

H Hospital News & More

Western Pennsylvania

The Region's Monthly Health Care Newspaper

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Murtha's health care legacy remembered

By Chauncey Ross

From a cancer treatment facility bearing his name to a breast care center named for his wife, U.S. Rep. John Murtha's name easily will be associated for many years with his support for hospitals and health care in western Pennsylvania.

Directing support from Washington, D.C., toward coal miners' care and a regional diabetes research initiative also will be a part of the late congressman's legacy in the health care field.

Perhaps less heralded but equally important in improving the quality of life for western Pennsylvanians will be Murtha's work on behalf of smaller, community-based hospitals, according to hospital administrators in the region.

Murtha, 77, died Feb. 8 at Virginia Hospital Center, Arlington, Va., from complications associated with gall bladder surgery performed a week earlier.

He passed away two days after becoming Pennsylvania's longest serving congressman, eclipsing the 18 full terms served by Rep. Joseph McDade, R-Scranton.

As the first Vietnam veteran elected to the House, Murtha, D-Johnstown, advocated for veterans and their issues in more than three decades on Capitol Hill. Then as chairman of the House defense appropriations subcommittee, Murtha won funding for health care programs and projects to help veterans, their families and his constituent base in Pennsylvania's 12th District.

In his hometown, Conemaugh Health System established the John P. Murtha Neuroscience and Pain Institute in a partnership that includes Walter Reed Army Medical Center. Researchers there conduct local, regional and national studies of the effectiveness of new medicines and surgical procedures for treating neurological conditions.

Conemaugh also houses the UPMC John P. Murtha Cancer Pavilion in a part-

nership with UMPC Cancer Center and Memorial Medical Center, Conemaugh's flagship hospital. The center offers diagnostic, treatment and support services for cancer patients in the region.

Murtha arranged \$10 million to establish the University of Pittsburgh Diabetes Institute in 2004 to expand a program already in place at UMPC and to create a model for treatment of diabetes in the U.S. Air Force.

At Windber Medical Center, in Somerset County, the Joyce Murtha Breast Care Center uses advanced imaging technology for digital mammography, ultrasound and breast MRI in its battery of cancer detection techniques. The center offers education programs aimed at preventing and reducing the risk of breast cancer.

"Rather than care that is impersonal and disjointed, it was through Congressman Murtha's efforts that a breast center was developed that utilizes a multidisciplinary approach," said Holly Rigby, the senior vice president of professional services at Windber. "It integrates prevention, screening, diagnostics, treatment and continuing care. It is further unique in the incorporation of risk reduction.

"Congressman Murtha's work also helped to establish multidisciplinary programs in preventive health and translational research including early diagnosis and treatment for heart disease, as well as new strategies to improve and maintain healthy lifestyle behaviors and understand the biological mechanisms through which lifestyle changes can exert their influence."

An administrator at Uniontown Hospital said Murtha was responsible for arranging \$1 million to start an interventional cardiology program, to open a second cardiac catheterization lab and to expand a range of cardiac diagnostic services.

See **Murtha** On **Page 5**



Submitted photo

U.S. Rep. John Murtha, 1932-2010.

Indiana hospital's successes came by design, not by accident

By Jason L. Levan

Steve Wolfe, president and CEO of Indiana Regional Medical Center, is always looking to learn — both from mistakes and, especially, from successes.

And lately, the hospital has had a lot of successes. The hospital in Indiana County, Pa., has been named as one of the Best Places to Work in Pennsylvania, Best Places to Work in Health Care by Modern Healthcare magazine and Fortune magazine's 100 Best Companies To Work For.

"For us, it (the Fortune designation) was the biggest goal we could set among the best places to work (recognition). We started in Best Places to Work in Western Pennsylvania, then we went to the Best Places to Work in Pennsylvania, and then the Best Places to Work in Health Care, which was our first national (recognition). The Fortune 100 was always the biggest. So we were excited about it," Wolfe said.

"I think it's a validation that it really is a good place to work. And it helps us certainly in recruiting physicians and other employees. It certainly gets people's attention. I think the benefit to the organization is that if I feel this is a good place to work, I have better care, compassion, bedside manner with the family.

"The other thing that it does is I think it puts Indiana County on the map in a different way. As a former chairman of the chamber of commerce, we're always looking to elevate working in Indiana County, locating a practice in Indiana County, so I think it can help in that way, too."

Perhaps most meaningful, Wolfe said, is that each of the lists include an employee survey component. In the case of Fortune magazine's list, two-thirds of a company's score is based on the results from a random sample of employees.

See **IRMC** On **Page 10**



Jason Levan/WPHN

IRMC CEO Steve Wolfe serves meals to employees during February's crippling snow storms.

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A balancing act

Publisher's Note

I'm old enough to remember the news coverage of the Vietnam War as well as the protests of that conflict, including the tragedy at Kent State. What I recall most vividly was the profound impact that coverage — especially the visuals of dead American soldiers, horrified Vietnamese citizens and police officers battling college students — had on my family, friends, neighbors and coworkers.

No longer just descriptions printed in a newspaper or read in a monotonous tone by a television anchor, these graphic images were now in our faces and seared into our brains, where the undeniable horror of the war and its ramifications stayed and festered. Whatever the opinion of each American about that war, seeing such graphic human pain and suffering left a profound impact on all but the most uncaring and insensitive.

I thought about this while watching the news reports of the devastation caused in Haiti when an earthquake struck that tiny island nation in January. If fate were fair, Haiti would be the last country to endure such a natural disaster. The poorest nation in the western hemisphere, Haiti was ill-prepared to handle the devastation. Almost as quickly as news coverage poured out of the country, aid poured in — beginning first as a trickle, but developing into a steadier stream as the days and weeks passed.

Despite the best efforts of some members of the international community, more Haitians died than were necessary and more children became orphans because medical and other care could not get through the rubble or red tape in time.

As the days from the initial reports passed, I watched the story get elbowed from the public con-

sciousness by other "news": Tiger Woods' infidelity, John Edwards' admission that he fathered a child out of wedlock, the late night television wars between NBC, Conan O'Brien and Jay Leno. And, of course, there was the NFL playoffs and the Super Bowl win by the Saints of New Orleans (from another region that had the national news spotlight on it just a few years ago, but now sees little attention except when its football team is playing well).

Now, I'm not advocating that we should be consumed over concern by every disaster to the point where we are obsessed with human suffering and, consequently, lose the ability to laugh or enjoy life. But I do wonder about balance. For example, when Haiti recovers from the earthquake, it will remain a poverty-stricken country, only more so. When Conan O'Brien left "The Tonight Show," he had a check in his pocket for at least \$30 million. Yet I heard an almost equal number of people tell me they felt sorry for O'Brien as those who told me they prayed for Haiti.

I wonder if we have lost, or at least have anesthetized, our sense of balance when it comes to deciding what is really important. Have we become so accustomed to seeing death and destruction that we've become numb to it? I also wonder how this affects those whose work in health care puts them daily on the front lines of human struggle and suffering. If you work in a hospice or you routinely treat patients or deal with families who cannot avoid hearing bad news, how do you maintain a balance between that agony and the ecstasy of seeing others get well? How do you control emotions you feel every day that most other people pray they never have



to confront even once in a lifetime?

I have no answer, only the questions. But I will add that, when I think about the constant commitment of those in the health care profession to helping their fellow man — a commitment all the more demonstrated by those whose immediate instinct to the crisis in Haiti was to board the first plane to the island to render assistance any way possible — I am proud to be a part of our industry, even in so modest a way as publishing this newspaper. At least it gives me an opportunity to salute you, and to offer my prayers that you always are able to keep your life in balance. ↑

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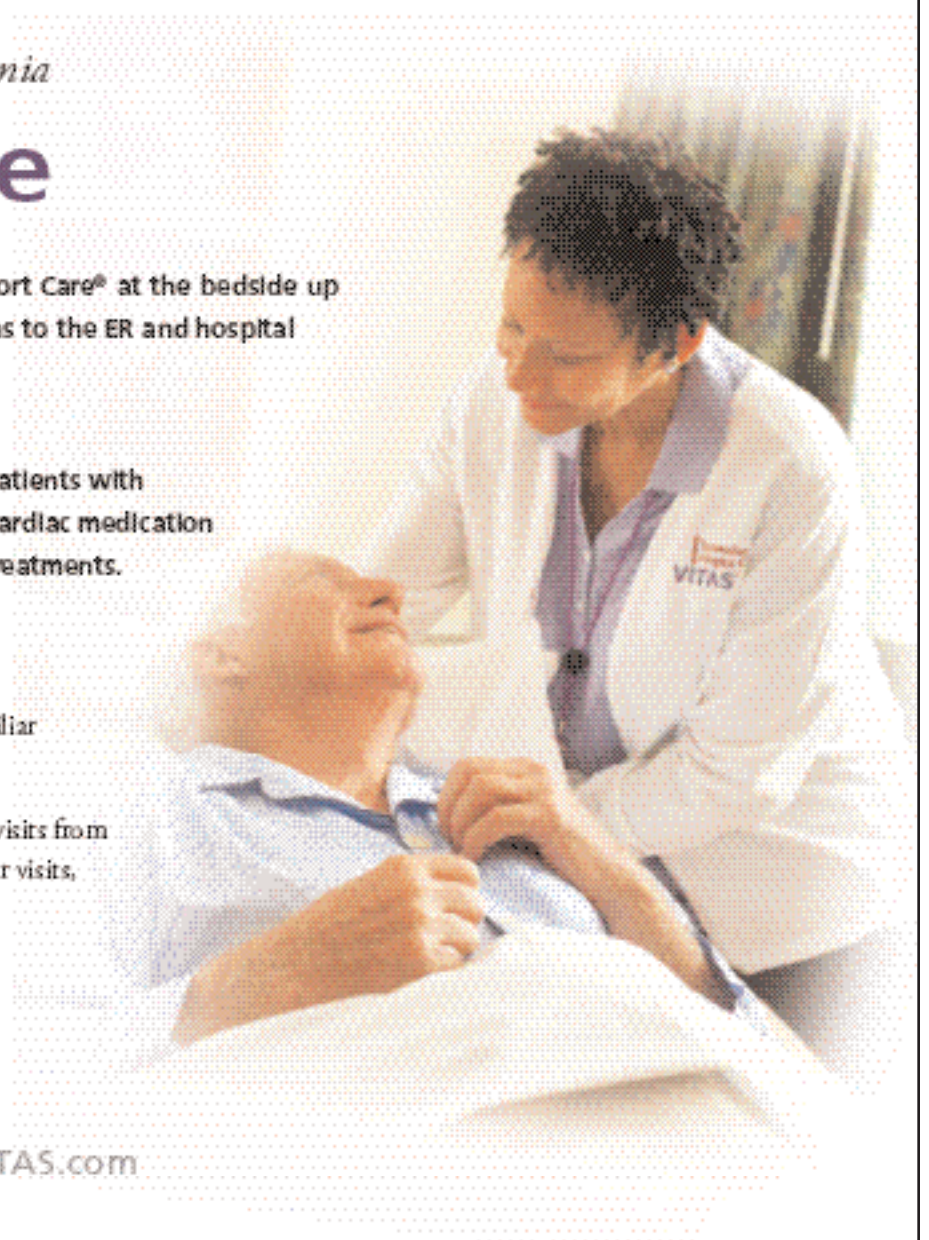
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Former reporter recalls Murtha's commitment to health care



By Shawn Piatek

I was fortunate to have the opportunity over the past six years to become acquainted with the late U.S. Rep. John P. Murtha.

Mr. Murtha was an institution in my life, just as he was for anyone living in the state's 12th Congressional District during the past 36 years. He was elected earlier in the same year in which I was born. He was a larger-than-life fixture in the Johnstown region.

From afar, like most people, I always linked "Jack" to the defense industry. It made sense. He served on, and eventually chaired, the House Appropriations Subcommittee on Defense and was linked to many defense companies either established or drawn to the 12th Congressional District.

