have no interest in hiring individuals that don't think positively about themselves, their abilities or the company with whom they are interviewing. Attitude is your best friend or your worst enemy and you have control over your outlook and how you choose to see the world.

2. *Take inventory.* Know what you have to sell and how will you add value to an organization. Take the time to consider your skills, abilities, interests and accomplishments. Write them down and think through what employers want in the positions that you will seek. Determine how you will bring across your personality, values and marketable skills to the interview — whether in person or on the telephone.

3. *Consider the possibilities.* Think about how your skills can be marketed to a variety of employers. Your training, education and work experience have prepared you for a variety of options. Career assessment inventories can help you uncover some of these possibilities. Community colleges can provide inexpensive or free access to these assessment tools.

4. *Be realistic.* Finding a new position takes time. Be patient, allocate time to work on your search every day and don't spend too much time researching positions on the Internet. After all, only 4 percent of job seekers are successful in finding new positions online.

5. *Do your homework.* Make sure that you are knowledgeable about the organizations and individuals that you contact. Google, LinkedIn, Zoom Info, association Web sites, company Web sites, etc., provide information about organizations and people. Taking the time to be knowledgeable can give you the edge.

6. *Networking.* It may be all we hear about, but in today's market, more than 70 percent of job seekers' successes

come from networking. Networking is about seeking advice, information, ideas, referrals and coaching while being able to discuss your interests without asking for a job. Good dialogue will create opportunities. Make a list of friends, co-workers, past co-workers, family members, professional contacts, etc., and develop a game plan for contacting and staying in touch. Join job clubs, attend business and professional meetings and seek out your alumni. Don't forget your network once you have landed.

7. *Rely on your friends.* Ask a trusted professional friend or friends to be your support and confidante during this process. We all need "cheerleaders" in our lives to maintain our spirits.

8. *Be relentless.* Though a job search can be painfully difficult, as there is far more rejection than acceptance, we must remain focused on the task at hand. Each day have goals regarding contacts, expanding networks and gaining face-to-face interviews. After all, each new interaction has the possibility of leading to the position that you are seeking.

Strategies for finding a new position in a down economy are no different than times when our economy is robust. Securing a new position in any economy is competitive. Our current economy, where there are more applicants for fewer positions, requires us to be more competitive. There is a smaller margin for error. As a result, we must plan and strategize, prepare, make a stronger effort and execute each aspect of our search in order to gain a competitive edge over other job seekers. †

Jones is a partner at First Transitions, Inc., a corporate-sponsored career transition and executive coaching firm specializing in the health care field. He can be reached at (630) 571-3311, (312) 541-0294 or at rjones@firsttransitions.com. You can also visit the Web site www.firsttransitions.com.

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Hand-washing protocols ensure patients' health, improve hospitals' bottom lines

By Vanessa Orr

Would you spend time in a hospital, knowing that there was a good possibility that you would feel worse when you came out? Or that the symptoms that took you there in the first place would be far less damaging than the infection that you received while under a physician's care?

The fact is, hospital-acquired infections affect approximately 1.7 million patients each year, including 99,000 patients who die as a result. So what can hospitals, who deal with thousands of sick people each day, do to protect their patients from the spread of disease? The answer is simple — create a program that reminds hospital staff, from housekeepers to nurses and physicians — to wash their hands.



Submitted photo

HandGiene monitoring system.

According to the Centers for Disease Control and Prevention (CDC), hand washing is the first line of defense against the spread of infectious disease. To this end, hospitals all over the country are putting programs in place to encourage staff to wash their hands, and some are even using new technology to determine if those standards are being met.

And it's not just patient safety that's at stake. In October 2008, Medicare and Medicaid Services established a

policy that it will no longer reimburse hospitals for the additional care patients require as a result of hospital-acquired infections (HAI). Considering that the average cost of an HAI is \$80,000 and that hospitals are spending between \$29 billion and \$45 billion per year treating patients with these infections, it only makes sense to do everything possible to stop the spread of disease.

Yet even with these catalysts, many health care workers are not practicing good hygiene. According to the Institute for Healthcare Improvement, experts estimate that health practitioners comply with recommended hand hygiene procedures less than 50 percent of the time, and that the contaminated hands of these workers are the most common transmitters of health care associated pathogens.

To combat these statistics, many hospitals are putting hand hygiene programs into place. UPMC Shadyside led the way in these efforts back in 2005 when it began the Joseph Hardik Hand Hygiene Project, an early hand washing improvement effort that was part of a Robert Wood Johnson Foundation grant. This was followed by a system wide hand hygiene campaign launched on Jan. 1, 2007, with the goal of aligning UPMC's commitment to quality and the patient safety goals of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

"These early efforts have since evolved into a number of system wide efforts, including installation of sanitizer dispensers in patient rooms and throughout the hospital; the use of pen-like devices containing sanitizer that health care workers can put in pockets or wear on lapels; signage in patient rooms and in hallways reminding caregivers, patients and families to wash their hands; monthly audits of hand-washing compliance by caregivers; hand wipes on food trays; and patient education that stresses the importance and techniques of good hand hygiene," said Wendy Zellner, director of media relations at University of Pittsburgh

Medical Center.

"Overall, there's been some improvement across the system over time, but this remains a challenge for us and for all health systems," she added. "To comply with our policy, a caregiver must perform hand hygiene on entry to and exit from every patient room, no matter the task performed there. We also deem someone to be non-compliant if they do not sanitize hands prior to donning gloves. That's where most of our noncompliance occurs."

The hospital system is also testing a Smart Room component at its lab on the South Side that includes a sensor mounted above a patient's doorway. When anyone enters the room, the sensor signals the room's computer to turn a spotlight toward the hand sanitizer mounted on the wall as a reminder to that person to clean his or her hands.

Compliance can also be measured through the use of new technologies, such as the HandGiene system which uses Radio Frequency ID (RFID) to track when staff members enter and leave a room, and visit soap or sanitizer dispensing units. Web-based software allows administrators to monitor specific employees, teams, stations, departments or even multiple locations.

"A sensor over the door and over the patient's bed recognizes when a staff

member wearing an RFID-enabled badge comes into the area," explained Richard Verdiramo, vice president, HandGiene Corp. "When he or she goes to a soap dispenser, it reads the badge. When he or she leaves the room, it reads the badge." The HandGiene system also works with a proprietary formulation of soap for restrooms and patient rooms, and hand sanitizers for hallways that takes 15 seconds of friction to dissipate, ensuring non-contaminated hands.

"What's nice about this system is that it doesn't change a person's normal routine; there are not additional steps," said Verdiramo. "A person washes his or her hands, visits the patient, and then uses the sanitizer — it's what staff has already been taught to do. Our system just provides administrators with a means to monitor compliance, which also gives them the opportunity to incentivize employees." The HandGiene system has also been designed to integrate with legacy software to make its use as seamless as possible.

Whether through new technologies, or the establishment of hand hygiene policies that monitor compliance, hospitals are moving forward in their efforts to reduce hospital-acquired infections, which will not only benefit patients, but health systems as a whole. †

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Pay-for-performance looks to balance quality, cost

By Daniel W. O'Malley



Looking ahead, health care reform may bring about top-to-bottom change — a whole new wheel. Alternatively, it may change parts and

pieces — cogs in the wheel. Nevertheless, one matter that has been “well wheeled” across all agendas — and is surely a fixture of the future — is the importance of achieving the right balance of cost and quality.

Highmark has been working with providers on cost and quality for nearly two decades through Quality-BLUESM, Highmark's pay-for-performance program. QualityBLUE began in 2002 with six hospitals. Today, 52 hospitals participate in the program in central and western Pennsylvania and West Virginia. Since its inception, the number of hospital participants has grown to encompass more than 60 percent of Highmark's inpatient/outpatient hospital claims in our Western Pennsylvania region.

QualityBLUE continues to generate positive results. This program works by forging quality-based part-

nerships with network hospitals and physician practices and offering providers reimbursement for delivering care that aligns with national standards of quality and cost effectiveness set by industry leaders such as the National Quality Forum, Centers for Disease Control and Prevention, the American Heart Association and the Institute for Healthcare Improvement.

The following results, for example, are the outcome of health care provider efforts measured by Highmark for fiscal year 2008–2009 in several areas, including reducing MRSA and central line infections, increasing breast cancer screening and increasing generic prescribing:

- Reducing MRSA infections — Approximately five patients in every 100 hospital admissions results in a health care-associated infection. Many of these infections are caused by the highly resistant staph infection Methicillin Resistant Staphylococcus aureus (MRSA). QualityBLUE hospitals reduced MRSA infections by 233 infections, which translates to a projected care cost savings of \$6.3 million to \$8.1 million. Approximately 5 percent of patients with a MRSA infection die, so by averting 233 infections, potentially 11 lives were saved through the work advanced by the QualityBLUE program.

- Reducing central line infections — QualityBLUE hospitals are consistently showing a lower rate of infection than the national average. Comparison of the rates demonstrates that QualityBLUE hospitals prevented 1,020 potential bloodstream infections that resulted in \$37.5 million in avoided care costs, and more importantly, saved 122–255 lives.

- Increasing breast cancer screenings — For every 1,000 women between the ages of 50 and 65 screened for breast cancer, 1.8 lives are saved. Internal medicine primary care practices participating in QualityBLUE adhered to recommended screening guidelines at a higher rate than the national average. In doing so, an estimated 174 lives of women over the age of 50 have been saved.

- Increasing generic prescribing — Pharmacy benefit managers report that a 1 percent increase in the generic prescribing rate provides up to 2 percent savings on total prescription costs. The cost of brand prescriptions range from \$151 to \$161 versus about \$25 for generic prescriptions. The overall generic prescribing rate for QualityBLUE participating providers has risen from 64 percent in July 2007 to 71 percent in July 2009, providing dramatic cost savings.

From its growing number of participants, QualityBLUE requires a lot, including commitment, time, close collaboration with health plan consultants, additional record keeping and a passion for following the best practices available. The payoffs, however, are worth it, as evidenced by saved lives, higher quality and lower costs. When our providers invest in and commit to the changes necessary to sustain delivery of care that will produce the optimal outcomes for every patient, those providers have certainly earned their pay for performance reimbursement.

With a good foundation firmly in place, we can look ahead with our network providers to partnering with them to deliver QualityBLUE programming that will well position them for more aggressive changes and payment reforms, directed by state and federal government, which certainly lie ahead. As White House Budget Director Peter Orszag recently pointed out, improving the quality of health care is “more like a lifelong nutrition or diet, not studying for an exam,” adding that continuous progress is the critical goal. We're on it. [†]

O'Malley is market president of the western region of Highmark Blue Cross Blue Shield. He can be reached at daniel.o'malley@highmark.com or (412) 544-2007, or by visiting www.highmark.com.

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Reducing healthcare costs. Improving healthcare quality.

Nurse starts tech company to help hospitals recover lost charges

By Daniel Casciato

Today, many hospitals across the country are losing a large chunk of their charge-based revenue because of billing errors or omitted charges. While these charges are a small part of an organization's collective bottom lines, these losses can quickly add up over the years. It's been estimated that up to 5 percent of charges are never billed.



Submitted photo

Ann Fierro, founder of Omega Technology Solutions.

Since 1992, South Florida-based Omega Technology Solutions and its affiliates have been helping health care organizations recover these lost charges.

"We've recovered in excess of \$120 million for our clients," says Ann Fierro, founder of Omega. "We average

between \$2.5 and \$3 million per hospital. Not only do we recover this money, but we also train their employees. We identify the problem and provide training so they can fix the problem immediately and realize the additional money going forward."

Fierro, who is a nurse by training, earned her CPA to learn more about health care finances, budgeting and reimbursement. After working in critical care and the ER during her career, she migrated to the financial side of the hospital. She soon recognized that there was a gap between clinical delivery and the financial operations of a hospital. In 1992, she started Omega as a consulting firm and recently has been transitioning into becoming a full-fledged technology solutions company. Omega was a pioneer in revenue recovery. Over the past several years, while a number of firms have also jumped into this growing field, very few employ nurse auditors like Omega does.

Omega's services include patient accounting consulting and ChargeMASTER engagements, as well as full revenue cycle enhancement services such as lost charge recovery services, Medicare compliance services, defensive audit engagements, ChargeMASTER compliance and claims optimization projects.

"We help hospitals make money in a

variety of different ways," says Fierro. "Through our lost charge recovery services, we can identify areas of opportunities where they're not capturing all of their charges. We'll go back two years, capture those charges, re-bill, and the hospital gets the cash. It's no risk for the hospital."

The company also has technology software solutions that identify missing codes and incorrect codes and problems. Its ChargeMASTER software (licensed by Panacea Healthcare Solutions, LLC) identifies everything on the hospital's ChargeMASTER that can be hard coded and go directly to the bill.

Additionally, Omega's Web-based claims scrubber, OCExaminer, (Omega's Claims Examiner) will take a batch of claims, check them for compliance with all of Medicare's edits, and return them with each problem clearly identified for correction. Clients can submit the clean ones themselves, or Omega can submit them directly to the carriers. It has programmed thousands of edits to ensure that commercial and managed care claims are complete and compliant. It also has created an area of user-defined edits so that a facility can make its edits payer specific.

"We can identify lost missing codes, missing charges, charges for implants, charges for drug administration, so the

hospital can recoup missing charges themselves," Fierro says. "They can work their claims online and can fix the claims and we can submit it for them."

Fierro says that Omega's focus is to provide hospitals with the highest quality, results-oriented consulting and technology services available today.

"Unlike other firms, we'll audit the account and look through the medical records manually," she says. "All a hospital has to do is collect the money."

Omega is a member of the Healthcare Financial Management Association (HFMA), is a preferred vendor for Premier, and has a business alliance with Proginet Corporation. In addition, it is a member of CORE. Most recently, it has been awarded the prestigious Peer Reviewed designation from HFMA. Omega is also a privately owned Certified Women's Business Enterprise and is dedicated to exceeding the expectations of its clients.

"We're extremely service-oriented," says Fierro. "Whatever our clients need, we'll take care of it. We are committed to providing hospitals with the highest quality, results-oriented consulting and technology services available today."†

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Hospitals can benefit from management 'culture change'

By Jim Surman



In 1996, at the AHA Annual Conference in Philadelphia, Tony Nasralla, president of the Titusville

Area Hospital (TAH), approached me at my firm's booth. This started the continuing relationship of RPI, Inc., with TAH. The relationship has produced many successful engagements which are outlined in this piece.

The first engagement was to re-engineer the Patient Accounting Department. The president of the hospital's union stated in the engagement start-up meeting that more than half of the hospital's grievances were generated from this department. He went on to say that the process needed to be fixed. Nasralla and I sat down to lay out the approach for this turnaround and to define the outcomes of the engagement.

Nasralla, in an article previously published in Western Pennsylvania Hospital News titled "Retooling for Success," stated that "seven months after the engagement was initiated, our days in receivables fell from the low 80s to the mid 50s (now in their 40s), and our cash-on-hand doubled." He went on to say, "Beyond that, the RPI approach helped us to address the root causes responsible for the problems we were facing. It wasn't just a 'Band-Aid' approach. RPI created an atmosphere that allowed employees and managers to see change as a personal challenge, one that enhanced their self-image and self-worth to the organization."

RPI specializes in process re-engineering and in a benchmarking process for all hospital departments and clinics. I define re-engineering as the rapid radical redesign of hospital department processes to achieve breakthrough performance. Re-engineering changes the process to fix the balance between the organization, the work and the worker's daily routine.

I give credit for the success of these engagements to Nasralla. Considering the 90-plus hospital clients I've dealt with while at a Big Three firm and with my own firm, the total involvement and approach by the hospital's president is crucial to the successes that are gained. The key elements to the Titusville Area Hospital's approach were:

- The president treated each

engagement as a "culture change," not just another quick fix program to gain temporary opportunities for improvement.

- Nasralla not only became actively involved in the presentation of each engagement, but kept informed and active in the progress throughout.

- Employees were involved in all elements of the engagement.

- Managers worked alongside the consultants to develop each element of the engagement.

- An employee of the hospital — assigned as "management systems coordinator" — was trained, while working alongside the consultants as one of the team. This coordinator learned each step of the process in order to be able to maintain the implemented systems after the consultants had completed their involvement with the hospital.

departments and the regional health care clinics.

- Implementation of the Management Control System engagement as a formal process for validating management data and budgeting staffing resources (staffing represents 50 to 60 percent of the hospital's budget), for identifying departmental performance each pay period, for measuring cost savings and, most importantly, for providing managers with the tools to make sound management decisions.

- Providing interim management engagement of the medical records and patient billing departments. (Our staff members have experience as hospital department managers prior to becoming RPI consultants, which provides our clients with a temporary solution — on rare occasions — to balance and maintain a department's daily activity.)

To have the success Titusville experienced as a small hospital ... engagements must be driven from the top down but designed and implemented from the bottom up in the organization.

- Most importantly, the CEO included the medical staff and the board of trustees in the process status and major decisions, helping them identify how the hospital was benefiting from the realized improvements.

When asked, Nasralla said, "This process is one of the three or four most important responsibilities I have. My being involved can help assure that the hospital will survive and prosper."

I believe when a hospital president lends his office to a commitment for culture change, only then can success be attained. We have found this approach to result in our clients receiving awards such as national "Top 100" hospitals or "Best Places to Work" in the state.

At Titusville Area Hospital, these five initiatives were undertaken:

- Process re-engineering of the patient accounting and medical records

To have the success Titusville experienced as a small hospital with pressures from normal business and man-



Submitted photo

Tony Nasralla, president of Titusville Area Hospital.

agement issues, in addition to third party issues, engagements must be driven from the top down but designed and implemented from the bottom up in the organization. Maintaining good communication with all levels of the organization keeps everyone involved and participating in the process. This approach was exemplified by the results of a recently published patient satisfaction survey of TAH for room cleanliness, staff and physician communications, pain control and environment, in which the hospital ranked higher than each of its two neighboring hospitals and higher than both the state and national averages.†

Surman, a certified management consultant for 38 years, is chief executive officer of RPI, Inc. At RPI, all staff are certified management consultants and/or hold master's degrees, and have a minimum of five years of successful health care management experience. For more information, e-mail rpicon-sulting@msn.com or visit www.rpicon-sulting.com.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Andrea Ebeling at wpahospitalnews@gmail.com.

Employers should prepare for changing face of disability

By Jane Lewis Volk



With a set of new broad regulations, the Equal Employment Opportunity Commission (EEOC) is changing what disability means in the workplace.

The EEOC recently released proposed regulations that will implement the amendments to the Americans with Disabilities

Act (ADA) signed into law by President George W. Bush in September 2008. The new rules are intended to clarify and strengthen the ADA, mainly by expanding the definition of what constitutes a disability.

The new, broader interpretation of the term "disability" in the proposed regulations will make it easier for an employee to establish a covered condition. That means there will be a larger number of disabled employees who will be eligible for work accommodations and who can file suit for alleged discrimination. Hospital administrators and human resource managers responsible for making accommodations for employees considered disabled under the ADA will have to be sure they fully understand the new regulations.

The ADA originally defined disability as "a physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment." The EEOC's proposed regulations uphold this definition, but broaden its reach in two

distinct ways:

1. By expanding the meaning of "impairments" to include not only those that are obviously limiting, but also impairments that may not be as noticeable.

2. By clarifying exactly what it means for an impairment to be "substantially limiting."

Under the broader definition of impairments, an individual can now claim any of a long list of common physical and mental conditions such as autism, cancer, cerebral palsy, diabetes, HIV and AIDS, major depression and post-traumatic stress disorder as a disability, as long as it substantially limits his or her daily activities. Even impairments like epilepsy, asthma and bipolar disorder, which are only episodic or deemed in remission with effective treatment, can be considered disabilities if they are substantially limiting while symptomatic.

For an impairment to be substantially limiting, it must prevent or make it difficult to accomplish essential everyday activities. To clarify this definition, the proposed regulations offer a list of activities which, if impaired, can mean an employee is disabled. They include bodily functions like normal cell growth, immune system functions, digestion, bowel and bladder functions, respiration, circulation, cardiovascular function and neurological activity. They also include such daily activities as taking care of one's self, seeing, hearing, speaking, eating, sleeping, walking, sitting, standing, lifting, bending, reaching, learning, thinking and concentrating.

The EEOC regulations give additional details to guide employers in how to determine if an employee is disabled:

● Determining whether or not an individual is disabled should be based on a common sense comparison to "most people in the general population."

● Employers should not take the positive effects of medications, medical equipment and other aids into consideration when determining if an impairment is a disability.

● When employers are faced with discrimination cases, they should focus on determining whether or not discrimination occurred, not whether the individual meets the definition of "disability."

In response to the proposed regulations, employers should take the following steps:

● Educate employees and supervisors on the changes to federal regulations.

● Train all managers on how to determine if an employee is disabled under the new regulations.

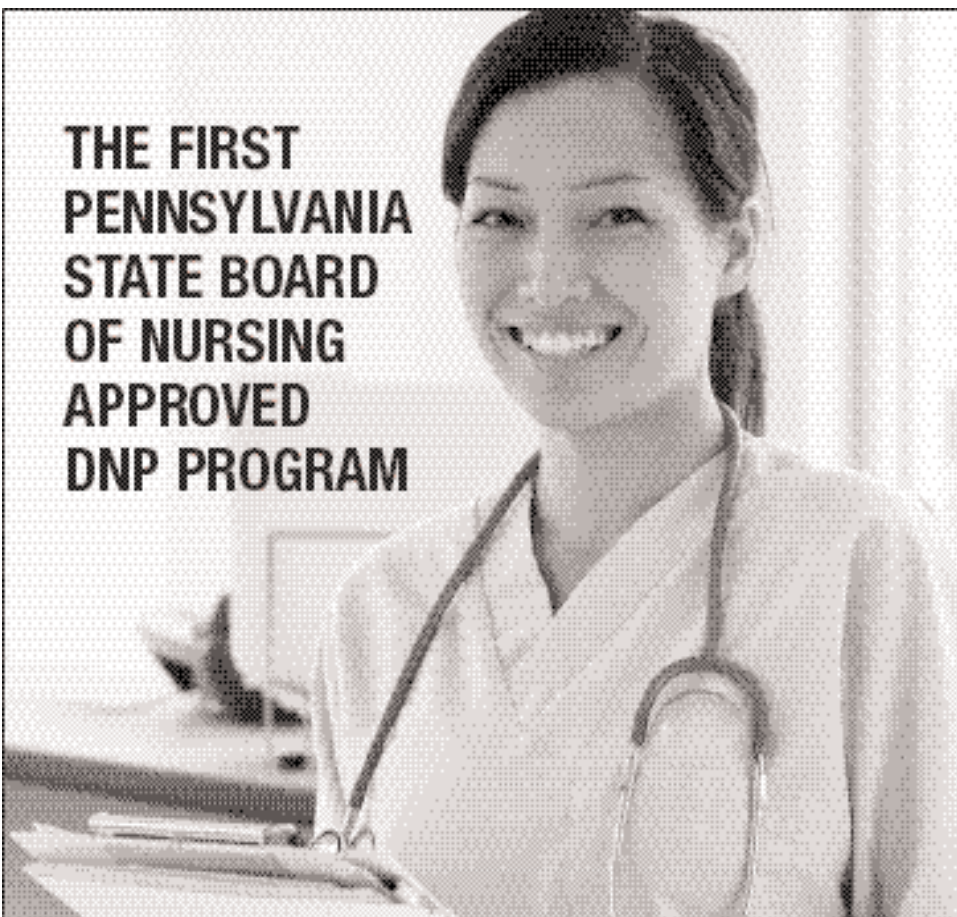
● Communicate regularly with all managers about accommodating employees with disabilities.

● Prepare to provide resources, support and accommodations to a larger group of disabled employees.

By expanding the definition of disability, the EEOC's proposed regulations will change the face of discrimination in the workplace. The new rules make it possible for more employees than ever before to claim a disability that requires special accommodation — a change that could easily translate to costly legal implications for employers who are unprepared. †

Volk, of Meyer, Unkovic & Scott LLP, can be contacted at jlvm@muslaw.com

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New laws will have impact on health plans

By Joe Vater and Elaina Smiley



While the debate over health care reform continues, Congress continues to pass new laws that have a profound impact on the health insurance plans that employers offer their employees.

Two laws in particular will force many employers to review and revise their current plans and enrollment policies. Each in its own distinct way will prove to be major challenges for employers:



1. The Genetic Information Nondiscrimination Act of 2008 (GINA) makes it

illegal for employers to use genetic information when making decisions regarding hiring, firing, compensation, promotions and other terms and conditions of employment.

2. The Mental Health Parity and Addiction Equity Act of 2008 requires most employers to ensure equal coverage in mental health benefits and medical/surgical benefits.

FAMILY MEDICAL HISTORY IS NOW OFF LIMITS

Under new regulations currently effective, employers and health care insurance companies may not collect genetic information in the form of a family medical history prior to enrollment in health care plans.

Under the final regulations implementing GINA, which the U.S. departments of Health and Human Services, Labor and Treasury issued jointly, it is illegal for employers, unions and insurance providers to discriminate on the basis of an individual's genetic information and prohibits disclosure of such information except in very limited circumstances. GINA also prohibits group health plans from requesting genetic tests or obtaining genetic information before enrollment in a health care plan.