It was only when, as a reporter for the Johnstown Tribune-Democrat, I got to see Mr. Murtha up close that I realized his passion for health care issues. While the big news of many days with the congressman dealt with a defense industry deal of some sort, any time he could fit in some conversation about health care topics he would do so.

He was passionate about diabetes, a disease that disproportionately affects residents of western Pennsylvania as well as members of the military. Over the course of his career, Mr. Murtha directed more than \$150 million for diabetes research, prevention, education and outreach.

Similarly, Mr. Murtha saw a gap in women's health services in western Pennsylvania — and again, the military, as well — and stepped up to the plate with funding to solve problems. He pro-



Submitted photo

U.S. Rep. John P. Murtha with his wife, Joyce.

vided more than \$2.5 billion for breast cancer research through the Department of Defense. He established ties between western Pennsylvania hospitals and renowned military health care facilities such as Walter Reed Army Medical Center and Bethesda Naval Hospital which has led to research that could revolutionize the early detection and treatment of breast cancer.

Along the same lines of women's health care, he helped to establish one of the few facilities bearing his family name that is not named for him — the Joyce Murtha Breast Care Center at Windber Medical Center, Windber, Pa. The facility offers breast care options — such as digital mammography — that are not found elsewhere and were not available previously in the Laurel Highlands region.

"Mr. Murtha was passionate about the personalized health care services we offer at Windber Medical Center and the Joyce Murtha Breast Care Center," said Barbara Cliff, president and CEO of Windber Medical Center. "He and his wife, Joyce, took an active interest in the Joyce Murtha Breast Care Center and have contributed not only financially to its success but also through their personal support. We will miss his vision and unyielding support for health care the way it should be."

To go point by point and list all of the contributions Mr. Murtha made to the cause of better health care could fill this entire publication. It would take at least that much ink to do justice to 36 years of remarkable public service.

But it is worth noting that when it came to health care, district borders weren't restrictive to Mr. Murtha. While it seems the debate over national health care may rage on indefinitely, Mr. Murtha found ways to improve medical treatment for all. He took on a variety of cancers, brain injury and wellness in general, among other causes, and funded programs for organizations outside his district such as Children's Hospital of Pittsburgh and UPMC.

Mr. Murtha, a throw-back bipartisan legislator, became a controversial figure late in his career as he was caught in the crosshairs of partisan politics. Regardless of political opinion, it must be noted that he fought every day for the 12th Congressional District as well as all Americans. Through his lofty position on the House Appropriations Subcommittee on Defense, he used his influence to provide not only a stronger military to keep us all safe from foreign threats; he also used it to provide better health care service to keep us safe from the threats we can't see and that know no borders. †

Piatek is vice president of 1st Team, a professional services firm based in Johnstown.

Murtha From Page 1

Murtha's aid to the cardiac program at Uniontown has made more heart health care available, and allowed people of Fayette County to get help faster, said president and CEO Paul Bacharach.

"It assisted in development of our interventional program and in the past, patients that needed to have stents or angioplasties had to travel outside of the area for those services," Bacharach said. "And patients that arrived in our emergency department who were in the midst of an acute myocardial infarction would need to be stabilized and transferred. Instead, we are able to treat those patients very quickly in our existing facility."

As part of the UMPC Diabetes Institute network, Uniontown Hospital received funding through Murtha's work to extend the program.

"That funding flowed through the University of Pittsburgh Medical Center and we were able through a relationship with that grant to start our diabetic care center here, which provides counseling and education for patients affected by diabetes," Bacharach said.

Murtha's help came after 2002, when congressional reapportionment changed the boundaries of the 12th District and encompassed Uniontown into Murtha's territory.

And before the reapportionment, Murtha's district took in far more of Cambria County, including Spangler and Hastings — the towns where Miners Hospital began and relocated.

"Congressman Murtha was very involved in working with several federal agencies to help get funding for us to build our new hospital," said William Crowe, the hospital president. "Now we're in a 10-year-old, state-of-the-art building. Before that, we had a 90-year-old facility that was in tough shape."

Miners Hospital opened in Spangler in 1909, a time when coal mining was the economic lifeblood of the region. Late in the century, as the mining industry declined, mines closed and workers lost their jobs, Murtha worked to continue funding for former miners' health care and twice averted efforts to discontinue their benefits.

Murtha's support helped to maintain long-standing miners' health programs, including a respiratory disease program and black lung treatment offered at Miners Hospital until the late 1980s, Crowe said.

And while its patient base became more diverse, Miners Hospital inaugurated a new facility in Hastings in 1999, and called it Miners Medical Center. Soon after, Miners became affiliated with Conemaugh Health System and was shifted from the 12th to the 9th Congressional District.

Indiana Regional Medical Center, an independent community health care cen-

ter in Indiana County, was barely edged out of Murtha's constituency in 2002. The boundary line was redrawn a scant 200 yards away and the hospital joined the 9th District.

Steven Wolfe, the president and CEO at the medical center, said IRMC benefited from Murtha's broader efforts for the health care industry.

"I think he was always a guy that was very interested in health care and was receptive to trying to make a difference," Wolfe said. "We had good discussions and he attended our annual meetings during the health care reform debate."

IRMC also is among the network of small regional hospitals under the UMPC Diabetes Institute, and Murtha helped get Indiana's share of the funding over the years, Wolfe said.

"He was a big ally on issues like the wage index," Wolfe explained. "Medicare payments to hospitals are based on the index and they can be dramatically lower in some areas. In this region, we're behind the more urban areas and that should be normalized. Congressman Murtha was an advocate for that."

The hospital in Indiana continued to benefit from Murtha's efforts even in the days following his death.

In late July, Murtha announced the passage of a major appropriations bill and reported it included \$350,000 for an electronic-medical record initiative at IRMC.

Rep. Bill Shuster, of the 9th District, delivered the check to the hospital Feb. 17, enabling IRMC to implement a faster, more efficient medical records system.

Well beyond the scope of the programs carrying his name, Crowe said Murtha had a wide impact, even across the boundaries of his district.

"I think his effect on the health care industry has been significant. Throughout the region, he has helped provide funding for some very significant projects and a lot of the military programs," Crowe said. "He was just a tremendous advocate for veterans health care and worked hard so they would have access to the care they needed."

Bacharach said believed Murtha knew well the challenges facing the health-care industry and had hospitals' best interests in mind in the debate over reform.

"I think he understood that the matter of health care reform, while up in the air right now, still has a great deal of importance for the country and still needs to be addressed at some point or another," Bacharach said. "I think he was an advocate for trying to make some meaningful change to the system."

"You can agree or disagree with the bill, but I think he was trying to make something happen there within the constraints of our partisan political process."

Rigby at the Windber center said, "The impact of his work extends far beyond his district. He leaves a legacy of significant advances in health promotion, accessible and optimal clinical care, and medical research." †

Cooperative effort drives Bacharach as HAP leader

By Ron Paglia

Under normal circumstances, when traffic is light to moderate on the Pennsylvania Turnpike, Paul Bacharach can drive the 187 miles from Uniontown to Harrisburg in about three-and-a-half hours.

"And that's keeping within the speed limit," Bacharach, president and chief executive officer of Uniontown Hospital, said with a knowing smile. "I probably know the trip like the back of my hand and it's a pleasant journey."

The picturesque setting of the Turnpike notwithstanding, Bacharach is very serious about his travels to the state capital because of his role as chairman of the board of directors of the Hospital and Healthsystem Association of Pennsylvania (HAP).

HAP is a statewide membership services organization that advocates for nearly 250 acute and specialty care, primary care, subacute care, long-term care, home health and hospice providers in Pennsylvania. And Bacharach is firmly committed to fulfilling HAP's goals and ideals under his leadership.

"Coming to the realization that even if we execute our responsibilities to run our organizations perfectly, external factors can undermine our success and long-term viability," he said. "Individual organizations can only play a limited role in addressing these critical issues. Ultimately, the cooperative efforts and unified voice of the association members advance our ability to influence the system in a positive manner."

Although HAP has myriad issues on its agenda, Bacharach sees the association focused on three key areas:

- Maintaining the viability of an accessible high quality health care system.

"Certainly adequate reimbursement is a component of that priority," Bacharach said. "I would also place resolution of the ongoing problems of the medical liability system and its impact on physician availability as a key contribution to this effort."

- Supporting hospitals and health systems in delivering safe, efficient and effective care options.

"The Association works diligently to support performance improvement initiatives, information technology adoption, staff development and availability and a wide range of other contributors to an effective system of care delivery," he said.

- Health care is such a highly regulated industry and the ability to analyze state and federal policies as well as the many non-governmental participants in the system is beyond the technical ability and means of most organizations.

"HAP provides the shared resources and expertise to help guide providers through this maze of regulations and bureaucracy," Bacharach said.

On the subject of the ongoing debate over national health care reform Bacharach, 56, is cautiously optimistic of some type of change in the future.

"I believe that we will see a movement back to incremental reforms," he said. "Given the concerns of legislators looking to the upcoming election and the signals perceived from Massachusetts, the motivation to take on comprehensive reform is clearly waning."

Bacharach emphasized that HAP is "very supportive" of efforts to expand the availability of coverage, which was one of the prime objectives of the reform effort.

"The details of the House and Senate bill were a mixture of positive and negative modifications to the system," he said. "There is general agreement that the country cannot absorb continued growth in the cost of providing health care services without sacrificing other key contributors to the domestic economy and our global competitive position."

HAP has a long and successful history of legislative advocacy efforts on the state and national levels and Bacharach sees that track record continuing.

"In general, I believe that relationships (with lawmakers) have been positive and productive," he said. "The legislators understand the importance of the Hospital and Health System's members, which in most cases are the largest and most stable employers in their districts. Certainly the budgetary constraints which they must live within have an impact on what can be achieved for providers of care."

"I think that it is also fair to say that the complexity of the system can make their understanding of the implication of their decisions more difficult. My personal experience is that they are receptive to our positions and proposals but struggle with moving major meaningful change through the system. The active involvement of our members with their local (legislative) representatives hearing a consistent message from the industry has been essential to advocating our positions."

That time honored strength in numbers philosophy also inspires Bacharach, whose career in health care began in 1975, to emphasize the benefits of being a member of HAP.

"There is no replacement for a single voice and consistent message from our industry," he said. "I am a firm believer in the view that a divided industry ultimately works to everyone's detriment. I have no doubt that going it alone can, at times, produce short-term gain, but ultimately a cohesive message developed by group consensus will work in our favor. It is distressing to see organizations that choose to sit on the sidelines and benefit from the fruits of the efforts and resources of others."

Bacharach also believes more concerted efforts are needed to help the public to better understand the ramifications of rules, regulations and changes affecting them and their health care needs.

"It is unrealistic to expect people to comprehend the implications of changes to such a vast complex industry," he said.

"Frankly, even after working in the field for almost 35 years, I find the interrelationships of providers, insurers, regulators and consumers impossible to fully understand," he continued. "That is how we end up with reform bills that are 2,000 pages long and still don't resolve many outstanding issues. In large measure the public has been insulated from the systemic problems as a consequence of the structure of insurance coverage and the general availability of care."

"The growth of the uninsured population, rising costs of coverage and high deductible plans and tenuous funding projections for the Medicare program have clearly elevated this issue's priority with the general public. Gaining consensus on resolutions will be much more difficult in the current political environment." ↑



Submitted photo

Paul Bacharach, president of the Hospital and Healthsystem Association of Pennsylvania.



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Medical libraries continue to change with the times

By Daniel Casciato

In a recent blog posting, bestselling author Seth Godin asked about the future of the library: What should libraries do to become relevant in the digital age?

Krista Ford, manager of the resource center at Development Dimensions International, Inc. (DDI) in Bridgeville, thinks libraries have remained relevant. DDI's resource center has moved to a digital platform in response to the push for a greener environment and the need to be global. It also allows any associate instant access to articles in any office DDI has around the world.

"We've had to eliminate print resources, but we've rolled that revenue into purchasing more online tools and reports for our associates," she said. "DDI's digital collection within EBSCO (the leading search platform for full-text online research databases in institutions worldwide) contains thousands more journals and reports than we previously had access to and is much more cost effective."

Ford thinks eventually their stacks will become a thing of the past and their physical library will become more of a corporate center where someone comes to use the computer and have some quiet time. As a result, librarians will be called upon more and more to be analysts and not merely hunters and gathers.

Ford is asked to do more analysis work now that associates are able to pull their own articles. "Personally, I find the analysis work to be much more interesting and challenging than just pulling articles for someone."

This is also happening at medical libraries. West Penn Forbes Regional Campus no longer has a

physical library space. Everything is managed through the medical library at the Western Pennsylvania Hospital. Forbes' employees now access journals and eBooks through the library's home page from the Forbes Intranet site.

Heidi Patterson, M.L.I.S., medical librarian for the Richard M. Johnston Health Sciences Library at The Western Pennsylvania Hospital, would agree that librarians still have a relevant role today. For instance, it's her job to look for the best resources for her patrons and then to promote and show them how to use what the library has to enhance their work experience.

"Librarians are always looking at ways to make information more accessible to our patrons," she said. "It's part of a hospital librarian's job to find and evaluate health information for the patron. I know most of my patrons don't have hours to spend in the library doing research looking through paper journals so having electronic resources is a great help to them."

The library remains a physical valuable resource for West Penn Hospital health care professionals, students and patients. Up to 100 patrons use the library daily during the week, mainly for studying and for research. West Penn's library contains approximately 500 print books and 300 paper journal titles, as well as 600 eBooks and more than 1,000 online journal titles. For employees who don't have access to a computer in their area, they can check their e-mail on one of the library's 20 computers, perform required continuing education online, or check information on the hospital Intranet site.

According to Patterson, electronic information

has helped more than affected the library.

"It also helps when I'm working on gathering articles for patrons and with a few clicks of the mouse I can get an article rather than trying to find it in the stacks and photocopying it," she said. "I've found that patrons prefer PDF copies, especially if an article contains a number of photos; photos don't copy well and if I can just go to the journal Web site and get a PDF they get a really nice color copy of the photos."

Although Forbes eliminated the library space completely and is doing everything via electronic access, no positions were lost. Since the paper resources were combined with those at West Penn, Patterson eliminated any duplicate paper journal holdings as well as eliminated journals it can receive electronically.

"I hope to actually add resources next year to create a better electronic collection at both campuses," she said.

In the future, Patterson notes that hospital libraries will exist but maybe not in the traditional sense that we think of a library. More electronic resources are becoming available and eliminating paper books and journals helps save space that hospitals always seem to be short on.

"I like to think that in the next decade or so, more of the books and journals I have in paper will be replaced by computers with access to databases and eBooks and eJournals," she said. "I also like to think that the library will become more of a study area for nursing students, med students and residents. I would like to see also a virtual reference service that a lot of the public libraries and university libraries do." †

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Elizabeth Township EMS garners national recognition

By Jim Surman



Timing, training and the proper life-saving equipment of the Emergency Medical Services did the job in the southwestern

Pennsylvania community of Elizabeth Township.

Dorothy was having tea with a neighbor and her son Bill was outside cutting the grass. She suddenly stopped talking and started slurring her words, then became unresponsive.

The neighbor yelled out to Bill, "Something is wrong with your mom!" Bill ran to the house, saw his mother was having a stroke and called the Elizabeth Township EMS (ET EMS). By the time Bill made his mother comfortable on the couch, covered her with a blanket and went out to turn off the lawn mower, the ET EMS was pulling into the driveway.

Ten days later, Dorothy was playing bridge with the ladies at the club with no apparent health problem. This recovery didn't just happen. The highest level of preparedness and state of the art medications and equipment

made it possible.

Mobile Emergency Care is where many patients start their progression back to health. Sometimes, only when you are having chest pain and are having trouble breathing do you appreciate a quality mobile health care service.

What makes a quality EMS one of the best in the country, as rated by the national Commission for the Accreditation of Ambulance Services (CAAS)?

"The accreditation team that evaluated the ET EMS operation consisted of a physician who went on calls with the teams to evaluate our equipment, appearance of our staff, how the technicians and paramedics responded, how they knew and utilized the equipment, and most importantly, how they delivered care and how they generally interacted with the patients. And, the second member of CAAS team was an administrator who reviewed our Continuous Quality Improvement program, our equipment and the 12 emergency vehicles, our financial records and the employee training and benefits programs," said Chris Dell, director and chief of operations for the Elizabeth Township EMS.

"This CAAS accreditation signifies that our service has met the gold standard determined by the ambulance industry to be essential in a modern

emergency medical services provider. These standards often exceed those established by state or local regulation. They are designed to increase operational efficiency and clinical quality, while decreasing risk and liability to the organization," said Dell. "Being able to provide the best possible service is only possible because we have quality people and state-of-the-art equipment."



Submitted photo

Chris Dell, director and chief of operations for the Elizabeth Township EMS.

As a member of the ET EMS board of directors, and with 38 years in health care management consulting


with two of the largest national consulting firms, I've learned to appreciate the structure of good organization, the attention to detail and the dedication that a leader like Dell provides to an organization. He has built a team that prides itself on the quality of service delivered daily to this community. With on-board computers and 12 lead heart monitors with direct communication to the UPMC medical staff, lives are saved prior to arrival at the emergency room.

Dell always highlights his staff when accolades are heaped on the service quality, but it all starts with him when he goes on calls with the staff to lead and to coach. ET EMS has attained the level of one of the best in the country, recognized not only by CAAS, but by the Federal Emergency Management Agency, which requested their assistance during past disasters in Texas, Louisiana and Florida.

Timing, training and proper life saving equipment, when utilized properly, does make the difference. †

Surman is a certified management consultant and CEO of Resource Productivity, Inc. He previously was with the public accounting firm of Coopers & Lybrand (now PriceWaterhouseCoopers) performing financial turnarounds for hospitals.





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IRMC From Page 1

When Wolfe started 11 years ago, employee satisfaction was critically low. His first meeting as CEO, in fact, was with a labor attorney, who warned Wolfe the staff was on the verge of a strike.

The atmosphere was “tense,” he said: “People kept their heads down, they didn’t make eye contact.”

But Wolfe, over time, helped dramatically changed the culture. Instead of coming in with preconceived notions, he asked a lot of questions.



Submitted photo

Stephen A. Wolfe, president and CEO of IRMC.

The turning point in employee satisfaction, he said, was in 2004 when IRMC was named to the list of the Best Places to Work in Pennsylvania.

“I think that’s when it sunk in,” he said.

“I think the biggest factor is really the employees themselves. They are really special people,” Wolfe said. “They are very committed. They are the ones who are the fabric of this place, and we’d never be a Best Place to Work without them.”

The recent honors are not the only evidence of the hospital’s turnaround. Along the way, public perception has also improved dramatically, Wolfe said. Market share has jumped from about 44 percent when Wolfe took over in 1999 to 57 percent about a year ago. And in the middle two-thirds of Indiana County — where

“It took some time,” he said. “It had a lot to do with listening.”

Wolfe gives much of the credit in this area to James Kinneer, vice president of people and organizational development. “He has a lot of good ideas,” Wolfe said.

While being named to these lists is nice recognition, Wolfe makes it clear he is far more interested in what industry leaders identify as areas of improvement.

Wolfe has implemented several incentive plans and benefits for its employees, including a share of 20 percent of the bottom line and \$1,000 for employees who want to adopt a child — an idea gleaned from a fellow Best Place company.

The turning point in employee sat-

STEVE WOLFE, AT A GLANCE

Born: Edwards Air Force Base, Calif.

Grew up: Jersey Shore, Pa.

Age: 46

Family: Wife, Karen, and five children, ages 5 to 17.

Education: Bachelor’s degree in pharmacy from Temple University; master’s degree from Penn State University.

Background: Director of hospital pharmacies at J.C. Blair in Huntingdon for nine years; seven years at Clearfield Hospital, including four as CEO; joined IRMC as CEO in 1999. “Largely, (Clearfield and Indiana) were relatively similar organizations. I really liked the facility, the people. When we came down here, we could see there was a lot of potential. I felt like the organization was underperforming. It ended up that this was really a great opportunity.”

First job: Worked as a corn detasseler as a teenager at Doeblers Hybrids in his hometown. “One thing that it makes you appreciate is that when you have a bad day, it still beats detasseling corn.”

Philosophy: “Employees are the real heroes here.”

Employees: 1,420

Accolades: IRMC has been named among the Best Places to Work in Western Pennsylvania (2004, 2005 and 2006), Best Places to Work in Pennsylvania (2005-09); Best Places to Work in Health Care in Modern Healthcare magazine (2009); and Fortune magazine’s 100 Best Companies To Work For (2010).

Goal: To be the best hospital in the United States.

the vast majority of the population is centered — the hospital enjoys about 71 percent market share, he said.

And revenue has soared from \$54 million during fiscal 1999 to about \$130 million last year.

These factors, plus a dramatic improvement in the relationship between the administration and its medical staff, has allowed the hospital to attract many top physicians, Wolfe said.

Increased competition from other regional hospitals (UPMC recently opened a location in Monroeville, just 45 miles away) has Wolfe’s attention, too. Last year, IRMC opened a 31,000-square-foot satellite facility in Blairsville, the area of the county experiencing the swiftest growth. A smaller satellite in Homer City has also opened under Wolfe’s tenure. Other outpatient facilities are spread across the county.

Wolfe will get a better look at the region’s other hospitals as the newly appointed chairman of the Hospital Council of Western Pennsylvania.

“A.J. Harper (council president) and Western Council is an outstanding organization and they are embroiled in very important work to the hospitals of our region. A few exam-

ples are the medical assistance payment rates, wage index issues and various activities to assist hospitals in a difficult operating environment,” Wolfe said.

“I have learned what a great organization they are and how association work occurs in working for change via political and legislative fronts. I have much more to learn. My job as chairman is to give the executive officer and the staff what they need to do their jobs.”

While IRMC has proven it is consistently regarded in the top tier of medical facilities in Pennsylvania, Wolfe said his staff is striving to make it one of the best hospitals in the United States.

While that may have sounded unrealistic a decade ago, the hospital has been making strides on that front, too. Hospital administrators are taking seriously a challenge by Wolfe to join the dozen or so hospitals in the nation that have won the prestigious Malcolm Baldrige National Quality Award. IRMC is one of less than a handful of Pennsylvania hospitals to achieve Mastery level. Perhaps, Wolfe said, the hospital can celebrate its centennial in 2014 with a Baldrige Award.

“That would be great,” he said. †



Submitted photo

The Indiana County facility has been deemed one of the country’s best places to work.

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Local professors address shortage of nursing faculty

By Amanda Dabbs

With baby boomers aging and the need for health care growing, nursing colleges and universities across the country are struggling to meet the demand for nurses, often having to turn away students due to an insufficient number of faculty, classroom space, clinical sites and budget constraints. According to a survey by the American Association of Colleges of Nurses (AACN) 49,948 qualified applicants from baccalaureate and graduate nursing programs were turned away in 2008 alone. A recent report by the Council on Physician and Nurse Supply, an independent group of health care leaders based at the University of Pennsylvania, stated that 30,000 additional nurses should be graduated annually to meet the nation's health care needs. This would be an expansion of 30 percent over the current number of nurses who graduate each year.

Nearly two-thirds of the nursing schools responding to the AACN survey referred to faculty shortages as a key reason for not being able to accept all qualified applicants into their programs. The problem is further complicated with the prediction that 75 percent of the nation's current faculty population is expected to retire by 2019.

"Our country will face a critical

shortage of nurses by 2020," said Dr. Eileen Zungolo, dean of Duquesne University's School of Nursing and past president of the National League for Nursing (NLN). The NLN's 2002



Submitted photo

Dr. Eileen Zungolo, dean of Duquesne University's School of Nursing.

Faculty Survey concluded that not enough qualified nurse educators exist to teach the number of nurses needed to reduce the nursing shortage.