Many health care plans required participants to complete a health risk assessment before enrolling in the plan to help the insurance company fix the premium and determine if the participant should be offered a place in a disease management program that targets specific health risks, such as diabetes or heart disease. Health care plans are no longer permitted to require participants to complete a health risk assessment before enrolling in the plan to help the insurance company fix the premium. Under limited circumstance a plan or issuer can collect genetic information through a health risk assessment (HRA) as long as no rewards or penalties are provided for completion or non-completion of the HRA and if the request is not made prior to or in connection with enrollment.

Now that GINA is in full effect, employers will need to review their enrollment policies, wellness programs and disease management programs to make sure they comply with the new regulations.

MENTAL HEALTH BENEFITS MUST MATCH MEDICAL BENEFITS

According to the Mental Health Parity and Addiction Equity Act, the mental health and substance abuse benefits offered in a group health plan must now match the medical/surgical benefits offered in a number of ways.

Most significantly, deductibles, co-pays and out of pocket expenses may not be higher for mental health or addiction benefits than those most commonly applied to medical/surgical benefits. For example, if a plan has a \$20 co-pay for doctor visits, it must have a similar co-pay for visits to a mental health professional.

In addition, treatment limitations such as number of visits, days of coverage or duration of treatment must not be any more restrictive than those most commonly applied to medical/surgical benefits. If the health plan provides out-of-network treatment for medical/surgical events, it must also provide out-of-network benefits that are not any more restrictive for mental health or addiction benefits.

As a result of the new requirements, observers believe there is a good chance health insurance costs will increase to reflect the additional benefits that

must be provided to bring mental health and substance abuse treatment into parity with medical benefits.

It is important to note that although the act requires mental health benefits to be uniform with medical/surgical benefits, it does not require that an employer provide mental health benefits. Furthermore, the act contains several exemptions from the requirements, such as a small employer exemption for businesses with fewer than 50 employees and exemption if compliance with the act raises the overall costs of providing health insurance by more than 2 percent.

EMPLOYERS MUST UPDATE PLANS AND POLICIES

Now that both the GINA regulations and the Mental Health Parity and Addiction Equity Act are in effect, employers will need to take the necessary steps to ensure their employee health plans are in compliance with the new requirements. These steps should include:

- Ensuring all health insurance plans provide appropriate coverage of mental health and addiction resources.
- Updating all policies and procedures that guide enrollment and the administering of health plans.
- Training supervisors and human resource managers to implement new policies and procedures.
- Communicating the changes associated with the new laws to all employees.

While so much of the nation's attention is focused on health care reform, it is important to recognize that changes in health care regulation are taking place in the background. Recent laws like GINA and the Mental Health Parity Act are being passed, carrying with them major implications for most employers. Now more than ever, all employers should take the time to review their health plans, policies and procedures to make sure they meet the most recent requirements set forth by federal law. †

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Hiring From Page 9

2. *Master one medium.* There are many social media sites. If you're new to social media, pick one, create a profile, and explore. We recommend getting started with one of the big three: Facebook, Twitter or LinkedIn. Listen to what people are saying about your organization and engage in some of that dialogue. Some sites, like Facebook, have pages for former employees of companies. Most of these pages are just for former employees to reconnect and not necessarily to bash an organization.

3. *Manage your online reputation.* Listen and gather information before you have a knee-jerk reaction to what people are saying about your organization.

4. *Create a user experience.* Create a profile and add content, videos, images, etc. and let people see the type of organization you are.

5. *Listen, learn and engage.* This is ongoing management once your profile is created. You can learn from what people say and respond to their questions, or engage with individuals and build a relationship with some of these people, which could lead to future employment.

6. *Highlight specific jobs.* You can offer more information than beyond a typ-

ical job description, such as testimonials from other employees.

7. *Visually stimulate.* Sites such as Facebook allow you to add videos and photos. It's a great way to give people a snapshot of your organization. You can highlight a day in the life of a typical employee so people can get a better sense of what it's like to work at your organization.

8. *Boost your ranking.* Having a presence on social media sites can boost your search engine rankings.

9. *Promote.* In order to tap into some of the talent streams out there or to connect to recruits you want working for your company, use your existing marketing channels to let people know about your social media presence.

10. *Dedicate time and effort.* Many organizations are afraid that managing an online presence could be a time trap, but you can reap the rewards of the time invested over the long run when you hire strong candidates for your organization. †

Let us know how you're leveraging social media in your recruiting process and we'll share some stories in a future issue. E-mail the author at writer@danielcasciato.com.

Alle-Kiski Medical Center

Three new members have been elected to the Alle-Kiski Medical Center's board of directors:

● **Russell Livingston** is president of Babb, Inc., one of the state's oldest and largest privately held insurance brokers and third party administrators. Livingston has extensive experience and expertise in assisting employers in the development of quality, affordable insurance plans. He has more than 24 years of experience in the insurance industry and holds a bachelor's degree in business administration from Westminster College.



Jason Ross

● **Jason Ross** is senior vice president, CFO and treasurer for both Allegheny Valley Bank and Allegheny Valley Bancorp, Inc. He is a certified public accountant with experience in financial reporting, mergers and acquisitions, strategic planning, insurance management, Sarbanes-Oxley compliance, risk management and facilities management. Ross holds a bachelor's degree in accounting from West Virginia University and he has served as a trustee for the Alle-Kiski Medical Center Trust since October 2008.

● **Ruth Becker**, installed as 2010-2011 president of the AVH Auxiliary, also will join the board of directors representing the hospital's auxiliary.



Russell Livingston



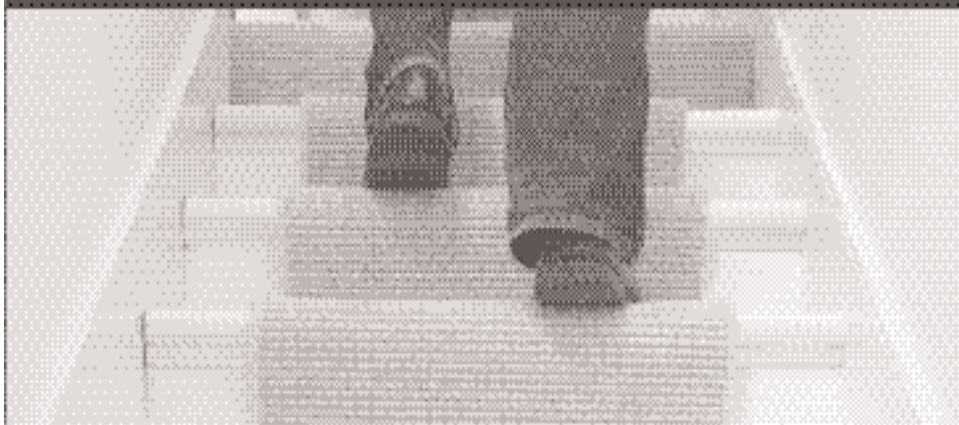
Ruth Becker

Allegheny General Hospital

Jack E. Wilberger, M.D., has been named chairman of the board of directors of the Pennsylvania Trauma Systems Foundation (PTSF), a non-profit organization dedicated to promoting standards for the operation of trauma centers in the state.

The PTSF was created in 1984 by the combined efforts of the Pennsylvania Medical Society and The Hospital and Healthsystem Association of Pennsylvania, along with the Pennsylvania State Nurses Association, the Pennsylvania Emergency Health Services Council and the Pennsylvania Department of Health. Since its inception, the foundation has developed a private voluntary trauma center accreditation program, evaluated Pennsylvania hospitals and issued certificates of accreditation to those hospitals which meet the standards. PTSF also conducts educational programs and promotes trauma research.

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Healthy Dose of Success

Wilberger is chair of the Department of Neurosurgery at Allegheny General Hospital where he also is co-director of the Comprehensive Epilepsy Program. He was appointed vice president for graduate medical education for West Penn Allegheny Health System in 2008 and serves as chair of the Department of Neurosurgery, Drexel University College of Medicine.

Altoona Regional Health System

Joseph L. Antonowicz, M.D., medical director of the Altoona Regional Center for Behavioral Health, has been certified by the American Board of Addiction Medicine. He is the only physician in Blair County certified in addiction medicine. He also is board certified by the American Board of Psychiatry and Neurology in geriatric psychiatry.

Antonowicz received his medical degree from the University of Rochester, New York. He did his internship at Chestnut Hill Hospital, Philadelphia, and his residency at Chestnut Hill Hospital and Temple University Hospital, Philadelphia.



Joseph L. Antonowicz

Conemaugh Health System



Russell Dumire

● **Russell Dumire, M.D., FACS**, has accepted the position of medical director of trauma services. Dumire has been an integral member of the trauma program at Memorial Medical Center since 2002 and was instrumental in the successful application to ascend to a Level I Trauma Center in 2003. He is board certified in surgery and surgical critical care and is program director of the General Surgery Residency Program.

Dumire completed his Trauma/Critical Care Fellowship at the University of Pittsburgh Medical Center and his residency in general surgery at Wright State University, Ohio. He holds many certifications and is an instructor in ATLS, FCCS and rural trauma team development courses.

● **S. Lee Miller, M.D., FACS**, has assumed the role of chairman of the Department of Surgery at Memorial Medical Center. This latest appointment is one of several Miller has held at Memorial over the past 17 years. Currently, he is chief medical director of CORE and chairman of the CORE Advisory Board. He previously was medical director of both trauma services and surgical critical care.

Miller is board certified in surgery and surgical critical care. He serves on the Conemaugh Physician Group operations committee and patient safety committees.



S. Lee Miller



Michael Ravotti

● **Michael Ravotti, D.H.Sc., PA-C, CLS**, has been hired as director of graduate medical education at Memorial Medical Center. A graduate of Slippery Rock University and the Physician Assistant Science Program at Saint Francis University, Ravotti also obtained a master of arts degree at Saint Francis and a doctorate of health science at Nova Southeastern University in Fort Lauderdale, Fla.

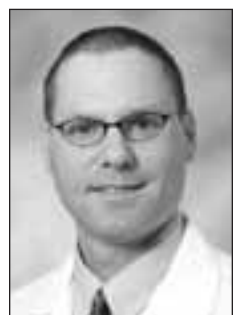
Ravotti is board certified as a clinical lipid specialist and has spent the past several years working for Abbott Laboratories as a senior cardiovascular science manager. In his new position, he will oversee the physician residency programs at Memorial Medical Center, which include eight medical residencies; Memorial also

has a pharmacy residency program and medical student rotations.

Ravotti also will serve as the designated institutional official for the Accreditation Council for Graduate Medical Education and the American Osteopathic Association.

● **Patrick Shannon, D.O.**, is the newest addition to the Emergency Residency Program faculty at Memorial Medical Center, Johnstown. Shannon, a board certified emergency medicine physician and former Memorial resident, is a graduate of Duquesne University and Lake Erie College of Osteopathic Medicine. He completed an osteopathic internship at Memorial in 2003 and an emergency medicine residency at St. Vincent, where he served as chief resident from 2005 to 2006.

In addition to his teaching responsibilities, Shannon also has been named pre-hospital medical director. He will oversee all medical direction for Med-Star air medical transport and the DART ground paramedic response trucks.



Patrick Shannon

Hospital & Healthsystem Association of PA

Paul Bacharach, president and CEO of Uniontown Hospital, has been named chair of the board of directors of the Hospital & Healthsystem Association of PA (HAP). **Norman F. Mitry**, president and CEO of Heritage Valley Health System, Beaver, has been named a new board member. Incumbent board members from the region include: **Scott A. Beck**, CEO of Conemaugh Health Systems, Johnstown; **Leslie C. Davis**, president of UPMC Magee-Womens Hospital, Pittsburgh; **Michael J. Farrell Jr.**, CEO of Somerset Hospital; and **Christopher Olivia, M.D.**, president and CEO of West Penn Allegheny Health System, Pittsburgh.

HAP is a statewide membership services organization that advocates for nearly 250 Pennsylvania acute and specialty care, primary care, subacute care, long-term care, home health and hospice providers.

Jameson Health System

Lisa Lombardo has joined Jameson Health System as director of public relations/marketing. In her new role, Lombardo serves as the primary public and media representative for Jameson Health System. She most recently served as director of marketing for a Pittsburgh-based business group that included Pittsburgh Telephone Answering Service Company, Ascot Office Supplies and Lewis Law Group.

Lombardo is a graduate of Robert Morris University with a bachelor of science degree in marketing and a concentration in professional writing.



Lisa Lombardo

Ohio Valley General Hospital



Vidhu K. Sharma

Ohio Valley General Hospital announces the addition of **Vidhu K. Sharma, M.D.**, to its medical staff. Sharma will lead Pittsburgh's Family Care Center, a new family practice center located at the Ohio Valley General Hospital Pain Treatment and Wound Care Center in Kenmawr Plaza, Kennedy Township.

Sharma is board certified by the American Board of Family Medicine and has experience in family health and preventative medicine and personal care home patient management. He earned his medical degree from The Medical College of Virginia and completed his residency in family medicine at Mercy Hospital, Pittsburgh. His previous work experience in family health care includes positions at Irwin Family Care, P.C., Health Associates of Western Pa., and Allegheny County Correctional Health Services, Inc.

St. Joseph Health Center

Beverly Brunker, manager of medical oncology at St. Joseph Health Center in Warren, Ohio, was recently appointed an official trainer for the Oncology Nursing Society (ONS) Cancer Chemotherapy and Bio Therapy Course.

The ONS Cancer Chemotherapy and Biotherapy Course is an in-depth program that provides registered nurses with the information they need to safely administer chemotherapy. The ONS Cancer Chemotherapy and Biotherapy Course is taught throughout the United States and Canada by approximately 900 trainers. More than 80,000 nurses have attended this course since 1998. To become a trainer, registered nurses must be currently certified in oncology, hold a bachelor's degree or higher in a health related field, have a minimum of two years experience in administering chemotherapy and complete the trainer course.

The ONS is a national organization of more than 35,000 oncology nurses and other health care professionals committed to promoting excellence in oncology nursing and quality cancer care.

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"Healthy Dose of Success"
to
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Healthy Dose of Success

West Penn Allegheny Health System



Gregory Burfitt

Gregory Burfitt has been appointed president and chief executive officer for Allegheny General Hospital (AGH) and The Western Pennsylvania Hospital.

An accomplished health care executive with more than 30 years of senior administrative experience at industry-leading hospitals and health care systems, Burfitt joins West Penn Allegheny from BDC Advisors, LLC, a national health care consulting firm.

Prior to working for BDC Advisors, Burfitt served as president and CEO of Centura Health, the largest integrated health care delivery system in Colorado. He also previously served as chief operating officer for Inova Health System in Falls Church, Va., and before that was the senior vice president of operations

for the southern states region of Tenet Health System.

A graduate of Youngstown State University, Burfitt earned his master's degree in business administration from the University of Florida and completed the Advanced Management Program at Harvard University. He has been an active participant in dozens of professional and civic organizations throughout his career and is a Fellow of the American College of Hospital Administrators.

In his new role at West Penn Allegheny, Burfitt will be responsible for the overall clinical, academic and operational performance of AGH, including AGH's Suburban Campus in Bellevue and West Penn Hospital.

AGH and West Penn Hospital are the flagship tertiary hospitals of the West Penn Allegheny Health System. AGH is an 829-bed academic medical center that serves as an affiliate campus of the Philadelphia-based Drexel University College of Medicine. West Penn Hospital is a 524-bed teaching hospital affiliated with Temple University School of Medicine.

**Submissions? Story Ideas? News Tips?
Suggestions?**

Contact Andrea Ebeling at wpahospitalnews@gmail.com.

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Alle-Kiski Medical Center

Alle-Kiski Medical Center's low rate of hospital-acquired infections has captured the Unison Health Plan of Pennsylvania's Gold Star II award, a pay for performance quality program that was developed to recognize and reward health care providers administering the highest level of quality care to its members.

Unison recognizes effective hospital infection prevention management as measured by the percentage decrease in the number of hospital-acquired infections documented annually by the Pennsylvania Health Care Cost Containment Council (PHC4). Hospital providers reporting rates lower than the state average have improved the quality of patient care by continuing to reduce the health system's overall hospital-acquired infection rate. Specific areas of improvement noted by Unison are the prevention of bloodstream, urinary tract, surgical site, pneumonia and multiple infections.

Unison, an operator of public-sector health care plans, serves more than 440,000 members and approximately 32,000 providers.

Allegheny General Hospital

- Allegheny General Hospital (AGH) has received the 2009 American Heart Association/American Stroke Association's Get With The Guidelines Stroke Gold Plus Performance Achievement Award. The award recognizes AGH's commitment and success in implementing excellent care for stroke patients, according to evidence-based guidelines. This is AGH's third consecutive Stroke Gold honor from the American Heart Association/American Stroke Association, and the first time AGH received the Stroke Gold Plus Performance Achievement Award.

To receive the Gold Plus award, AGH achieved 85 percent or higher adherence to all Get With The Guidelines-Stroke Performance Achievement indicators for 24 months and achieved 75 percent or higher compliance with six of 10 Get With The Guidelines-Stroke Quality Measures, which are reporting initiatives to measure quality of care. These measures include aggressive use of medications such as tPA, antithrombotics, anticoagulation therapy, DVT prophylaxis, cholesterol reducing drugs and smoking cessation, all aimed at reducing death and disability and improving the lives of stroke patients.

- Srinivas Murali, M.D.**, director of the Allegheny General Hospital Division of Cardiovascular Medicine and medical director of the Gerald McGinnis Cardiovascular Institute, was recently awarded the Distinguished Physician Award from the American Association of Cardiologists of Indian Origin (AACIO).

The AACIO is a national organization that provides a central forum for physicians and scientists of Indian origin in the U.S. who have interest in cardiovascular diseases. This award is given annually to one or two physicians nationwide for their outstanding contributions in the field of cardiology. It was presented to Murali during the annual meeting of the AACIO in Orlando, Fla.

Murali is an internationally recognized heart failure, cardiac transplantation and pulmonary hypertension specialist. In 2004, he was honored as one of the nation's "Best Heart Failure Specialists" by Business Week. He was also recognized for his contributions to cardiovascular sciences by the World Congress of Clinical and Preventive Cardiology in 2008 and 2009.

Murali is a fellow of the American College of Physicians, American College of Chest Physicians and the American College of Cardiology, and a member of the American Heart Association, Heart Failure Society of America and the International Society of Heart and Lung Transplantation. He is a member of the Scientific Leadership Council of the Pulmonary Hypertension Association. He also is certified both by the American Board of Internal Medicine and the Subspecialty Board in Cardiovascular Diseases.

Catholic Charities Free Health Care Center



Edward Kelly

Edward Kelly, M.D., volunteer medical director of the Catholic Charities Free Health Care Center (FHCC), is the recipient of the 2009 Senator John Heinz Award for volunteer service by the United Way of Allegheny County.

Since Catholic Charities opened the doors to the FHCC in November 2007, Kelly's leadership and passion has inspired a staff of more than 150 volunteer professionals to serve and provide care during more than 10,000 patient visits. The FHCC provides medical and dental services to those who are uninsured or who do not qualify for government programs. As part of the award, a \$10,000 grant was presented to the center.

Kelly was selected from 52 nominations received from agencies throughout Allegheny County. A retired orthopedic surgeon with more than 30 years in private practice, Kelly volunteers more than 100 hours each month at the center. He previously received several awards for his volunteerism including a Jefferson Award in 2007, a Caritas Award for Leadership at the 2008 Bishop's Annual Dinner for Catholic Charities, an American Medical Association Volunteer Award in 2008, and a 2009 Volunteer Physician Award from the Allegheny County Medical Society.

The Senator John Heinz Award was established in 1992 by the United Way's Alexis de Tocqueville Society, whose members contribute at least \$10,000 annually to the United Way.

HONOR ROLL

Conemaugh Health System

The American College of Radiology (ACR) recently renewed Laurel Highlands Advanced Imaging's (LHAI) CT Accreditation. An accredited facility must undergo a rigorous review process by the ACR and meet their strict guidelines of nationally accepted standards of care. This process involves strong adherence to CT protocols and standardized parameters in order to obtain consistent high quality images of various body regions of both pediatric and adult patients. LHAI, which has been ACR-accredited since its inception, has also met the requirements on both the Siemens Magnetom Espree High Field Open MRI Scanner and GE Signa HDxt High Field Short Bore MRI Scanner.

Excelsa Health

Marchelle McGrew, a registered nurse at Excelsa Health Frick Hospital, is the first recipient of the Thomas P. Gessner, M.D., Healthcare Scholarship. The award, administered by the Latrobe Area Hospital Charitable Foundation where Gessner is a board member, was established in 2005 by the Latrobe Hospital medical staff to honor the physician for his 28 years of service.

McGrew is enrolled in the master's program at Carlow University, pursuing credentialing as an advanced practice nurse. Currently assisting with gastrointestinal procedures in Frick's short stay unit and the Excelsa Health physician practice of Westmoreland Gastroenterology Associates in their Mt. Pleasant office, she hopes to continue in this field once certified as a nurse practitioner. A graduate of Waynesburg College, McGrew has 15 years of nursing experience in home care, skilled care and short procedures.

The Gessner scholarship will be awarded annually to an Excelsa Health employee for continuing education at the master's level or beyond. Gessner, a longtime pediatrician, served as Latrobe Hospital medical director and, later, as senior physician advisor of Excelsa Health. Following his recent retirement, he was moved to emeritus status on the Excelsa Health medical staff.



Submitted photo

Marchelle McGrew and Thomas P. Gessner.

University of Pittsburgh Schools of Health Sciences

University of Pittsburgh ranked No. 12 among U.S. institutions in the 2009 Best Places to Work in Academia survey published in The Scientist. Rankings are determined through a Web-based survey, in which life scientists are asked to assess their work environments according to 38 criteria in eight areas: job satisfaction, peers, infrastructure and environment, research resources, pay, management and policies, teaching and mentoring and tenure and promotion. Pitt ranked highest in research resources and job satisfaction.

With 2,000 full-time life sciences researchers and more than 25,000 papers published in the life sciences, Pitt is one of the largest of the top 15 institutions and is among the top recipients of federal funding named to the list.

University of Pittsburgh Medical Center

Children's Hospital of Pittsburgh of UPMC is the first pediatric hospital in the United States to achieve a Stage 7 Award from HIMSS Analytics for achieving a virtually paperless patient record environment and the most comprehensive use of electronic medical records.

Only 0.5 percent of more than 5,000 hospitals in the United States have achieved Stage 7. HIMSS Analytics, a non-profit unit of the Healthcare Information and Management Systems Society, scores hospitals based on their progress in completing eight stages, from zero to seven, of EMR adoption, and its studies have shown correlations between the use of advanced technology and higher quality of patient care. Children's Hospital will be recognized as a Stage 7 hospital at the HIMSS Annual Conference and Exhibition in February 2010 in Atlanta.

Provide employees with clear definitions of investment terminology for 401(k) plans

By Arthur Hazen



There are many sophisticated terms used to communicate important information about investments today and it's likely

that most employees with 401(k) plans need help understanding what they mean.

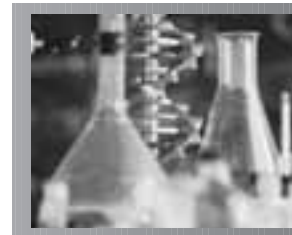
For example, investment professionals use the expression "standard deviation" to measure stock volatility. Standard deviation shows how much variation there is in a population from the average. In investing, the greater the standard deviation from the average daily price of a stock, the greater the risk. Knowing the standard deviation of a stock or mutual fund will help employees to understand the probability of risk and reward associated with the investment.

Another useful term that profes-

sionals use a lot is the "beta" of a stock or a portfolio. The "beta" is the tendency of a security's or portfolio's returns to respond to swings in the market. A beta of 1.00 indicates that the security's price will move equal with the market. A beta of less than 1.00 means the volatility should be less than the market, and greater than 1.00 indicates that it should be more volatile than the securities market.

For example, if you back-tested a stock or a mutual fund and found the beta to be .80, you would expect that in a market that is down 10 percent that this investment would be down 8 percent. It is also worth mentioning that often times if a security carries less risk, in most cases the returns would be slightly behind in a rising market. Beta calculation can be helpful when constructing a portfolio and attempting to assess the upside potential and the downside risk.

Another phrase many have probably read about recently is the "Monte Carlo simulation," which is a technique for predicting a probable out-



Investor's
Lab

come by using statistical sampling techniques. With a Monte Carlo simulation, a financial planner takes a snapshot of a current portfolio and runs it through a set of variables such as inflation or interest rate changes for a specific period, and then changes a variable to see how the outcome changes.

Monte Carlo simulations are almost impossible for an individual to run, but most financial planners have the capability to run these scenarios thousands of ways and thereby help an investor to select the best possible asset mix.

As one final example, consider one of the most significant investment theories. Many investment professionals and investors alike use "modern portfolio theory" as their primary strategic guide to investing. In 1952, Harry Markowitz published "Portfolio Selection," the first article about modern portfolio theory, in the *Journal of Finance*. Modern portfolio theory states that assets should be chosen on the basis of how they interact with one

another rather than how they perform in isolation. According to this theory, an optimal combination would secure for the investor the highest possible return for a given level of risk, or the least possible risk for a given level of return. Although at first glance this theory seems quite complicated, it simply makes an argument for diversification.

Providing employees with a solid understanding of how to define and use sophisticated investment terminology can go a long way towards keeping their 401(k) plans on track. Employers would be wise to make sure that any 401(k) consultant with whom they work has the capabilities to explain in easy-to-understand language all the financial terms that employees need to take full advantage of the opportunity 401(k) plans give them for saving for retirement. †

Hazen, director of retirement plans at BPU Investment Management, can be reached at ahazen@bpuinvestments.com.