Zungolo and Debi Hubbard, director of nursing at Excelsa Health Latrobe Hospital and faculty member for Indiana University of Pennsylvania's Department of Nursing and Allied Health Professions, both cited substantially lower salaries in teaching than in clinical care as a top reason for the shortage of nursing faculty. Moreover, Dr. Mary Lou Bost, professor for Carlow University's School of Nursing, says another reason for the shortage of nursing faculty is often the lack of qualified candidates available to fill the positions.

In an effort to improve Pennsylvania's nursing shortage situation, Gov. Edward G. Rendell announced in September 2008 that the Commonwealth's current investment of \$750,000 to address the nursing shortage would be matched by at least \$870,000 in private-sector funds. This public-private partnership yielded new money for schools to hire more nursing faculty and educate more students. According to AACN, Pennsylvania also is working to launch programs — inside and

outside of the legislative arena — involving strong collaborations among education, practice and community stakeholders.

"Pennsylvania does have a shortage of nursing faculty, but it is not as severe here as many other states," explained Bost. "This is related to the fact that there are a large number of schools in the Commonwealth that educate nurses," she said.

Hubbard recommends that universities can encourage more nurses to pursue nursing education by working with hospitals, offering incentives such as grants and loan forgiveness and providing education at a discounted rate for students who commit to teaching at a university for a certain number of years. In addition, Zungolo contends that universities need to make nursing faculty positions more attractive through higher salaries and better benefits.

Zungolo advises individuals pursuing the nursing education field to be aware that the job can be quite demanding, as faculty are required to stay abreast of both clinical practice and emerging technologies. Nevertheless, being a nurse educator can be a very rewarding, fulfilling career. "If you love teaching and nursing practice, it's the perfect marriage of two areas."

Bost describes the collegiate environment as another key benefit of

becoming a nursing faculty member. "Working with people from other disciplines allows me to have a variety of perspectives, creating an enriching learning environment," she explained.



Submitted photo

Dr. Mary Lou Bost, professor for Carlow University's School of Nursing.

For Hubbard, teaching reminds her of why she became a nurse. "I enjoy being able to share the knowledge and skills I have gained during my nursing career and I am inspired by the students' enthusiasm and excitement to become nurses."

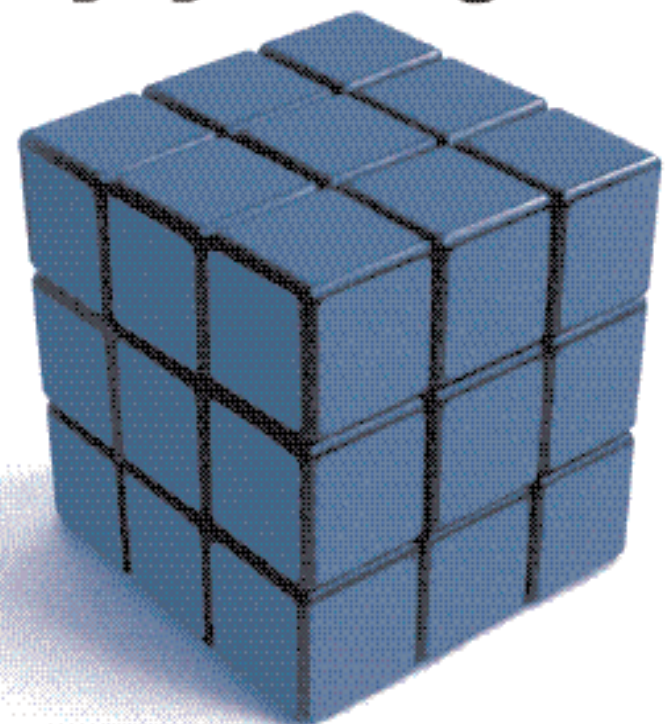
"It's a great time to enter the nursing field. There are so many opportunities for nurses," said Zungolo. †



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Debi Hubbard, director of nursing at Excelsa Health Latrobe Hospital and faculty member at IUPUI's Department of Nursing and Allied Health Professions.

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Junior volunteers continue legacy of candy strippers

By Kathleen Michalovicz

In 1954, The Washington Hospital organized its first group of teen volunteers called candy strippers. Traditionally, candy strippers were girls who wore red and white striped pinafores. They began their hospital adventures pushing candy carts to patient floors throughout the hospital.

Soon, they expanded their duties, working in the hospital gift shop, delivering mail to patients, and helping family members and visitors at the information desk. And as nurses became overburdened, the volunteers took on more duties. Today, many hospitals continue to offer volunteer experiences to teens and have expanded responsibilities in many areas of the organization.

In 1993, The Washington Hospital changed the name of its teen program to Junior Volunteers since teen boys were now becoming a part of this prestigious group.

Junior volunteers must be 14 years of age or older, complete an application and interview process, provide a teacher or adult character reference, and have parental consent. Many students are interested in careers in health care and find volunteering very beneficial. Once accepted as a junior volunteer, each teen must attend orientation and department-specific training, wear a uniform and ID badge, and adhere to hospital policies and procedures.

The Washington Hospital Junior Volunteer program also provides leadership opportunities, by advancing experienced teens onto the Junior Volunteer



Submitted photo

Laura Adams, left, president of The Washington Hospital Auxiliary, and Fran Cicero, far right, Junior Volunteers adviser, recently presented Eugene L. Strosser scholarships to Emily Boswell, Holly Mahoney and Kayla Welling.



Submitted photo

The Washington Hospital's Junior Volunteer Executive Board includes, front row, from left: Secretary Leslie Shipman, President Julianne Popivchak and Treasurer Casey Knapp; and, back row, from left: Adviser Fran Cicero, Bethany Pielt, McKenzie McElhaney, Kristly Pollana, Rachel Sharp and Jessie Greco. Missing from the photo are Vice President Brianna Kidd, Megan McFall and Abby Neal.

Executive Board. Their responsibilities include training students who are new to the program, developing unit schedules, and moving the program forward to meet the needs of today's teens.

Over the years, junior volunteers have also embarked on their own fund raising projects to help the hospital. Monies raised have helped to buy books for the pediatric floor, a music system for the operating rooms and toys for the surgical services children's playroom, just to name a few of the junior volunteer's worthy projects.

The program, which is supervised by senior volunteer Fran Cicero, currently has 115 teens who volunteer year-round on weekends or after school. Most volunteer two or three times a month for two to four hours. In 2009 teens volunteered more than 6,800 hours.

The Washington Hospital Auxiliary has been a strong supporter of the Junior Volunteer Program since the very beginning. In 1992 the Auxiliary developed the Eugene L. Strosser Scholarship Fund, named after a past president and CEO of the hospital. It gives three \$1,000 scholarships annually to junior volunteers who demonstrate excellence in service to the hospital, scholastic achievement and community involvement.

The Volunteer Services Department oversees the junior program and also organizes shadowing experiences for students enrolled in the teen program. To participate in shadowing, teens must be actively volunteering, have accumulated a minimum of 50 hospital volunteer hours, be interested in a health care career, and be taking appropriate math and science courses. Depending on their area of interest, teens have shadowed hospital employees in physical therapy, pharmacy, radiology, critical care, surgery, maternity, orthopedics and many other specialties.

Junior volunteer programs were important to hospitals in the 1950s and remain relevant today. Teens are accepted into The Washington Hospital program in January, May and September. †

Michalovicz is director of volunteer services at The Washington Hospital. For more information on how to become a volunteer at the hospital, call (724) 223-7114.

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Physician recruitment requires constant evaluation of needs, reevaluation of employment practices

By Barb Cliff

It is the responsibility of all hospitals to ensure they are prepared to properly service the needs of the communities they serve.

Among the most important ways hospitals can make sure they are properly serving their communities is through physician recruiting. At Windber Medical Center, our approach to physician recruiting is two pronged: we recruit for urgent and emergent needs and we also recruit for future needs of the community as our research indicates. For instance, while Windber Medical Center will have general needs that never change, we know that heart disease, cancers and diabetes are higher concerns for our community than they might be elsewhere.

Recruiting must be an ongoing, everyday effort with constant evaluation of changing community needs and reevaluation of recruiting practices rather than only seeking to fill immediate needs. Changes such as retirements, growing practices and shifting community demographics must constantly be reviewed and the associated needs be weighed in order to shape the focus of your recruiting efforts.

Knowing the types of physicians to seek is the easy part of the process. Finding ways to attract physicians who fill those needs is much more involved and should be a precise process.



Submitted photo

Barb Cliff, president and CEO of Windber Medical Center, addresses an audience during a recent presentation.

We start our process by first trying to locate doctors practicing within our target specialties who have ties to Windber and the Greater Johnstown area or western Pennsylvania. Locating physicians who are already familiar with the region to which they may relocate can be an advantage because they are aware of the quality of life it offers. However, it should be noted that our efforts are not exclusive to physicians with ties to our region.

Once we have identified our candidate, our recruiting efforts become personal — literally. We believe that every recruiting effort should be tailored and personalized to each individual. Before a candidate ever arrives in Windber,

we use a questionnaire to find out what kind of information that individual would like to seek out while here. Would the person like to meet with a realtor, visit local schools or would he or she like more information on interests outside of work prepared for him to review while visiting?

We also feel it is just as important for us to get to really know a candidate as it is for the candidate to get to know us, our hospital and our community. We're recruiting to fill needs long term, so it is vital to make the best effort possible to ensure that both sides will be happy to with a long-term commitment.

Growing a positive relationship is why we don't candy-coat any of our attributes or overstate our most positive aspects. It's important for a recruit to know exactly what our region has to offer. We want to make sure a candidate's lifestyle is compatible with living in the Laurel Highlands as much as we're certain of his or her competencies as a physician.

And recruiting the physician alone isn't enough. If the doctor is married, it's just as important to consider and attend to the needs of the spouse. Every effort to assure the move is good for the physician should also be made for the spouse to help ensure the couple is happy to be here well into the future.

Family ties can be vital connectors in a recruiting effort. For example, when I was recruited by Windber Medical Center last year, family ties played a significant role. Moving from northern Michigan to southwestern Pennsylvania placed me closer to my daughter in Buffalo, N.Y., which made the position here even more attractive to me.

Meticulous and personalized recruiting helped to land me at Windber Medical Center and it's helped us to land some outstanding physicians. And it's important to remember that the recruitment process continues well after a commitment is given. Keeping in contact with your new hire and making sure that person's needs are being addressed during the transition period can make sure you don't lose a great doctor while he or she is still a prospect. †

Cliff is president and CEO of Windber Medical Center. The center's Web site can be visited at www.windbercare.com.

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Creating a culture of patient safety in hospitals

By Amanda Dabbs

Safety — it's something most of us take for granted when we walk through the doors of a hospital. Yet, each year as many as 98,000 people die from medical errors that occur in hospitals, making it one of the leading causes of death in the United States.

"To Err is Human: Building a Safer Health System," is the title of a 1999 report released by the Institute of Medicine (IOM) that brought great public attention to the crisis of patient safety in the United States. In 2001, IOM followed up with the report, "Crossing the Quality Chasm: A New Health System for the 21st Century," which further detailed the significant gaps existing in health systems that prevent quality care from consistently being delivered to patients.

These reports urged health care institutions across the nation to take serious action to identify and improve patient care. In Pennsylvania, Act 52 requires certain health care facilities in the Commonwealth to report health care associated infections to the Pennsylvania Department of Health, the Pennsylvania Healthcare Cost Containment Council and the Pennsylvania Patient Safety Authority through the Centers for Disease Control and Prevention's National Healthcare Safety Network. The Act is part of Gov. Edward Rendell's "Prescription for Pennsylvania" plan to reduce and eliminate health care associated infections.

"Creating a culture of patient safety requires all members of a hospital including doctors, nurses, technicians, administrators and other employees to be involved," said Denise Addis, chief quality officer and director of patient safety for Excelsa Health. "We also find it very important to have patients and families engaged in their care too."