It pays to know your audience

By Dan Galbraith



When I take my family to the beach every summer, we don't just wake up one morning and jump in the car and go (although, after another 4 inches of snow last night and another two-hour school delay, it's very tempting). It takes some planning to successfully arrive at the beach and return. It is natural that we decide such things as which beach will we go to, whether we'll get a house or a condo, whether we'll bring friends or just family, how long will we be there, which car we will take and what our budget will be.

It surprises me how many people are out there conducting their marketing as if they just woke up and decided to do some marketing. I wonder if they jump in the car intending to go to the beach and wind up running out of gas on their way to see the biggest ball of twine in Minnesota.

A marketing program is different from a marketing strategy. Your marketing strategy is the bigger umbrella under which may be not just one, but several programs, each one requiring planning, commitment and execution. You need to answer questions such as: Who is your target audience? How do you reach them? What is your message? How will you track results? How do you measure success?

Do you know who your audience is? Some people are better patients than others and obviously you would like to attract more of the better. If you begin to analyze why they are better patients, you may come across a common thread among them. It could be gender, or age, or lifestyle, or hobby or some other category. Take the time to find out what that is and where you find more of that commonality in people. That becomes your target audience. A northeastern dad with a family, shoveling 4 inches of snow from his driveway every day for a week — there's a common thread.

Now that you know your audience, you need to make sure you get your message in front of them. Their demographic and their social habits will determine where the place is that they will most likely see your message. A recent study suggests that the most influential medium on patient health care choices is television, with newspapers as a close second. Your challenge is that everybody knows that and is doing that. It may come down to other creative media to place your message

Health Care Marketing

with, as well as what your message is saying. That northeastern dad, whose football team failed to make the playoffs and is now turning his attention to hockey — there's a hint as to where you would get his attention.

The message is crucial in the decision process of the future patient. Be sure your message is benefit focused. I'm pretty sure nobody knows enough about your latest piece of equipment to care that you have it. The message is not the equipment; the message is the benefit the new piece of equipment provides to the patient. Maybe the technology lends credibility to your message, but it certainly is not the benefit. Your message should also tell your audience why you are different and better. Other health care providers offer the same benefit and are just as credible, but you are different and you are better. Tell them why. Relax and unwind from a long winter with no playoffs in an oceanfront condo, close to several golf courses, with plenty of free daily activities for kids, indoor and outdoor pools and lazy rivers — there's a benefit.

Whatever your program is, tracking results from the program is essential, but not necessarily easy. You want to find out if the program worked or came up short. If it worked, you want to do more of it. If it didn't, you need to figure that out as well. Can the program be tweaked and tried again? Should you try something different? My point is that you cannot answer these questions unless you can quantify the results. Did this program bring in a better quality and quantity of the ideal patient for you? How many northeastern dads located in or around Pittsburgh brought their family to my oceanfront condo this year? Why? This could be done with a few questions when the reservations were made.

Finally, and most importantly, did you establish your definition of a successful program?

Were you able to accomplish what you set out as your defined success? This one is easy.

Did we increase our traffic of Pittsburgh dads and their families to our condo this year? If not, maybe we can try again at the end of hockey season. †

Galbraith is owner of Solutionist, which provides real-time support to marketing professionals. He can be reached at ideas@solutionist.biz or www.solutionist.biz.

Get the message about Twitter



By Daniel Casciato

Over the next several issues, we're going to offer you some simple tips on how to make the most out of your social media experience. But this month, we'll focus on how to get started on Twitter.

If you're new to the social media realm, we recommend starting with Twitter. Not only is it the most effective and efficient social media tool, it's the easiest to set up and use. You can also build up a worldwide following faster than any other social media site.

REGISTERING AN ACCOUNT

If you do not have a Twitter account, go to www.twitter.com and click the "Sign up now" button. When you click on that, you will be asked for some very basic information: full name, username, password and e-mail address.

Your full name will appear on your profile page. Your username can be either your name or the name of your company. Decide if you're going to be branding your own personal name or the name of your practice or organization. Ask yourself what's going to be more recognizable. I use my full name as the username. Western Pennsylvania Hospital News uses [wpahospitalnews](http://wpahospitalnews.com). If you have a very common name and it's already taken, figure out some creative use of your name.

After you've entered your password and e-mail address, you'll come to the profile page where you can add your bio (160 characters or fewer) and your Web site address. You can also change the background of your Twitter page or add your logo. If you don't like any of the backgrounds Twitter offers, check out Twitter apps, like MyTweetSpace (www.mytweet.space) or Free Twitter Design (<http://freetwitterdesigner.com>), which provide predesigned backgrounds.

YOUR FOLLOWERS

Twitter lets people post "tweets," (text-based messages up to 140 characters long) to the Twitter Web site. When you're on your Twitter page, you'll see an ongoing stream of information, almost like you would in a chat session. On this page, you'll see the tweets of the people you've chosen to follow.

Underneath each of your followers' tweets, it tells you when they posted their



current status updates. You can also click on one of your followers and look at his feed to see his most recent tweets. Additionally, you can check out who your followers are following — these may be thought leaders in the health care industry or just interesting people who you may want to follow as well. If so, click on the icon with the "+" sign to follow that person, too. In turn, he may choose to follow you.

HOW TO TWEET

Always keep in mind that Twitter is a communications tool and not a broadcast platform. Write to engage, entice and interact with people just like you would face to face. It's important to be a good conversationalist when using Twitter.

First, ask questions, solicit advice, educate, share interesting articles or links, have a sense of humor or connect with others on a personal as well as professional level.

Next, keep it simple. Don't try to cram too many ideas into a simple tweet. Remember, too, you only have a maximum of 140 characters.

If you share a news link about an health care trend or a valuable how-to link, link directly to the page that you're referencing.

Finally, be thoughtful. Just like in real life, people appreciate someone who takes a little time and is thoughtful with conversation. Don't just blurt. Consider who your audience is and speak to their needs directly.

RETWEETING

If you want others to "retweet" or share your post to their followers, I recommend keeping it to 120 characters. Having your post retweeted is a great honor because it means someone found your tweet interesting or valuable enough to share with others.

One of [wpahospitalnews](http://wpahospitalnews.com)' tweets last month was a 103-character post: "What do healthcare professionals in western PA think about healthcare reform? Let's hear your thoughts."

Had [wpahospitalnews](http://wpahospitalnews.com) used up the entire 140 characters, it's impossible for others to retweet this message, unless they delete or change part of the post. Retweeting involves using the RT (retweet) moniker as well as the username, and then the message.

For example, if I'm retweeting the post above, I would first write: RT @wpahospitalnews. That's 18 characters, including the space. Since the original tweet by [wpahospitalnews](http://wpahospitalnews.com) is 120 characters or fewer, I have room to retweet the message to my followers:


"RT @wpahospitalnews: What do healthcare professionals in western PA think about healthcare reform? Let's hear your thoughts."

So a good rule of thumb is to always keep your posts to fewer than 120 characters.

WHAT SHOULD YOU TWEET ABOUT?

Some of our colleagues' approaches are part business, part fun and often a mix of the two. They talk quite a bit about their jobs and ask for advice about new technologies that can make their lives a little easier. They also share links to interesting articles for others in the health care community.

But they also tweet about their personal lives. So, they write about their favorite baseball, hockey, and football teams, their latest trips, or even about their favorite TV shows or movies. Just decide what works best for you.

Are you on Twitter already? Follow us at <http://twitter.com/wpahospitalnews>. 

Let us know some of the ways you are using social media. Also, if there are any topics you'd like to see us discuss in future issues, email the Social Media Monitor at writer@danielcasciato.com.



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Submissions? Story Ideas? News Tips? Suggestions?

Contact Andrea Ebeling at
wpahospitalnews@gmail.com.

Newest tech tools increase personal, professional productivity

By Daniel Casciato

As we enter a new decade, many health care executives and physician practices are seeking the fastest and best technology, whether it's devices, applications or even accessories, to help them run their offices more efficiently. Throughout the year, we'll occasionally alert you to new products or devices to help you make your jobs easier. Below are just a few tools of the trade that should be on the wish lists of health care professionals in 2010.

VIRGIN MOBILE'S BROADBAND2Go (\$79.99 FOR THE DEVICE)



This device is a WiFi necessity for those health care professionals on the go. If you've ever used a WiFi card before, it's the same idea: plug the device into the USB port on your laptop and get Internet access nationwide. What we like about Broadband2Go is that unlike other product offerings from competing carriers, you aren't tied to a long-term contract. Just pay as you go with plans starting at just \$10 for 100MB of data.

PAPERSHOW (\$199.99)

Papershow (www.papershow.com) is an interactive presentation tool and digital whiteboard. Papershow consists of a USB key, a Bluetooth pen and interactive paper. When paired together, you can annotate a presentation, conduct a brainstorm or teach a class by writing on the interactive paper — and then see the writing transmitted onto a computer screen or overhead screen in real-time.

HP COLOR LASERJET CM2320NF MFP (\$699.99)

The HP Color LaserJet CM2320nf MFP (www.shopping.hp.com) is a fast, efficient multifunction color printer. It eliminates the expense, space and power consumption of multiple single-function devices and comes with HP's complimentary in-house marketing kit, which allows practices to print their own marketing materials in the office. It also prints black text for the same price as a single function monochrome LaserJet, keeping costs down without sacrificing quality.

3M GOLD PRIVACY FILTERS (PRICES RANGE FROM \$50-\$100)

These laptop computer screens (www.3mprivacygold.com) are ideal for medical professionals to help guarantee patient privacy and security of medical records. The thin film slips over a laptop computer screen; when someone views the screen from a side angle they are dazzled with a blinding golden aura. Only a direct front view reveals information on the screen.

EPSON WORKFORCE 610 (\$199.99)



For a less expensive printer, the Epson WorkForce 610 would do the trick. The WorkForce 610 all-in-one is able to effortlessly handle printing, scanning, copying and faxing, and it's built for speed. This printer leads the pack with a print speed of up to 38 pages per minute. It offers copy, scan and fax features for maximum efficiency and ease of use in any workspace. And, with built-in WiFi, it is truly an office powerhouse.

YOGEN (\$39.99)



While technology keeps us connected and on schedule, when the batteries drain, we're left without a power source, especially when we're on the go. Easy Energy has the answer to on-the-go charging: YoGen (www.yogenstore.com). Through the application of a hand-operated ripcord, similar to the motion of a yo-yo, YoGen is perfect for recharging everything from mobile phones to iPods and cameras. With YoGen, electronics will not fail due to low battery.

DIGITALPERSONA PERSONAL 4.0 (\$69.95)

DigitalPersona (www.digitalpersona.com/personal) is making identity theft protection personal by bringing fool-proof biometric technology to consumers' fingertips. This is an easy-to-use identity protection suite for individuals, family members and business users. DigitalPersona Personal 4.0 is the first identity protection suite to use biometrics, letting people use their fingerprints to access online accounts — including email, banking, shopping and other Web sites — to provide a critical, additional layer of security against identity theft.

LOGMEIN IGNITION FOR IPHONE AND IPOD TOUCH (\$29.99)

LogMeIn Ignition (www.LogMeIn.com) enables iPhone and iPod Touch users to access and work on their remote computers as if they were sitting right in front

of them. Users can open, access and use programs that reside on a desktop, laptop or even a server, as well as view and edit documents, presentations, e-mails, etc. Physicians can use Ignition for iPhone to securely access vital patient records on their office PCs while treating patients at other hospitals or locations around the area.

SANDISK ULTRA BACKUP USB (\$49.99 TO \$277.99, DEPENDING ON SIZE)



For the traveling professional, the SanDisk Ultra Backup USB flash drive (www.sandisk.com/products/usb-flash-drives/sandisk-ultra-backup-usb-flash-drive.aspx) is a must have. It's the world's first USB flash drive with backup at the touch of a button. Just plug the drive into any PC and press the "backup" button to instantly save critical work. The SanDisk Ultra Backup is available in capacities from 8GB to 64GB,

but it's still small enough to fit on a key ring. Another nice feature is its five-year limited warranty.

DRAGON MEDICAL (\$1,599.99)



With the rise of electronic health record systems, many doctors struggle with documentation via the keyboard and mouse. A must-have healthcare IT tool of the trade is medical speech recognition. You've probably heard of Dragon NaturallySpeaking. Dragon Medical (www.nuance.com/healthcare/products/dragon_medical.asp) is the medical version of the highly accurate and acclaimed speech recognition tool. With Dragon Medical, doctors can easily verbalize their patient notes and what they say automatically appears on the screens in front of them, providing easier documentation for physicians, faster time to report and more detailed notes for patients. ↑

Let us know about your favorite tools of the trade. E-mail the author at writer@danielcasciato.com.



When it comes to caring for seniors, there is a better way.



At LIFE Pittsburgh, we come face-to-face with older adults every day. More than care for them, we come to know them. They are mothers and fathers, sisters and brothers. They are active. Funny. Interesting. And they deserve the best care regardless of their financial situation. Not to mention the freedom to return home every day. And the kind of medical services that help foster their independence rather than limit it. To find out more, call 412.388.8050 or visit lifepittsburgh.org.

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Kindred Hospital Pittsburgh
 7777 Steubenville Pike Oakdale, PA 15071

Kindred Hospital Pittsburgh - North Shore
 1004 Arch Street Pittsburgh, PA 15212

Kindred Hospital at Heritage Valley
 1000 Dutch Ridge Road Beaver, PA 15009

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 800-447-2030

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As this region's premiere provider of living and care options for older adults, Presbyterian SeniorCare offers a wide variety of employment opportunities—all with competitive wages and comprehensive benefits—at multiple locations throughout southwestern Pennsylvania. As part of its philosophy of Human Resources, PSC strives to develop a rewarding work environment that is rich in interdepartmental cooperation and that recognizes the value of each individual employee.

Human Resources Department
 1215 Fulton Road, Oakmont, PA 15109
 412-826-6123 or call our "Job Line" 412-826-6880



ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care Attendants, Hospice Aides, Dietary Aides
 St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay, and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike (Routes 8, 19 and 228, and Interstates 79 and 279). Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 3830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com. www.stbarnabashealthsystem.com

EXTENDED CARE & ASSISTED LIVING

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For a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization, located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way.

For more information, please contact Joan Mitchell, for Independent Living; Michele Brusch for Nursing Admissions; or Lisa Poretti for Assisted Living at 412-341-1030. Visit our website at www.asbury-heights.org.

BAPTIST HOMES SOCIETY

For almost 100 years, Baptist Homes Society has served older adults of all faiths throughout the South Hills. As a continuing care retirement community, we provide a full continuum including independent living, short-term rehabilitation, personal care and assisted living, memory support, skilled nursing programs and hospice care. Between our two campuses, we offer one-stop shopping for senior living services. Baptist Homes, our Mt. Lebanon campus, serves nearly 300 older adults. Providence Point, our new campus in Scott Township, has the capacity to serve over 500 older adults. Our mission is to offer a full continuum of extended living, compassionate care, and homelike to a broad spectrum of individuals. Baptist Homes Society is both Medicare and Medicaid certified. For more information visit our website (www.baptisthomes.org or www.providence-point.org) or arrange for a personal tour at either campus by calling Karen Sarkis, Community Outreach Liaison, at 412-572-8308. Baptist Homes is located at 489 Castle Shannon Boulevard, Mt. Lebanon, and Providence Point is located at 500 Providence Point Boulevard, Scott Township.

COMMUNITY LIFE

Living Independently For Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social services, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis to receive healthcare and social services, meals, and participate in various activities.

The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietitian, social worker, and aide, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated healthcare for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in-home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

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 350 Old Gibsonia Road, Pittsburgh, PA 15228
 412-257-4444 • Fax: 412-257-8226

KANE REGIONAL CENTERS

The Kane Regional Centers, located in Glen Hazel, McKeesport, Ross and Scott, provide 24-hour skilled nursing care, rehabilitation services, specialty medical clinics and dedicated units for dementia care to the residents of Allegheny County. Admission to the Kane Regional Centers is based on medical needs and can occur within 24 hours, including weekends and holidays. Kane accepts a number of insurance plans as well as private pay. To apply for admission to the Kane Regional Centers call (412) 422-6800.

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Regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:

Presbyterian SeniorCare - Oakmont
 1215 Fulton Road, Oakmont, PA 15109
 412-826-5000
 Presbyterian SeniorCare - Washington
 825 South Main Street, Washington, PA 15301
 724-222-4300

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Assisted living is available at The Arbore at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, dentists, rehabilitation therapists, home care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

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Sally Thompson, Director of Admissions
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 Phone: (412) 473-0210
 Fax: (412) 473-0212
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 Pittsburgh, PA 15218
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 Phone: (724) 537-4686
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Our team can provide more information about Heartland's services and philosophy of care at anytime. Please feel free to contact us 800-497-0575.

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For more information or patient referral, call 800-447-2030.

1789 S. Braddock, Pittsburgh, PA 15218
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For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call (412) 816-0113 - 7 days a week, 24 hours per day.

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Loving Care Agency is a national provider of extended hour home health services with 31 offices in 7 states. The Pittsburgh office cares for medically fragile children and adults with a variety of diagnoses. Specializing in the most complex care, including mechanical ventilation, the staff of Loving Care Agency of Pittsburgh includes experienced RNs, LPNs and home health aides. Services are available 24 hours per day, 7 days per week in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland Counties. Backgrounds and experience of all staff are verified. Loving Care Agency is licensed by the PA Department of Health.

Contact Information:
 Loving Care Agency of Pittsburgh
 875 Greenree Road, Building 3 Suite 325, Pittsburgh, PA 15220
 Phone: 412-922-3435, 800-999-5178, Fax: 412-920-2740
www.lovingcareagency.com

VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH

VITAS Innovative Hospice Care is the nation's largest and one of the nation's oldest hospice providers. When medical treatments cannot cure a disease, VITAS' interdisciplinary team of hospice professionals can do a great deal to control pain, reduce anxiety and provide medical, spiritual and emotional comfort to patients and their families. We provide care for adult and pediatric patients with a wide range of life-limiting illnesses, including but not limited to cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, ALS, Alzheimer's and AIDS. When someone becomes seriously ill, it can be difficult to know what type of care is best - or where to turn for help. VITAS can help. Call 412.799.2001 or 800.620.8482 seven days a week, 24 hours a day.

Contact Margie Wilson to find out how your organization or business can be featured in the Hospital News Resource Directory. If your organization is looking for a way to get the word out to more than 36,000 health care professionals every month, then our Resource Guide is right for you! Call (724) 468-8360 today!

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38-bed, licensed pediatric specialty hospital serving infants and children up to age 21. Helps infants, children and their families transition from a referring hospital to the next step in their care; does not lengthen hospital stay. Teaches parents to provide complicated treatment regimens. Hospice care also provided. A state-of-the-art facility with the comforts of home. Family living area for overnight stays; private bedrooms, kitchen and living/dining areas, and Austin's Playroom for siblings. Staff includes pediatricians, neonatologists, a variety of physician consultants/specialists, and R.N.C.N.P.s with NICU and PICU experience. To refer call Monday to Friday daytime 412-617-2928. Afterhours/weekends 412-596-2568. For more information, contact: Kim Schlock, RN, BSN, Director, Pediatric Specialty Hospital, The Children's Home of Pittsburgh & Lebiex Family Center, 5324 Penn Avenue, Pittsburgh, PA 15224 (412) 441-4884 x3042.

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality; Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC); Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director
333 Forbes Avenue, Pittsburgh, PA 15213
Phone 412-687-ACHD • Fax 412-578-8325 • www.acd.net

THE CENTER FOR ORGAN RECOVERY & EDUCATION

The Center for Organ Recovery & Education (CORE) is a nonprofit organization designated by the federal government to provide individuals an opportunity to donate life through organ, tissue and corneal donation. CORE devotes a large portion of its resources to developing innovative educational programs and engineering research that will maximize the availability of organs, tissue and cornea. Lastly, CORE strives to bring quality, dignity, integrity, respect and honesty to the donation process for the families, hospitals and communities it serves.
For more information, please contact CORE at 1-800-366-6777 or www.core.org.

PROFESSIONAL DEVELOPMENT

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In the new consumer-based healthcare environment, the marketing, communications, and strategic planning of hospitals and healthcare systems has never been more important. Professionals in these fields are often given high expectations from senior management and a shrinking budget for implementation. Through membership in the Society for Healthcare Strategy and Market Development of the American Hospital Association, you will have access to the resources and education you need to increase the productivity of your department and your professional growth. For more information, call (312) 422-3888 or e-mail shmd@aah.org.

REHABILITATION

THE CHILDREN'S INSTITUTE

The Hospital at The Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Green Tree, Irwin and Westford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoption, foster care and intensive family support for children with special needs.
For more information, please call 412-430-2400.
The Children's Institute
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www.makingkids.org

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Greensburg - 724-838-1008
Greensburg Ortho & Sports - 724-216-9116
Greensburg West - 724-832-0827
Harrison City - 724-527-3999
Irwin - 724-863-0139
Jeannette - 724-523-0441
Lambert - 724-532-0940
Ligonier - 724-238-4406
Lower Merion/New Kensington - 724-335-4245
McKeesport/N. Versailles - 412-664-9008
Monroeville - 412-373-9898
Moon Township - 412-262-3354
Mt. Pleasant - 724-547-6161
Murrysville - 724-325-1610
New Alexandria - 724-668-7800
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Pittsburgh Downtown - 412-281-5889

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Jeannette - 724-523-0441
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Vantage® Holding Company, LLC

A For-Profit Company that Forms Health Care Partnerships to Create Revenue, Savings and New Services

The reality of any business or human endeavor is change. All change is a decision...a decision to meet the threat or the opportunity...whichever change brings. For those who look at change in this way, there is one further requirement...you must believe that you can have a major role in making the future...that is, deciding between the threat and the opportunity that change brings.

For those who believe in the future, there is an effective and proven strategy... Vantage®.



Since 1985, Vantage® has practiced and perfected this strategic response to change by seeking out those health care organizations who want to take charge of their future...and to maintain their independence as community hospitals. In 1985, a small group of community hospitals decided to form a holding company which they individually would own. They decided to use the company to create the services they need to thrive, a company that also had the potential to sell these same services to the market place to generate profits. Save money by outsourcing to a business they created and then generating new profits for themselves as investors...this became the model for their success.

Today, the small holding company developed by com-

munity hospitals in rural Pennsylvania in 1985 has grown to \$55 million in annual sales with a staff of over 350 employees...with such diverse operations as pharmacy programs, mobile services, home infusion, linen services and a regional telephone company.

Today, of Vantage's annual operating income, 21% of the annual sales volume is based on hospital owner use and 79% of the sales are from non-owners. In 1985 sales were confined to the Northwest Pennsylvania region and today sales are generated from eleven states.

The key to looking at the future is to look at the present through the perspective of opportunity.

The Vantage® model reviews services in an organizations cost centers. The next question is whether it is better implement the service internally or to out-source the process. Normally, most organizations stop here. This is the "make or buy" decision. Either decision may prove equally successful or equally dismal. The Vantage® model gives you another tool to use. You can now ask the question, are there others who are facing this same decision of "make or buy"? If there are, can this group start a business that can solve the problem, then go on to grow the business so it is self sufficient and generating a profit? That is exactly what Vantage has asked and done since 1985.

At Vantage®, we call this "turning cost centers into revenue centers".

Think of the future opportunity this creates. Think of the potential threats brought by change that you can now address.

With the Vantage® business model there is even more potential...lower health care costs and jobs.

Job creation results from implementing the Vantage® model. Most communities look at job loss as the greatest threat to their existence. With every down turn in the economy, this threat is real and measurable. At the same time,

there is a growing demand for health care...one of the top three concerns of all Americans. Many in government and in industry point to the rising demand of health care as a threat because they do not see any way to reduce costs of this demand.

The Vantage® model uses its straight forward approach to solve both "job loss" and "high cost" issues. By forming a model that provides services on an out-source basis, at reduced costs, Vantage® has a positive impact on the cost issue. By creating businesses in the area, Vantage® creates jobs.

There is a new way to look at change. It is the business model of Vantage® Holding Company, LLC. Now this model is being offered to other regions where there are forward looking organizations that want to convert the threat of change into the opportunity of change. The Vantage® model works. It can work for you.

For additional information, contact Tom Surman VP Corporate Communications, Vantage® Holding Company, LLC - tomsuman@vhen.com



Self care must be part of caregivers' agendas

By Rafael J. Sciullo, M.A., L.C.S.W., M.S.



A recent study shows that one in three U.S. adults is a caregiver — caring for a loved one who is elderly, sick or has special needs. When you give some thought to it, that fact is staggering. Think about all of our other daily responsibilities: family, career, running errands, paying bills, shopping, etc. and the statistic is even more alarming. How often do we find ourselves saying “I need more hours in the day” or “I need to get away”? This goes to show just how selfless caregivers are and how much of a difference they make in the lives of their loved ones.

The study, commissioned by the National Alliance for Caregiving, shows that 65 million Americans are providing care independent of traditional parenting roles. Asking for more hours in the day is an understatement. While many of us tend to get “burned out” taking care of our daily chores, caregivers are stretched even more thinly, due to their consistent focus on their loved ones.

The work of the caregiver, while done in a spirit of

love, can of course be quite taxing, both physically and emotionally. So much attention is paid to the patient that caregivers often unknowingly neglect their own well beings. In a relatively short period of time, the caregiver may find himself or herself exhausted, frustrated or feeling depressed.