The heart of patient safety is about educating and changing the health care culture to allow anyone — clinical staff, administration, patients and families — to be able to throw in a warning flag.

Patients are directly involved in their own care by being encouraged to ask questions about their procedure, to participate in surgical site marking, to bring a list of their medications to every appointment and even to stop a nurse or doctor if they see that professional has not washed his or her hands. In addition to implementing all of the national patient safety goals recommended by The Joint Commission, Excelsa Health has worked to prevent ventilator associated pneumonia through a safety initiative supported by the Institute for Healthcare Improvement's 100,000 Lives Campaign known as the ventilator associated bundle.

"The bundle includes raising the head of the bed, oral care, assessment of need for intubation and providing prophylactic gastrointestinal treatment," said Addis. Other patient safety initiatives at Excelsa Health include rapid response teams, a "We Care Hotline" for patients and their families and extensive education for staff on how to prevent patient falls and urinary tract infections.

According to the Centers for Disease Control and Prevention, urinary tract infections (UTIs) account for nearly 40 percent of all hospital-acquired infections. To help hospitals reduce UTIs, Jefferson Regional Medical Center participated in a statewide study facilitated by VHA Inc., a national health care alliance, to share best practices around UTI prevention and accelerate the ability of hospitals to implement prevention strategies.

Prior to the study, Jefferson Regional already was exploring comprehensive measures for reducing UTI incidence in its patients. Currently more than 20 action items aimed at decreasing the UTI rate have been developed and implemented.

"Every UTI prevented is a phenomenal outcome for our patients," said Nancy Winkleblech, manager of Jefferson Regional Medical Center's Respiratory Care Unit.

Jefferson Regional has in place many clinical teams to address other important patient safety issues, such as reducing the time patients spend on an emergency department visit to preventing patient falls.

"We have an active patient safety program which includes weekly patient safety rounds emphasizing the role all employees play in these initiatives," said Mary Mylo, director of performance improvement at Jefferson Regional Medical Center.

Memorial Medical Center, the flagship hospital of the Conemaugh Health System, also implements various fall prevention procedures to keep patients safe.

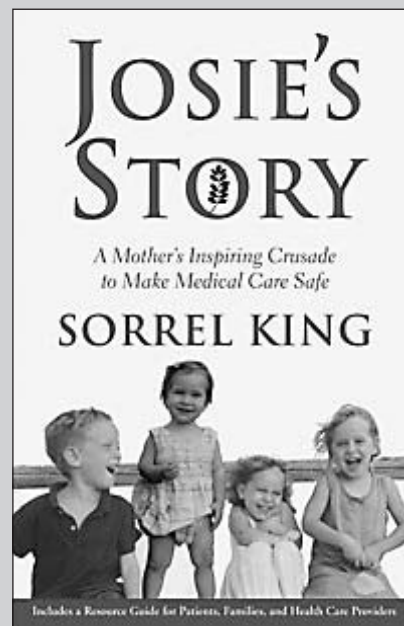
"We employ measures such as signage, yellow arm bands and yellow slippers to designate patients at risk for fall, and bed alarms, for example, to try to prevent falls," said Amy Bradley, Memorial Medical Center's director of marketing and communications. In addition, the hospital launched an aggressive campaign to decrease and try to eliminate pressure ulcers and takes significant measures to carefully monitor patients who come into the hospital with suspected myocardial infarction, stroke, heart failure or pneumonia.

As a way to remind employees of the importance of cleanliness and how it impacts patient safety, Memorial Medical Center's Performance Excellence and Quality department recently held a "Culture of Clean Fair."

"In addition to the intense training our entire staff undergoes routinely, this was simply another opportunity to remind our employees about the importance of cleanliness and keep it on the front burner," says Lisa Hoegg, director of quality excellence at the hospital. "Patient safety and high quality care is of utmost importance to our organization, that's why we highlighted everything from prepping an IV, to cleaning a patient room and patient equipment, to even the basics such as hand washing and dress code."

According to Addis, the heart of patient safety is about educating and changing the health care culture to allow anyone — clinical staff, administration, patients and families — to be able to throw in a warning flag. "This in turn allows the hospital to regroup and proceed with patient care more effectively," she said. †

Excelsa Health to host patient safety seminar and book signing with Sorrel King



Josie King Foundation

Health care and other interested professionals in the region are invited to attend an event hosted by Excelsa Health featuring Sorrel King, founder of the Josie King Foundation and a nationally recognized author and patient safety advocate. The event is scheduled for Wednesday, March 24, at 6:30 p.m. at the Fred Rogers Center at St. Vincent College, 300 Fraser Purchase Road, Latrobe.

The Josie King Foundation was founded in 2001 by Sorrel and Tony King, after their 18-month-old daughter, Josie, died of medical errors at Johns Hopkins University Hospital. The Josie King Foundation's mission is to prevent others from dying or being harmed

by medical errors. By uniting health care providers and consumers, and funding innovative safety programs, the foundation's hope is to create a culture of patient safety, together.

In September 2009, Sorrel King published a memoir titled "Josie's Story." The book details the medical errors that led to Josie's death, the family's struggles to deal with their grief, Sorrel's venture into the health care industry as a patient safety advocate and the safety improvements that have come about in Josie's memory. "Josie's Story" was named one of the top health books of 2009 by the Wall Street Journal. For more information about "Josie's Story" and the Josie King Foundation, visit www.josieking.org.

To make a reservation to hear Sorrel King, call (877) 771-1234 or register online through the events calendar at www.excelsa-health.org. A book signing will follow the presentation.



Josie King Foundation

Food service recycling project pleases staff and patients

Every year, millions of plastic milk bottles are needlessly discarded and end up in landfills. In an effort to support recycling efforts while enhancing patient services, Food and Nutrition Services at Excelsa Health Frick Hospital has partnered with the Mid-Atlantic Dairy Association and TerraCycle, Inc.

In November 2009, the hospital introduced a bottled milk product to its menu option and began providing recycling bins for these bottles in the food service areas.

"With the availability of this product, not only can we divert packaging waste from going to landfills but we can help to create consumer awareness about environmental responsibility by encouraging people to re-think what is waste," noted Gary Moidel, Frick Hospital food services manager. "This particular recycling program features the 8-ounce milk bottles that are used in the hospital cafeteria and hospitality shop, and on patient trays.

"The patients are pleased because they are easier to open than the paper cartons," said Moidel. "We like them because our handling of the milk has improved. We do not have any 'leakers' in the cooler any more. We have not had any milk in bottles spoil prior to the recommended use-by date. This happened



Submitted photo

Gary Moidel, manager of food and nutrition services at Frick Hospital, serves ice-cold milk in recyclable containers.

too often with the cartons. And the recycling program is a way for us to recoup an added expense for each serving."

For each recycled bottle the hospital receives a rebate of 2 cents, with proceeds from the collection returned to the Frick Hospital Foundation for future needs. Approximately 1,800 bottles have been gathered over the past two months. Once returned to TerraCycle, the bottles are sterilized, cleaned and ready for reuse — this time outside the food service industry.

Internationally, more than 8 million people have participated in TerraCycle's various recycling programs. Approximately 1.2 billion waste units have been collected. Through recycled waste, TerraCycle makes nearly 150 different types of reusable products. In addition, through the rebate incentive, the company has given back more than a quarter of a million dollars to the charitable organizations participating in their programs.

"This project is a 'win-win' for all parties involved," commented Moidel. "The best part is that we were able to change things that have benefited patients directly in making their experience with our hospital as comfortable as possible as, well as impacting the environment." ↑

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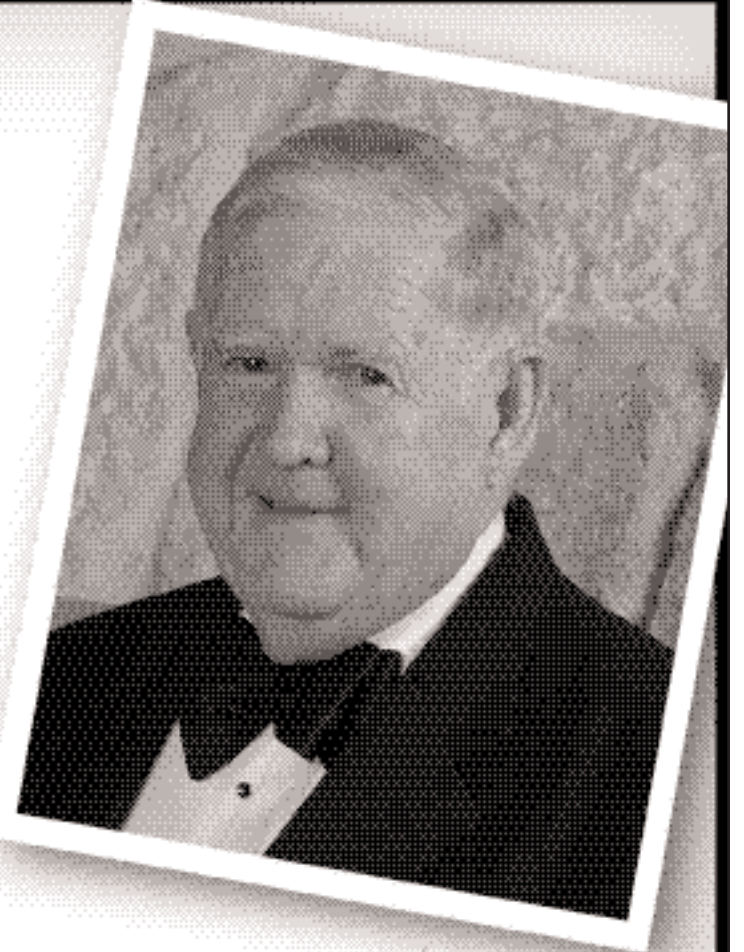
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Minority recruitment aids in reducing health care disparities

By Vanessa Orr

In December 2009, Regina Benjamin, M.D., the new U.S. Surgeon General, gave a speech calling for health care leaders to step up their efforts to increase the number of minority physicians. Despite the fact that African-Americans and Hispanics account for roughly 28 percent of the population, the proportion who hold positions as U.S. physicians is only 6 percent; the same proportion as a century ago. Only 12 percent of students who graduate from the nation's medical schools are African-Americans, Hispanics, Latinos or Native Americans.

Benjamin is not the only professional who is concerned about the number of minorities employed in the health care field. Groups such as the Association of American Medical Colleges (AAMC) recently created www.aspiringdocs.org, a new online community that enables aspiring minority doctors to ask questions and receive advice from the AAMC as well as other experts in the undergraduate and medical school community such as pre-health advisers, financial aid counselors, medical school students and practicing physicians. The site also tries to inspire students with real-life stories of practicing minority physicians and medical students who overcame a variety of challenges and barriers on the road to medical school.

"We must change the face of medicine to reflect our nation's growing diversity," said AAMC President Darrell G. Kirch, M.D. "The AAMC hopes this will encourage more minority students to follow their dreams of becoming doctors so that we can improve access to quality care and ultimately eliminate health care disparities."

In Pittsburgh, Duquesne University is leading the way in promoting diversity, not only in its School of Nursing, but at the university as a whole. Kathy Mayle Towns, R.N., M.N.Ed., M.B.A., is the director of the school's Center for Healthcare Diversity and also sits on the committee for minority retention and recruitment of students on the President's Council on Diversity. The Center for Health Care Diversity addresses issues of equity and diversity for meeting the health care needs of minority populations through community nursing focused research, education and training of nurses, health policy development and community service.

"In order to create a more diverse student population, top leadership has to make the commitment to value, believe in and promote diversity," said Towns. The School of Nursing runs a health careers internship program within the Center for Health Care Diversity, traveling to area schools to speak with students from minority or disadvantaged backgrounds about joining the summer program. During the school year, staff help students apply to schools and provide career development

opportunities that may lead to them entering the University's School of Nursing or other health care programs.

According to Towns, providing a more diverse health care workforce is extremely important to patient care. "Health disparities still exist; in 2010, minority populations led in the number of deaths in all major categories, and we could have said the same thing 20 years ago," she explained. "We're still working on the same issues; things haven't changed that much."

While minority populations do not always have access and availability to health care, there are other problems as well. "You have to look at how minority populations are treated and they types of interactions they have with health care professionals," said Towns. "Effective communication skills are key; if people are not comfortable with you, or are affected by cultural differences, they may not be honest or provide you with all of the information you need as a health care practitioner to provide safe, quality health care."

"If you don't have the whole picture, you may come up with the wrong treatment plan," she added. "But the more a practitioner practices effective communication and is able to meet the patient where they are, it increases the opportunity for better outcomes."

Duquesne University offers a dedicated course on transcultural nursing designed to develop more culturally competent health care workers. "Students go through a number of exercises and discussions in class to help them go on the same journey, so to speak, as their patients," said Towns. "This enables them to be better prepared for meeting patients who may not be from the same cultural background as they are."

The School of Nursing also offers a course in service learning for freshman during which they go out into six vulnerable population areas in Pittsburgh, including in elementary schools in Homewood, Southside, North Side, McKees Rocks and the Hill District. During their sophomore years, students remain in these communities, honing their crafts at nursing homes, soup kitchens and other community facilities. They work at community hospitals during their junior years, and as seniors learn about chronic health conditions by dealing with the high percentage of the population who are chronically ill, through social service agencies and hospitals.

In addition to minority recruitment, the School of Nursing is committed to minority retention, and have strategies in place to help students who may be struggling. "We have an early warning system that after the first test, notifies faculty of potential problems with students in danger of academic failure," said Towns. "We meet with students to determine what the problems are and help them come up with a plan to become successful. It's very time-intensive to do this, but it's a commitment at Duquesne that comes from the top."

While learning how to deal with people from other cultures may not be easy, making the effort pays off in the long run for both students and patients. "To strive to become culturally competent is a process," said Towns. "It is uncomfortable to leave what you're used to, and to explore other people's ways of thinking that might not be like your own. But it provides for better quality outcomes for patients, and creates more culturally competent health care providers." †



Submitted photo

Kathy Mayle Towns, director of Duquesne University's Center for Healthcare Diversity.

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4 Pitt students are a study in career prep

By Vanessa Orr

It takes a lot of work to earn an advanced degree, especially when a person has a full-time job. Yet for many health care professionals, the benefits of having such a degree greatly outweigh the sacrifices required.

Doug Gebhard, Rob Snyder, Jonathan Carothers and Jessica Daw are four students currently enrolled in the M.B.A. program at the University of Pittsburgh's Joseph M. Katz Graduate School of Business. While each has his or her own reasons for pursuing an advanced degree, they all believe that the work they are doing now will greatly enhance their opportunities in the future.



**DOUG GEBHARD,
PHARM.D.**

After graduating from the University of Pittsburgh School of Pharmacy last year, Gebhard decided to go on to earn an advanced degree. A part-time pharmacist for Walgreens, he is enrolled in the university's one-year, full-time M.B.A. program.

"I attended a presentation by a representative of the university who told us that they were hearing from health care companies that there was a need out there for a different type of student — someone with a clinical background in health care and a management or business degree," he said. "I looked at the ranking of

the school, which has a top 25 program, weighed my options and decided that this was a good opportunity.

"I did get a mixed reaction from people, since I went straight into the M.B.A. program from pharmacy school," he added. "Some thought that I should work for awhile first; but I wanted to do it now while I was still motivated. Once you're working and earning money, I think it's harder to go back."

While Gebhard is not looking to switch careers, he felt that a background in management along with a pharmacy degree would help him get his foot in the door when looking for a job. "I think it gives me a special niche within the health care industry," he said. "Going into an entry level position, I think the combination of two degrees will benefit me. It opens up opportunities in a wide range of fields."



**ROB SNYDER,
PHARM.D.**

Rob Snyder also graduated from the University of Pittsburgh School of Pharmacy last year, and went directly into the one-year M.B.A. program at Katz. "I knew early on that I was more interested in the business side of things," he explained. "It's very important to have a strong clinical background, but when leading groups and projects, you also need to know how to utilize information and how to see the big picture. I think many clinicians have a limited sense of the business aspect of health care.

"Depending on what part of health care you're interested in, there are a lot of industries, like the pharmaceutical industry, that are looking for clinical experience and a business degree or business experience," he continued. "Hospital management also likes individuals with business backgrounds who have an understanding of budgeting and how to allocate resources."

Snyder currently works part-time for Hometown Pharmacy, working at their five independent pharmacies in the Pittsburgh area and their long-term care operation. "I am entrepreneurial in nature, so I hope to use my business experience to manage a pharmacy or a group of retail stores, or to open my own someday," he said.

"I'm definitely glad that I did it," he added of his choice to pursue an M.B.A. "It's been a long haul, but it will definitely pay off in the end."



**JONATHAN CAROTHERS,
PHYSICIAN ASSISTANT,
TRI-RIVERS SURGICAL ASSOCIATES**

Jonathan Carothers has been an orthopedic physician assistant for the past nine years. Last year he decided to go back to the University of Pittsburgh for his M.B.A., and is currently enrolled in the school's part-time evening program. "I figured it was the right time in life; I was starting to look for something more because there is a ceiling as to what I can offer with the title of physician assistant. I am hoping that this degree will open up more clinical and business opportunities."

According to Carothers, the Tri-Rivers staff has been very supportive of his desire to go back to school, and he believes that his degree might also open doors within the organization. "Specifically, the corporation that I work for owns a medical consulting firm, and this will help me get involved in the business side of medicine," he said. "Having both a clinical and business degree can lead to a number of opportunities, including a career in hospital-based administration or even consulting work.

"For what I do, my clinical experience will always promote me on the medical side of things, but having the added bonus of a business degree brings more to the organization," he added.

Carothers chose the Katz School of Business for a number of reasons. "My wife works at Pitt, so there was a financial incentive," he said. "I also like its Pittsburgh location because I wanted to stay rooted in community where I have networking contacts. It was the right-sized school at the right time."



**JESSICA DAW,
MANAGER OF CLINICAL PHARMACY FOR
UPMC HEALTH PLAN**

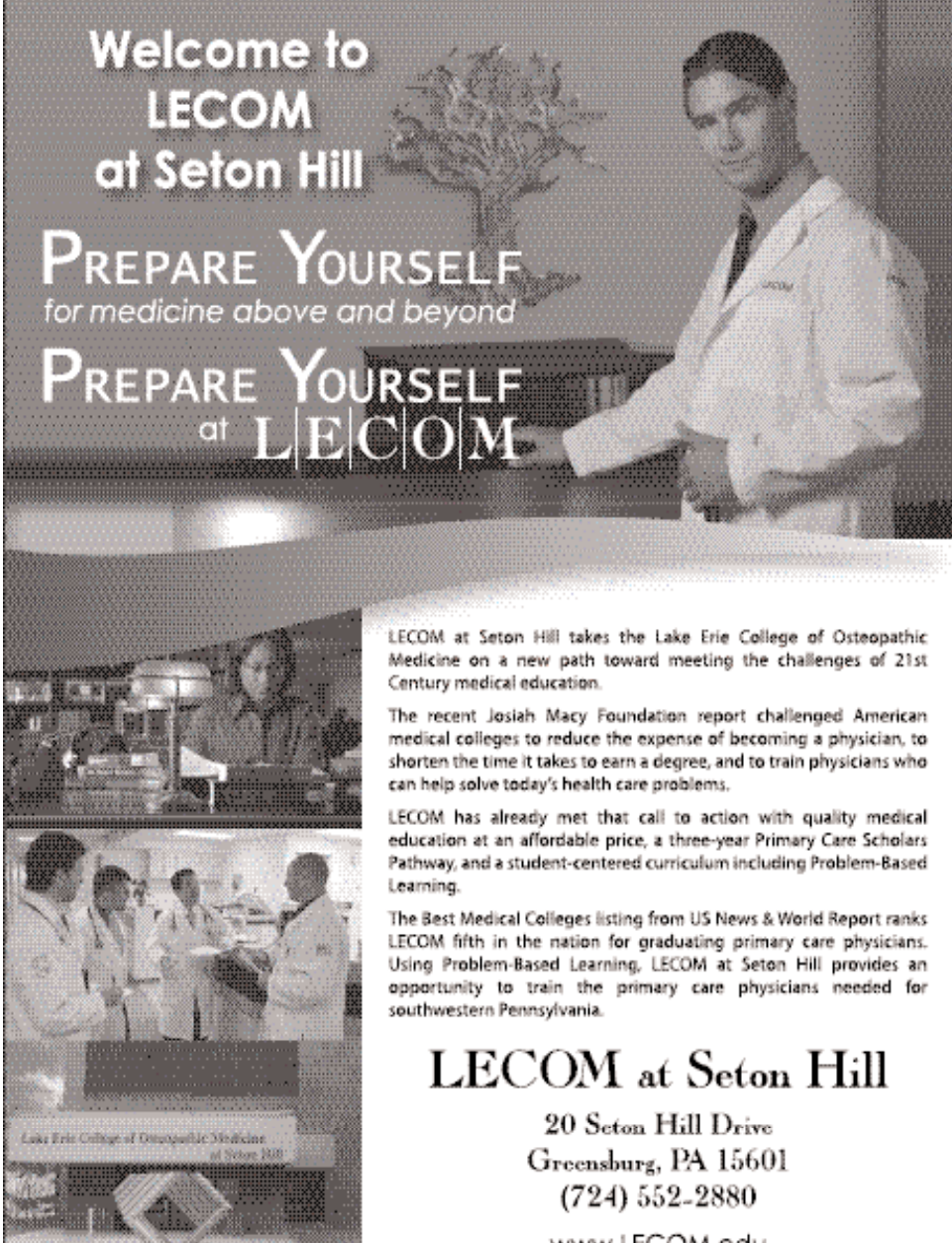
Jessica Daw is currently enrolled in the University of Pittsburgh's part-time MBA program. "I decided to go back to school because I wanted to gain a better insight into the overall picture of the health care industry," she said. "I am happy with my job, and this experience will help me become more efficient in how I do the job now, and will also help me in the future."

Daw usually spends about six hours in class each week, and 10 hours on school-related activities outside of class. "In health care, I believe that it gives you an advantage to have an M.B.A., because while many people have clinical backgrounds, it also helps to understand the business aspects involved within the industry," she said. "I also like to take the concepts that I learn and immediately apply them to my current job. It gives me the opportunity to become a more effective manager." †

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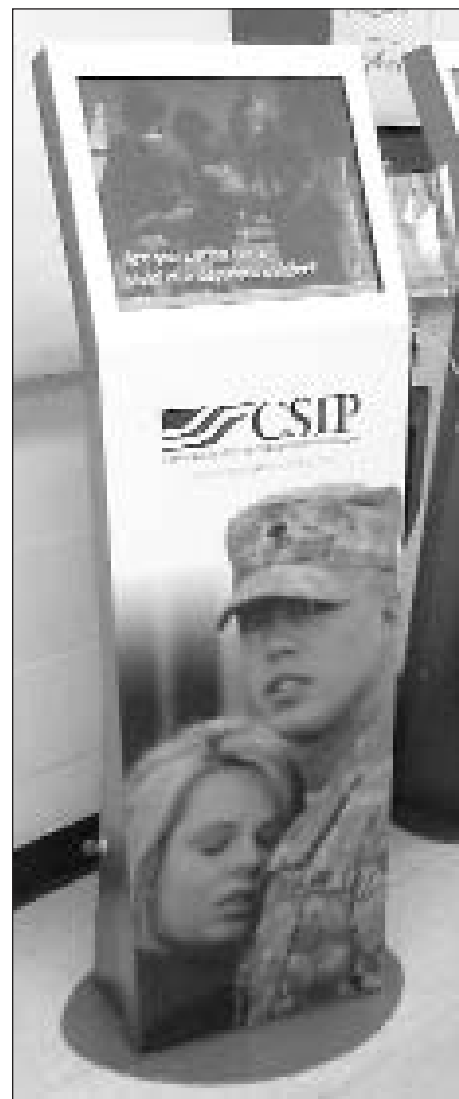
Health system promotes combat stress campaign

Conemaugh Health System is currently providing kiosks to area businesses and organizations across Cambria and Somerset counties as part of the Combat Stress Intervention Program's (CSIP) "War Touches Everyone" campaign.