At Family Hospice and Palliative Care, we offer an innovative caregiver training program at the Center for Compassionate Care, for those with a family member under our care. The first program of its kind nationally, the training sessions are designed to meet the physical and psychological concerns of those charged with taking care of a patient in the home. By the end of our sessions, caregivers have a fundamental understanding of basic patient needs, medications, medical equipment and patient safety.

But it doesn't end there. Nor should it.

The Family Hospice and Palliative Care staff is also sensitive to the needs of the caregivers themselves. After all, providing for a loved one can best be accomplished with a caregiver who is healthy. We strive to ensure that all caregivers with whom we come into contact know the importance of caring for themselves, too.

In keeping with our goal to help our patients and their families make the most of life, we feel caregivers should make some time for things like reading,

walks around the neighborhood, and recreational and family activities. Self care must be part of the agenda for caregivers, as it will allow them to devote the necessary energy and attention to the patients.

The daughter of a Family Hospice dementia patient recently told us: “The first thing that the Family Hospice social worker said to me is that I've got to take care of myself. I've just joined a bowling league, something I never would have done before hospice came to help.”

Balancing daily responsibilities with the regular care of a parent or spouse is a daunting task — a task currently being undertaken by one-third of American adults. Perhaps you know a friend, a family member, a co-worker or a neighbor who is a caregiver. The next time you ask about that caregiver's loved one, take a moment to remind him (or her) to take care of himself, too. Invite the person to lunch, include him in your weekend plans, or let him borrow that book you just finished reading. A small gesture will go a long way in benefiting the caregiver — and in turn — his loved one. †

Sciullo is president and CEO of Family Hospice and Palliative Care and past chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800.

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For more information, contact Margie Wilson at 724.468.8360 or Harvey Kart at 404-402-8878 or hdkart@aol.com.

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Amenities improve quality of life at long-term care facilities

By Vanessa Orr

According to the 2006 Congressional Quarterly Report, nearly 70 percent of those turning 65 this year will eventually require long-term care. And while many people are wary of the idea of leaving their homes to live in nursing homes or assisted living communities, the fact is, these facilities are far more inviting than they used to be.

"I've been involved in the industry for 25 years, and it's exciting to see the improvements that have taken place

vided. Some long-term care facilities have even started offering a full continuum of care, providing retirement communities for able seniors, assisted living facilities for those who need some help, and nursing homes or Alzheimer's units for seniors, who for safety reasons, cannot care for themselves.

Consumers have also gotten more savvy, and are beginning to look for what amenities a long-term care facility offers. For this reason, many facilities

interact," said Nichols. "The focus is on the individuality of residents and finding ways to nurture their spirits and give them what's really important to them."

Individuality is also taken into account when planning meals. Instead of pureed or soft food, which was once a staple, residents' needs are considered when creating menus. "At Sunrise, we even offer typical western Pennsylvania comfort foods, including pierogies, haluska and chicken noodle soup," said Nichols.

Even activities have been improved, and now focus on what's important to each particular resident. "We had one resident, a gentleman who was mentally sharp but whose physical health was declining, who used to get together with his friends and play poker every week," said Nichols. "We arranged for his weekly game to happen at Sunrise, and that was so important to him; he didn't lose his social network."

"On the opposite end of the spectrum, we had a female resident who was in late-stage dementia who was in a wheelchair and was not able to communicate very much. She had been a seamstress all of her life, so we filled a basket with different fabrics – satin, velvet, faux fur, wool – and she would spend hours just holding that basket and feeling the fabric. It gave her pleasure, and I believe it improved the quality of her life."

residents enjoy recreational time as well as aqua therapy programs. "The Crystal Conservatories has become a really great place to gather," said Day. "Residents walk down from their carriage homes for leisure swims or to participate in water aerobics."

Other entertainment venues include a library, lodge, outdoor pavilion and pub. Residents also have access to a bank, billiards room, beauty shop, café, country store, woodshop and chapel as well as private party rooms, all of which are connected by a mall level at the Village at St. Barnabas so that residents can avoid going outside



Submitted photo

Recreation and social opportunities, such as Sherwood Oaks Retirement Community's billiards room, complement the care provided by long-term care facilities.

over the years, including the increase in respect for seniors living in these communities," said Chris Nichols, regional director of operations for Sunrise Senior Living. "It used to be that it was not about what the patient wanted; it was about what the nurses and doctors felt was best. And it's no longer about a nurse or doctor being in control; the resident is now in control. This is their home."

Many things have changed over the past few decades, from a facility's décor to the number of activities pro-

ties have begun offering attractions that add to a person's quality of life, such as walking trails, fitness centers, swimming pools, computer and Wii access, and clubs and activities.

MAKING THE BASICS BETTER

Providing what seniors and their families want often begins with an overhaul of the facility. "I remember quite vividly being at a large, skilled nursing facility years ago, where the first thing that hit you was the odor," said Nichols. "There were 20 or 30 residents lined up in their wheelchairs against the walls, all wearing hospital gowns."

"Today, you won't see residents wearing hospital gowns during the day in assisted living or personal care homes," she continues. "People are in their own, comfortable clothing. Some women are wearing makeup and nice dresses; they can even get their hair done. Wearing 'street clothes' makes residents feel like they're more at home."

The atmosphere at long-term care facilities has changed as well. Gone are cold, sterile hallways featuring tiled floors and fluorescent lights. Now residents enjoy carpeted hallways, and sitting areas and alcoves with the same types of furniture they'd have at home. "Some facilities also have pets with which residents can



Submitted photo

Mark D. Bondi, president and CEO of Sherwood Oaks.

in the ice and snow.

According to Day, St. Barnabas Health System offers more than 3,600 activities for its residents to participate in each year. "People want different options, and to have a single, self-service community room like you find in most resorts falls short," he explained. "We've intentionally provided different environments, venues and even neighborhoods so that everyone can find something they like."

A similar philosophy is held at Sherwood Oaks in Cranberry. "We try to keep current with the needs and interests of retirees to ensure that Sherwood Oaks is a community that people are proud to live in," explained Mark D. Bondi, president and CEO, Sherwood Oaks Retirement Community. Amenities there include everything from an indoor swimming pool and Jacuzzi to a practice putting green, theater-style auditorium, fitness center, computer lab and woodworking shop. Plot gardens are also available for those who want to plant flowers and vegetables.

"It's truly exciting to see the changes that have happened over the years in long-term care facilities," summarized Nichols. "It's become more important than ever to provide residents with the things that mean so much to them."†



Submitted photo

Douglas W. Day, president of St. Barnabas Communities.

Health Care Event & Meeting Guide

Western Pennsylvania Healthcare Information and Management Systems Society
Meaningful Use Conference Call
February 15
www.wphimss.org

Western Pennsylvania Healthcare Information and Management Systems Society
Webinar
February 18
www.wphimss.org

Pastoral Care Conference, "Spiritual Care at the End of Life: Beyond Bedside Prayers"
Center for Compassionate Care, Mt. Lebanon, PA
February 18
Eric Horwith (412) 651-5853

AHIMA Academy for ICD-10: Building Expert Trainers in Diagnosos and Procedure Coding
Hyatt Regency Huntington Beach, Huntington Beach, CA
February 19-21
(800) 335-5535 or <http://www.ahima.org/events/icd10trainer/feb-2010.html>
<http://www.ahima.org/events/icd10trainer/feb-2010.html>

Quality Measure Reporting: A Guide to Greater Efficiency
Virtual Meeting
March 3
(800) 335-5535 or www.ahima.org/events/qualitymeasure/

HIMSS 2010 Annual Conference & Exhibition
Georgia World Congress Center, Atlanta, GA
March 1-4
www.himssconference.org

Conference On the Slopes
Seven Springs Mountain Resort, Seven Springs, PA
March 3-5
www.pamsonline.org

The League of Intravenous Therapy Education 38th Annual Educational Conference
Holiday Inn Washington-Meadow Lands, Washington, PA
March 11-12
(412) 244-4388 or info@lite.org

Principles and Practice of Gamma Knife Radiosurgery
UPMC Main Conference Room, Fourth Floor, B-Wing
March 15-19
Charlene Baker (412) 647-7744 or bakerch@comcast.net

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa
UPMC Presbyterian, Suite B-400
March 17-20
Mary Jo Tutchko (412) 647-6358 or tutchko@upmc.edu

2nd Annual Advanced Topics in Thyroid and Parathyroid Surgery
Renaissance Pittsburgh Hotel
March 19-20
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

Coding Quality and RAC: Partnering for Long Term Success
Capital Hilton, Washington, DC
March 24-25
(800) 335-5534 or www.ahima.org/events/codingquality/index.html

Hospice Foundation of America Teleconference, "Living With Grief: Cancer and End of Life Care"
Center for Compassionate Care, Mt. Lebanon, PA
March 25
Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Personal Care/Assisted Living Summit
Sheraton Harrisburg, Hershey, PA
March 25
www.phca.org

18th Annual Clinical Update in Geriatric Medicine
Omni William Penn Hotel
March 25-27
<http://ccehs.upmc.edu> (412) 647-8323 or ccehsconfmgmt101@upmc.edu

Technology for Life and Living 2010
Omni William Penn Hotel
March 26
Krystal Moore (412) 647-7050 or moorek12@upmc.edu

PAMS Spring Symposium 2010
Hotel Hershey, Hershey, PA
April 8-11
info@pana.org

Alumni Day Pediatrics Otolaryngology Update 2010
Rangos Conference Center CHP
April 9-10
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

Oral Cavity Cancer Course
Churchill Valley Country Club
April 10
Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

Principles and Practice of Gamma Knife Radiosurgery
UPMC Main Conference Room, Fourth Floor, B-Wing
April 19-23
Charlene Baker (412) 647-7744 or bakerch@comcast.net

4th World Congress for Endoscopic Surgery of the Barin, Skull Base, and Spine
David L. Lawrence Convention Center
April 28-30
Gina BeBlasis (412) 441-9811 ext. 15 or info@skullbasecongress.com

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Health Care Event & Meeting Guide

Pennsylvania Osteopathic Medical Association's 102nd Annual Clinical Assembly and Scientific Seminar

Valley Forge Convention Center, King of Prussia, PA
April 28-May 1
Mario E.J. Lanni (717) 939-9318 or fax (717) 939-7255 or
poma@poma.org

Blood in Motion Conference

Sheraton Station Square
April 30
Deb Small (412) 209-7320 or dsmall@itxm.org

Allergies and Sinus: 5th Annual Update in Rhinology

UPMC Biomedical Science Tower, Room S120
May 7
dibattistem@upmc.edu

Surgical Pathology of Organ Transplantation

Herberman Conference Center, UPMC Shadyside
May 7-May 8
cchscnfmgmt201@upmc.edu

Voice Therapy: A Comprehensive Approach

UPMC Mercy, Clark Auditorium
May 12-14
dibattistem@upmc.edu

Brain Injury Conference

UPMC Mercy, Clark Auditorium
May 15
synnottm@upmc.edu

Pediatric Critical Care Colloquium 2010

Fairmont Pittsburgh
May 15
cchscnfmgmt201@upmc.edu

23rd Annual Family Hospice & Palliative Care Golf Benefit

Valley Brook Country Club, McMurray, PA
May 17
Karen Eckstein (412) 572-8812

PAMS 2010 Annual Convention

Seven Springs Mountain Resort, Seven Springs, PA
May 20-21
www.pamsonline.org

22nd Annual Monongahela Valley Hospital Fundraising Gala: A Tropical Getaway

Westin Convention Center and Hotel
May 22
Kimberly Quinn (724) 258-1097 or
kquinn@monvalleyhospital.com

Principles and Practice of Gamma Knife Radiosurgery

UPMC Main Conference Room, Fourth Floor, B-Wing
June 7-11
bakerch@comcast.net

Pennsylvania Allergy and Asthma Association Meeting 2010

Hotel Hershey, Hershey, PA
June 25-27
(717) 558-7750 x1592 or lramsey@pamedsoc.org

PancreasFest 2010 and the 6th International Symposium on Inherited Diseases of the Pancreas

The University Club, University of Pittsburgh/UPMC
July 29-31
merusij@msx.dept-med.pitt.edu

Camp Healing Hearts, One-Day Bereavement Camp for Kids

Center for Compassionate Care, Mt. Lebanon, PA
August 14
Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Annual Convention and Trade Show

Seven Springs Mountain Resort, Seven Springs, PA
September 14-16
www.phca.org

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa

UPMC Presbyterian, Suite B-400
September 19-22
tutchomj@upmc.edu

Pennsylvania Pharmacists Association Annual Conference 2010

Four Points Pittsburgh North, Mars, PA
September 30-October 1
Jennifer Rogers (717) 234-6151 ext. 104 or jrogers@paparmacists.com

17th Annual PAA Convention

Penn Stater, State College, PA
September 30-October 2
(215) 780-1457

2nd Annual Family Hospice and Palliative Care Memorial River Walk

South Side Works and Heritage River Trail
October (date to be determined)
Karen Eckstein (412) 572-8812

Fall Symposium and PANA Annual Business Meeting

The Bedford Springs Resort, Bedford, PA
October 22-24
info@pana.org

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa

UPMC Presbyterian, Suite B-400
December 7-10
tutchomj@upmc.edu

To list an event or meeting,
contact Andrea Ebeling at
wpahospitalnews@gmail.com.



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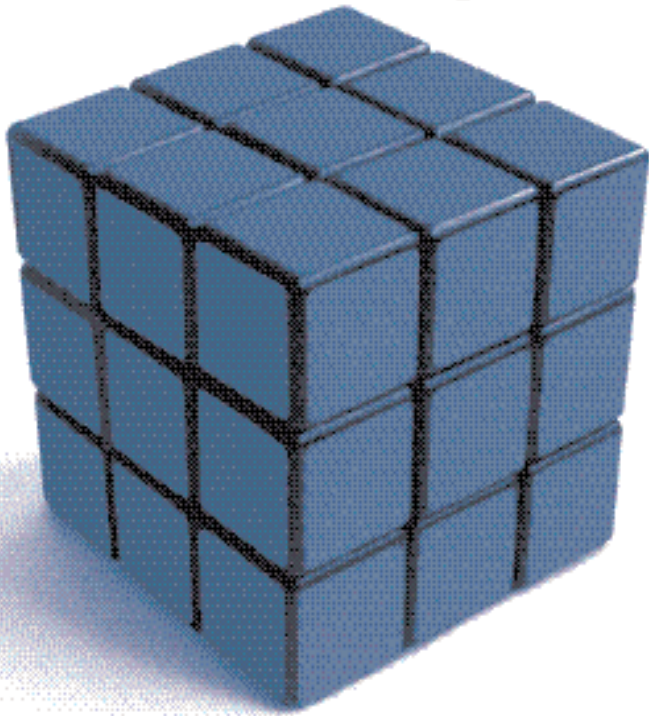
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Obesity From Page 7

After-school programs involve parents and families in learning more about the benefits of healthy eating and active lifestyles. More than 400 students in the seven district schools have participated in these after-school activities. Periodic community walks and other activity-related events encourage families to get active together. A community-wide campaign, Healthy Recipe of the Week, features healthy recipes on a prominent display in several grocery stores throughout the area. There also is a Web site, www.healthyarmstrong.com, that provides information including program details, an event calendar, school activities, current and upcoming initiatives and easy-to-make healthy recipes.

A primary focus, according to Altman, is on parents and caregivers as the primary influencers on elementary school children.

"Early on, if we really want to have an impact, we need to educate families," he said. "They make the choices for this age group. This is a hurdle we still struggle with. We invite the families in a couple of times a month to provide information on exercise, nutrition, and general education."

While it may be too early to measure the long term results of the HEALTHY Armstrong initiative, Altman is pleased with the progress so far.

"If you talk to anyone who knows about childhood obesity, they'll acknowledge that, when changing habits, it takes a long time to see results," he said. "Right now, we're not concentrating on obesity rates, but on seeing changes in habits and activities. We have been able to teach, and it appears the children have absorbed it. We know we have increased the amount of physical activity in school. Now we hope to extend the program into the junior and senior high schools."†

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Earthquake From **Page 1**

Because of BBF's long history of helping the Haitian people, it was no surprise that the charity was a first responder after the earthquake hit.

The 50-year-old group has provided more than \$3.4 billion in medical supplies, textbooks, food, seeds and other humanitarian supplies to people in 141 countries. In 2008, through funding gifts from the general public, corporations, and the United States government, BBF sent product contributions worth more than \$1.08 billion (and weighing more than 6,500 tons) to those in need in Ethiopia, Guatemala, India, Madagascar, Nicaragua, Philippines, Rwanda, Slovakia, Vietnam, and of course, Haiti.

Karen Dempsey, vice president of BBF, said much-needed supplies were already en route even before the earthquake struck. "We actually had a container of pharmaceuticals, medical equipment, wheelchairs, face-masks ... on the water, which we sent December 30, 2009," she said. Dempsey noted that her organization has performed relief work in Haiti for 40 years.

When the foundation learned of the earthquake, BBF's experience in that region gave them the ability to react quickly and effectively. In fact, when the news came, BBF immediately began working with its partner organizations, Food For The Poor of Miami and the Pittsburgh-based Functional Literacy Ministries of Haiti to send needed relief supplies.

"When we heard that there was a 7-point earthquake outside of Port-au-Prince, we knew that this was going to be a tremendous disaster — so we soon connected with partners like FFTP," Dempsey said.

In late January, BBF sent its first air-shipment of requested antibiotics, surgical packs, surgical instruments and other medical items to Haiti. BBF's medical director, Dr. Chip Lambert, personally escorted the shipment.

"We talked to FFTP representatives who said they needed whatever we had, including all of the pharmaceuticals that we can come up with and basic health kits for the hospitals," said Dempsey.

BBF then asked people and organizations in the greater Pittsburgh area for hygiene essentials that will be needed.

"We requested that donors pack toothbrushes, toothpaste, brushes, combs, bars of soap and new washcloths into 5 gallon buckets with lids because these can be easily wrapped, stacked and shipped with the pharmaceuticals," Dempsey said. "It's a very efficient way of distributing these items into clinics and hospitals because volunteers can just pick up buckets and take them to the people in need."

Dempsey admits that any chance of healing Haiti will require a long-term com-



Submitted photo

Last summer, Brother's Brother Foundation provided support to a health clinic in Haiti.

mitment by everyone, but she said she is encouraged by the amazing generosity and compassion shown by the people of western Pennsylvania.

"It's going to be a long haul for Haiti, and we're going to need continuing financial support," she said. "But BBF would like to thank the greater Pittsburgh community because when we ask for help, they always come through overwhelmingly. Their love for the rest of the world is a result of the diversity of this city — and that, in itself, is such a blessing."

BBF and the people of Haiti still need assistance. The best and most effective way to assist in this effort is through monetary donations that help cover shipping costs. Checks made payable to "Brother's Brother Foundation" and labeled "Haiti Earthquake" can be mailed directly to: Brother's Brother Foundation, 1200 Galveston Ave., Pittsburgh, PA 15233.

To make a donation via the Internet, visit www.brothersbrother.org or call (412) 321-3160 for more information. †



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Something to think about *In Stitches*



By Ron Cichowicz



demands, income and hiring outlook.

Some of the jobs on either list would seem to be no-brainers.

For example, among the worst were garbage collector (great exercise and all you can eat), iron worker (don't you need to leave North America for one of those jobs?), and roustabout (never really the same since Elvis set the bar so high in his 1964 movie of the same name).

Some of the better jobs that made sense included bank officer (no exercise and all you can, uh, redirect to your own account), pharmacist (even if you hate your job, you are around stuff that can make you feel much better), and meteorologist (where you never have to be right and, at least in Pittsburgh, you are the star of the show from November through mid-April).

But many of the best jobs, while offering some security and a decent wage, were aimed at people whose definition of adventure means driving to

the corner CoGo's without buckling their seat belts. These include the No. 1 best job, an actuary, which ironically involves calculating statistics to determine probability and risk. Also cracking the top 20 here were mathematician (a subject in school hated by almost everyone except Lisa Simpson and future actuaries), dental hygienist (the definitive job for looking down in the mouth every day — and you never even get to pull any teeth), and financial planner (more numbers — may as well be a mathematician).

Among the so-called worst jobs were a handful that, I don't know, looked kind of appealing. Like butcher (all you can eat and maybe Rocky will come and pound a side of beef while you're there), firefighter (okay, some danger, but you get to blow a siren and women think you're a hunk), and choreographer (spending all day with gorgeous, sweaty women — or men, I'm not here to judge — who crave your approval).

But the absolute most appealing — and surprising — job to make the list of best options was No. 11: Philosopher. Where do I apply?

Imagine getting paid for sitting around all day and thinking great thoughts. I'm picturing huge trays of fresh fruit, carafes of fine wines (no twist-off caps), and ... well, just imagine the Playboy Mansion but with togas instead of smoking jackets. There I could ponder the Great Issues of the day: Should college football have a playoff system? Did Paula Abdul get a raw deal from "American Idol"? Why does the quality of television

decrease in proportion the number of cable channels available? In a country with a 10 percent unemployment rate, how does Dagwood Bumstead keep his job?

No doubt the questions asked during a job interview for a philosopher would be different. "Think much?"

"Get many migraines?"

"When are you available to start thinking?"

"Why did you leave your last job — didn't they require you to think?"

"What do you think about thinking?"


"Ever think about more than one thing at a time — in case we need you to multitask?"

"If we offer you the job, do you need to think about it?"

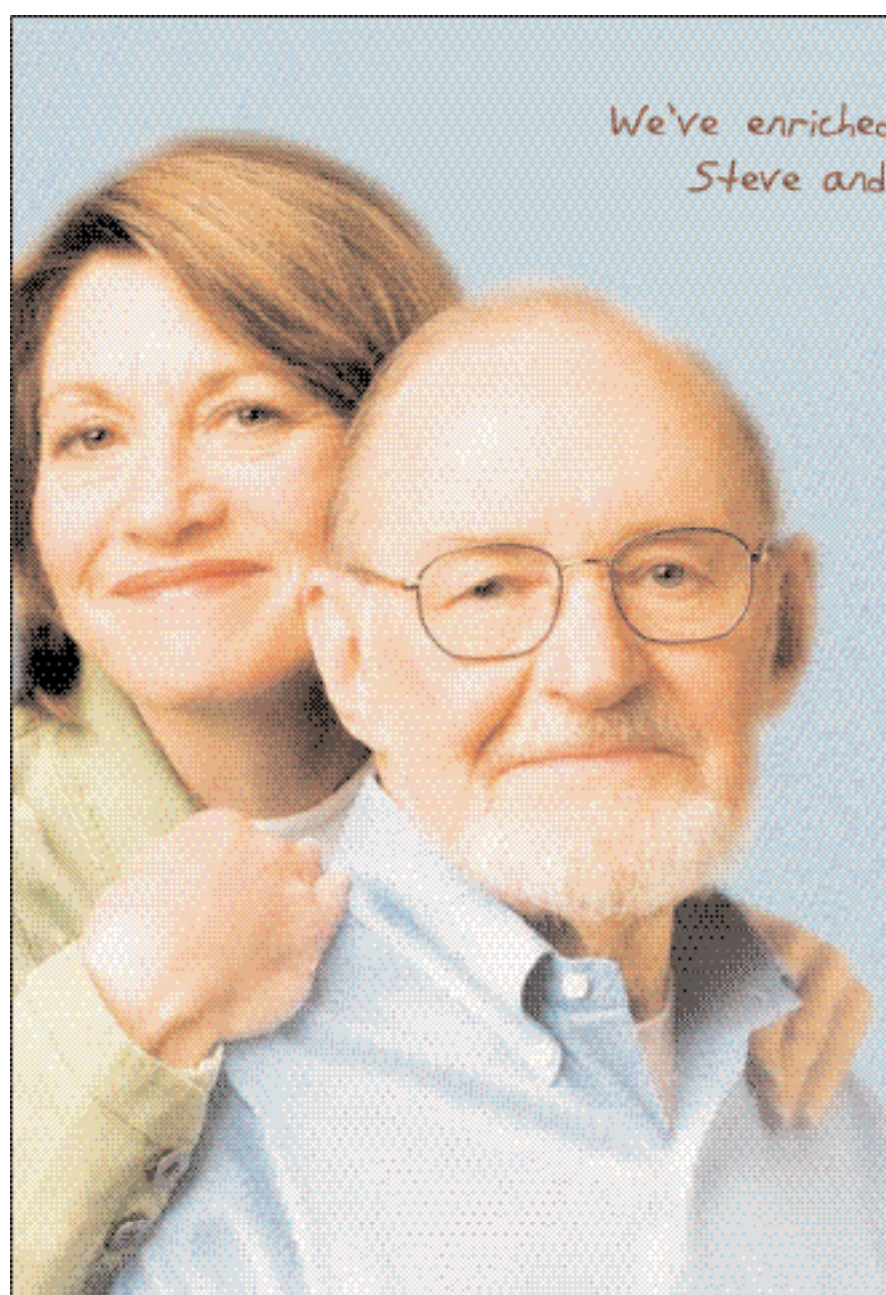
I have only two questions:

1. How does a philosopher call in sick? You couldn't say your mind is a blank, because they'd wonder how you remembered to call in sick.

2. How does a philosopher go on vacation? Can you get a temporary lobotomy? Or do you spend two weeks watching "Keeping Up With the Kardashians"? (And, is there a difference?)


I need to think about this a little more. Could you pass me those grapes? 

Cichowicz is an award-winning author and lecturer. His presentation topics include the benefits of humor, motivation and leadership, and public relations and fund raising for nonprofits. He can be reached at roncichowicz27@comcast.net.



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