More than a quarter of a million U.S. service members currently are deployed overseas. Counties across western Pennsylvania possess some of the highest per-capita rates of National Guard and Reserves deployment.

CSIP is kicking off the campaign to increase the public's awareness of combat-related stress in soldiers. The touch screen kiosks possess various forms of education tailored to those who are accessing it, be it veterans, family members of veterans or community members. Veterans are given the opportunity to learn more about combat stress, as well as take a self assessment that can alert them if they are experiencing symptoms. Family members of veterans will be educated on the warning signs of combat stress and offered various resources to benefit their loved ones.

"To date, CSIP's research shows that 40 percent of those returning from war exhibit some sort of combat stress-related disorder, including Post Traumatic Stress Disorder," said Barb Duryea, director of research



Submitted photo

Conemaugh Health System kiosks increase awareness of combat-related stress.

and development at the John P. Murtha Neuroscience and Pain Institute. "These kiosks will not only help educate the public on combat stress, which affects so many of our military men and women returning from duty, but their physical presence alone in local businesses and organizations will help serve as a reminder to the public about the importance and prevalence of this issue."

The kiosks will be located in establishments such as medical facilities, shopping malls, libraries, bookstores and YMCAs.

One of the goals of the community awareness campaign is to use its findings and informational resources to help implement similar programs in other communities across the country.

The Combat Stress Intervention Program, conducted out of Washington & Jefferson College in conjunction with the Conemaugh Health System's John P. Murtha Pain and Neuroscience Center, is a three-year, \$6 million research project designed to investigate the post-deployment needs of Guard and Reserve service members from rural southwestern Pennsylvania and to help families, behavioral health care providers and the general community help these returning soldiers. †

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Skimping on therapy can cause lifelong problems

By Kris Levan

Everyone's looking for ways to skip these days. A little less of this, no more of that. We're all finding ways to cut back now so we can have more later.

But if there's one area health care professionals don't want to see their patients cut back on, it's the investment in their long-term health. Yet, according to Marybeth Lehman, area vice president for Keystone Rehabilitation Systems in the Pittsburgh and Indiana, Pa., regions, that is exactly what physical therapists are seeing in her more than 30 western Pennsylvania outpatient rehabilitation offices.

"We have absolutely seen a decline in patient visits," Lehman said. "Physicians are making the referrals, but patients aren't calling to set up their appointments. Or they want to modify their PT program to do more at home and less at the (therapy) clinic."

And while a home exercise program is a common, often required, part of a full rehabilitation prescription, letting patients stray too far from the oversight of a trained physical therapist may be a risk to their long-term recovery, says Sandy Phipps, outpatient staff physical therapist at Grove City Medical Center.



Submitted photo

Physical therapist Ralph Sweithelm, left, of Keystone Rehabilitation Systems, talks with Martin Gearhart about what to expect during his treatment schedule.

"In addition to the modalities and clinical treatment a patient receives in an outpatient rehab setting," Phipps said, "patients are educated from a licensed professional about their functional progress from visit to visit and are given a specific program to follow at home."

According to Lehman, therapists also teach patients strategies on how to manage daily tasks to prevent reinjury.

A proper in-clinic rehab program, coupled with a formal at-home maintenance program, Phipps says, can diminish the likelihood of injury recurrence, reduce the use of medications and decrease the number of visits patients may make to a doctor, therapist or other

specialist. All of this translates to a cost savings for the patient down the road. But what can therapists, physicians and others involved in the patient's recovery process do to encourage better patient compliance now?

"The best thing that a doctor can do is educate patients of the importance of continuing with the course of prescribed care and encourage their patients to con-

sider the potential costs of not doing something for their long-term recovery," Lehman said.

Despite past recessed economic conditions, Lehman, a therapist for more than 12 years, says she has never seen such a significant drop-off in patient compliance.

"It's not just the economy," she said. "Now you've got rising co-pays and increasing deductibles in addition to the tough economic times. It's put a lot of pressure on the consumer."

Today's co-pays have soared to an average of \$20 to \$35 per visit, and a standard physical therapy order for a common injury is 12 visits. Some co-pays are as high as \$50 per visit.

"In the '80s the co-pays were much lower, and there was no managed care or limits on physical therapy," said Phipps, a licensed physical therapist since 1985. "But now there are limits on everything, which means it's more important for us to educate patients on the value we bring to their recovery."

A common example, according to Lehman, is the treatment of tennis elbow, the painful inflammation of the tendon at the outer border of the elbow resulting from overuse of lower arm muscles. A common physician's referral order of 12 therapy visits would include strengthening and stretching of the affected area, the application of anti-inflammatory modalities and exercises to improve flexibility. Additionally, the therapist would teach preventive techniques to diminish the likelihood of recurrence.

If left untreated, that same injury could cause permanent damage, including unresolved soreness in the affected area, loss of function and limited use of the elbow for day-to-day activities. It could ultimately result in surgical intervention, lost time from work or other activities, and the use of medications for pain relief.

Lehman says her therapists don't want to see patients have to make a choice between being pain-free or buying gas and groceries.

Outpatient rehabilitation centers are finding ways to offer more flexible options, including the acceptance of credit cards, variable payment plans at the patient's discretion, and other state- or federally-endorsed financial hardship programs. In addition, many outpatient rehabilitation clinics are offering early morning and evening hours so patients can attend therapy sessions more conveniently and without having to incur lost work time.

"People just can't afford to overlook pain or injuries just to save money," Lehman said. "Untreated injuries will end up costing more in the long run."†

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Grand Rounds program offers free continuing education credits

By Pamela Schanwald



The country's current economic situation has impacted the lives of every American. The deepening recession has changed the way we live our lives, leaving many worried about finding and keeping a job. To lessen worries, people are doing what they can to be more invaluable in the workplace. An easy but sometimes costly way to do this is through continuing education.

Despite the recession, the cost of education continues to rise. In a recent Pittsburgh Post-Gazette

article, a survey found that Pennsylvania's public four-year campuses are the fourth-most expensive in the nation for tuition and fees. While continuing education is crucial, it comes with a cost. For some of us, this added cost is unavoidable as continuing our education is a state requirement.

At the Children's Home of Pittsburgh & Lemieux Family Center, we realized the need to provide cost-effective opportunities for staff members as well as outside physicians and nurses to continue their education. Both the Pennsylvania State Board of Nursing and the State Board of Medicine require physicians and nurses to complete continuing education between license renewal periods — disciplinary action will be taken if continuing education is not maintained. Registered nurses are required to complete 30 hours of continuing education and must receive information relevant to patient care in general or specialty areas.

With the price of continuing education credits on the rise and the need to meet continuing education requirements, our staff helped to pave the way for the implementation of the Nursing and Physician Grand Rounds. With a diverse medical staff

including more than 80 physicians from the University of Pittsburgh Physician Group and neonatologists from the West Penn Allegheny Health System, The Children's Home realized that the expertise of the physician staff could be a way to provide continuing education to medical professionals in the Pittsburgh region.

The Children's Home of Pittsburgh & Lemieux Family Center has partnered with several companies to help underwrite the basic cost of the Grand Rounds continuing education sessions, including Community Care, Inc., Interim Health Care, Pediatric Specialists, Resmed, Kimberly-Clark and MedImmune.

The Grand Rounds events, held at The Children's Home of Pittsburgh & Lemieux Family Center, are completely free of charge. The sessions are scheduled at the end of the work day with most presentations limited to one hour. During 2008-2009, 586 professionals attended the continuing education sessions to expand their knowledge of pediatric care. In 2010, we look to grow the program by providing at least seven continuing education opportunities. Some of the previous topics have included: Long-Term Ventilator Strategies for the New BPD; Intestinal Transplantation; What Does Dysmorphic Really Mean; Care of the Medically Complex Child; and Non-Invasive Respiratory Management of Patients' with Neuro-Muscular Disease.

If you would like to be notified about the continuing education sessions at The Children's Home of Pittsburgh & Lemieux Family Center or your company would like to assist underwriting a special educational activity for our staff and the medical community, please contact Nicole Caravella at ncaravella@chomepgh.org or call (412) 441-4884, extension 2043. †

Schanwald is CEO of The Children's Home of Pittsburgh & Lemieux Family Center. She can be contacted at (412) 441-4884.

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Professor of Pediatric and Surgery
University of Pittsburgh Medical School
Children's Hospital of Pittsburgh of UPMC

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Lawrence County doctor returns from Haiti medical trip

Jim Gardner III, M.D., a physician at Jameson Health System's Family Medical Care of Lawrence County facility, and his brother, Mark, a medical resident, recently returned from a mission of mercy to Haiti.

The brothers, whose father and grandfather were both Jameson physicians, took with them supplies donated by Jameson including medications, antibiotics, suture kits, sutures, dressings and pain relievers. Once there, the Gardners and their team provided medical assistance and performed surgeries.

The team was composed of 14 people, including an orthopedic surgeon, a general surgeon, family doctors, a pediatrician, a physician assistant student, registered nurses and support staff, from Pennsylvania, Ohio, Michigan and Oklahoma. Organization of the team was made possible through the efforts of the Tulsa, Okla., faith-based program, In His Image Family Practice Residency Program, where Jim Gardner trained.

According to Jim Gardner, the devastation his team met was beyond what he expected to see.

"It is hard to describe the destruction and poor living conditions that we witnessed; it is much worse than I had anticipated," said Gardner. He went on to say that the diseases treated in Haiti are unheard of in the U.S. and have become worse

in Haiti since the earthquake — scabies infesting more than 50 percent of a body, diffuse cellulitis, malaria, typhoid, dysentery, severe malnutrition, rat bites and pneumonia were just a few of the medical challenges faced by the team.



Submitted photo

Dr. Jim Gardner's volunteer medical team members pose with some of the young Haitians they recently treated.

Surgically, as was expected, there were many wounds and abscesses that required extensive complicated debridement. "To our surprise there was still a need for further amputations and my brother, along with a general surgeon, were able to provide these in the operating room that was constructed in a previous school room," said Gardner. "The supplies received for the team from Jameson Hospital ... were invaluable in treating these patients."

"In five days, our team treated over 1,500 people, performed hundreds of complicated procedures and delivered five babies. This is a small impact on the grand scale of what needs to be done, but for those we tended, it was life changing," said Gardner.

Gardner and his team did observe that despite the extreme devastation, the people of Haiti still have hope and it was very clear to them that the Haitians are a strong and resilient people.

"I thank God that He gave us an opportunity to be a part of meeting the basic needs of these beautiful people," said Gardner. "It was a mountain top experience!" †

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Telemedicine could take a hit

By Julia Krebs-Markrich and Thomas W. Greeson

For the last few years, The Joint Commission has permitted hospitals to credential telemedicine practitioners from a distant site based on the credentialing and privileging decision of a distant accredited hospital or accredited ambulatory care organization as long as certain criteria were met. This approach made sense. It gave hospitals, medical staffs and patients access to specialty services via telemedicine link (e.g., telepsychiatry, teledermatology and telesurgery) while acknowledging that the hospital may have little experience in privileging these specialties, or that the distant site hospital had more relevant information upon which to base a credentialing decision. (See The Joint Commission, 2010 Hospital Accreditation Standards ["Standard"] MS.13.01.01.) A similar approach was utilized to help hospitals obtain interpretive services (teleradiology) via electronic technology. (See Standard LD.04.03.09.) At its core, "proxy" credentialing promoted access to needed quality services in a practical and cost-efficient manner.

The Joint Commission's common sense approach will be abandoned effective July 15, 2010 — the date The Joint Commission's new term as a recognized accreditation program for hospitals begins — because the Centers for Medicare & Medicaid Services (CMS) has determined that it does not comply with Medicare conditions of participation for hospitals.

In order to retain CMS approval as a deeming organization for hospitals, The Joint Commission had little choice but to agree that each hospital using Joint Commission accreditation demonstrate that it meets conditions for Medicare participation ("deemed status").

According to CMS, the Medicare conditions of participation at 42 C.F.R. §482.12 (a)(2) (governing body must appoint members of the medical staff after considering the recommendations of the existing members of the medical staff) and §482.22 (c)(4) (medical staff must adopt and enforce bylaws that describe the qualifications to be met by a candidate in order for the medical staff to recommend that the applicant be appointed by the governing body) require that anyone engaging in telemedicine at a hospital be credentialed and privileged at that hospital (74 Fed. Reg. 62335 November 27, 2009).

CMS has permitted The Joint Commission to allow the local, also called "originating," hospital to rely on a copy of the distant hospital's "credentialing packet" for privileging purposes (74 Fed. Reg. 62335).

Neither The Joint Commission nor CMS defines the term "credentialing packet." However, much of the information contained in a typical credentialing packet



is likely subject to a peer review privilege as it would contain references, evaluations and assessments of a practitioner's competency.

In addition, the credentialing packet must be accompanied by an "attestation" that indicates that the distant site's credentialing packet is "complete, accurate and up-to-date" (Standard MS.13.01.01 effective July 15, 2010). Before sending any such attestation hospitals and organizations or their legal counsel will surely consider: a) whether the attestation could be used against the entity supplying the packet in a negligence case; and b) whether such attestation could expose the hospital or organization to false claims liability on the theory that a claim for payment was invalid if it is later shown that the attestation was erroneous.

Telemedicine services offer hospitals without certain resources the ability to access needed specialty services for their patients. But many hospitals may not have the ability to evaluate the credentials of the distant site practitioner because that is the very service or specialty focus that the originating site may not have. Another barrier is the overall cost and burden of duplicative credentialing activity.

The Joint Commission reports that discussions with CMS about this issue are ongoing, but there has been no final agreement or change to federal regulations (Joint Commission Perspectives, October 2009, p. 16). In light of all the other matters on CMS' plate there is reason to doubt that this issue will get the attention it deserves, resulting in a big step backward in promoting access to care via telemedicine. ↑

Krebs-Markrich is a partner in the law firm of Reed Smith LLP. A member of the firm's Life Science Health Industry group, her practice focuses on hospital matters, Medicare/Medicaid reimbursement and compliance, physician representation, and research misconduct. She can be reached at jkrebs-markrich@reedsmith.com

Greeson is a Reed Smith partner and a member of the Life Sciences Health Industry group, practicing in the area of health care regulatory law with a focus on representing radiologists and diagnostic imaging providers. He can be reached at tgreeson@reedsmith.com.

HPI

Health Policy Institute Governance Briefing

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Mr. Greeley is faculty at The Governance Institute, former member of The Bureau of the Healthcare Facilities Accreditation Program, and member of the selection committee for the Excellence in Medicine Awards of the Foundation of the AMA. As chair of Volunteers in Medicine Institute, he assists hospitals and their communities establish free clinics for the uninsured.

Mr. Greeley will discuss

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Long-term care insurance allows peace of mind

By Daniel Casciato

Larry Rubin of Squirrel Hill knows firsthand how a lack of long-term care insurance can affect a family's financial and emotional well-being.

His mother needed seven years of long-term care before she ultimately died at the age of 86, and his father, still living at the age of 99 years and 10 months, continues to need care. Neither had long-term care insurance, so it drained their finances, and Rubin and his brother are left funding the care their father receives.

After liquidating the assets of his men's clothing store, Rubin, 66, decided to get into the long-term care insurance business two years ago.

"Having that experience with my parents and having the sense of buying policies for myself and my wife 12 years ago, it just made a tremendous amount of sense for me to get into this line of work," he said.

Rubin cites two reasons why people should consider buying long-term care insurance. First, without having the insurance, you can get into a situation where you need the type of care that these policies provide and pay for.

This insurance can protect your income, retirement, estate and assets because the cost of care is exorbitant.

"If you don't have the insurance, then you become a physical and an emotional burden upon your family," he said. "It can devastate families by trying to find care, provide care, and plan for the care. And it absolutely drains the emotions and physical capabilities of families who don't have this insurance."

The second reason is that this insurance can protect your income, retirement, estate and assets because the cost of care is exorbitant, nationally averaging about \$75,000 a year if you're in a skilled nursing facility or receiving ongoing care at home.

"It can cause significant damage to your income," he said. "So it's a protection that allows you to hold on to whatever income and assets you have and let the policy kick in and take care of any long-term care needs."

As an insurance salesman, Rubin falls upon the customer service expertise that he built over 38 years of owning his own business. For him, trust is a key factor and you can only build that by developing excellent customer service with clients.

"Trust is important and it's my signature," he said.

He is not a captive agent selling products from only one insurance carrier. Instead, he works with five major carriers enabling him to call upon all of them to get the best policy at the best price for his clients.

Though there is no optimal age to buy long-term care insurance, Rubin's opinion is one should do it between the age range of 45 to 70 years old. The advantage of buying it at 45 years old is the presumption that you're still in good health.

"The younger and healthier you are, the less the premium," he explained. "As you get older, the premium goes up. To buy it younger than the age of 40 or 45, I think it's better to wait because it's not cost-effective."

While there are many types of riders and bells and whistles associated with every insurance policy and company, Rubin says to keep in mind four essential benefits, or moving parts — meaning the more benefits, the higher the premium.

First, know how many dollars a month you want the policy to pay for and how many years of coverage you want, keeping in mind that the more years, the more expensive it can get. That typically depends on what you can afford and what the cost of care is should you need a skilled nursing facility in the city in which you live.

"You'll need to do some research, but it's about \$75,000 a year on average," Rubin said, adding that he recommends at least two to three years of coverage, depending on your financial situation and health.

Secondly, determine what you want the monthly benefit to be. It can be as low as \$50 a day, up to \$300 a day, again depending on your financial circumstance.

The third component is the elimination period or a deductible — how many days out of pocket are you willing to pay for your care before the policy kicks in, like a deductible on car or house insurance.

"Typically the choices are 30, 60, 90, or 180 days," said Rubin. "The agent will need to get into your financial situation and help you figure that out."

Finally, there is inflation protection on the monthly amount as well as the lifetime maximum policy. A policyholder can buy 5 percent compounded or 5 percent simple inflation. Inflation protection benefit increases the daily or monthly benefit amount over time to keep pace with inflation and increased cost of expenses. Even though your benefits are increasing each year, your premium does not automatically increase.

"These are the four components that should be in every long-term care insurance product," Rubin stressed.

Some of the misconceptions about long-term care are that Medicare incorporates long-term care, when it actually only pays up to the first 20 days of care.

"Also, most people believe or think it's just nursing home insurance," says Rubin. "Long-term care policies should pay benefits for home care, adult day care programs, assisted living, skilled nursing facilities, and end-of-life issues, like hospice care."

One other misconception is that most people think they cannot afford it. Rubin dismisses that notion and says you can easily tailor long-term care premiums to what you can afford by just having an extensive discussion about the benefits to make sure it's affordable.

To learn more about long-term care insurance, Rubin recommends visiting the Web sites of AARP, www.aarp.org, the National Association of Insurance Commissioners, www.naic.org, and Heinz Family Philanthropies, www.heinzfamily.org.

For more information on Rubin, visit his Web site, <http://larryrubinltc.com>. ↑



Submitted photo

Larry Rubin, long-term care insurance specialist.



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Continued learning essential to professional development

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



"It's what you learn after you know it all that counts."

-- President
Harry S. Truman

Every day of the year, our hospice staff strives to help each patient make the most of life. This stems from our mission to provide compassionate, quality comfort care to people with life-limiting illnesses, as well as their families. No less important is our commitment to educate our families, the public and the health care community about end-of-life care.

At Family Hospice and Palliative Care, we host a number of educational events throughout the year in the education wing at The Center for Compassionate Care, our inpatient facility at 50 Moffett St. in Pittsburgh. We believe that with more knowledge and understanding of end-of-life issues, those facing life limiting illnesses will have every opportunity to make the most of all of their days.

Throughout 2010, Family Hospice and Palliative Care, in cooperation with The University of Pittsburgh School of Medicine, is offering health care professionals a unique educational program entitled "Hospice Inpatient Experience for Clinicians."

The program, which is the first of its kind in western Pennsylvania, offers a maximum of four Category 1 continuing medical education credits for physicians and four continuing education units for other health care professionals. It provides a valuable learn-

ing experience to physicians, registered nurses, certified registered nurse practitioners and physician assistants. It is intended for those with an interest in hospice inpatient care and palliative treatment in end-of-life care.

Those attending the course will have the opportunity to actively participate in the hospice interdisciplinary team process, via patient care and taking part in methods that ensure optimal patient comfort. They also will become familiar with the breadth of interventions at one of Pittsburgh's premiere hospice inpatient facility. The course also will review the framework of the hospice benefit, including clinical criteria, and provides instruction on POLST (Physician Orders for Life Sustaining Treatment) and advance directives for discussion with patients and families.

The course will be conducted under the supervision of two Family Hospice medical directors, both of whom are board certified in internal medicine and palliative care. Susan Hunt, M.D., is administrative medical director for Family Hospice and Palliative Care. She is founder of the clinical HIV program at the University of Pittsburgh, where she is also a professor of medicine and heads the Palliative Care Therapy Dog Program. Scott Miller, M.D., M.A., is full time medical director at The Center for Compassionate Care. He holds a master's degree in clinical ethics and is assistant professor of palliative care and ethics at UPMC Presbyterian University Hospital.

The Hospice Inpatient Experience for Clinicians serves as valuable tool for doctors and other health care professionals who seek a deeper understanding of end of life care.

Thanks to its broad scope of instruction, this pro-

gram will equip clinicians with the knowledge and tools they need to manage many aspects of life limiting illnesses. In a time when the future of our nation's health care system is under constant scrutiny, Family Hospice and the University of Pittsburgh are pleased to provide a clear sense of direction when it comes to end-of-life care.

Our goal is that along with learning, participants will experience the gratification of patients and families that occurs when care is managed with dignity and comfort.

Whether providing educational opportunities for clinicians, social workers, clergy or the general public, the need for continued learning is constant. As we commemorate our 30th anniversary in 2010, Family Hospice and Palliative Care will strive to provide as many educational opportunities as possible, while at the same time advancing learning opportunities for our staff.

Continued learning is not only essential to professional development, it's one of life's true gifts. Let us be grateful not only for the opportunity to learn, but for the privilege of helping others advance their own education. †

Sciuillo 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 rsciuillo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves 11 counties in western Pennsylvania. For more information on the Hospice Inpatient Experience for Clinicians program, please call Kathy Little at (412) 216-3774. To register for the program, call (412) 572-8489.

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Handheld devices allow easy access to records

By Jason L. Levan

The days when physicians made their rounds and went back to the office to read charts and catch up on paperwork are long gone. A lot of times, the hospital is the doctor's office.

Increasingly, patients' medical records and other data are being accessed on a doctor's personal iPhone, PDA or smart phone instead of more cumbersome laptops, or even netbooks.

"If it doesn't fit into the clinician's lab coat, they won't carry it," said Robin Stursa, chief information officer at Saint Vincent Hospital in Erie. "I thought about sewing larger pockets into the lab coats."

These handheld devices allow physicians instant access to their patient lists and patients' vitals, medication instructions and other important data. They also mean it's often not necessary for doctors to leave their homes during off hours because that same information is available to them day and night, Stursa said.

The hospital's aim is to have all of its physicians utilizing these devices by the fall.

"There's really a drive for mobile technology for physicians," Stursa said.

As Saint Vincent hires a new generation of doctors, the push for the next best thing becomes critical.

"If it doesn't fit into the clinician's lab coat, they won't carry it. I thought about sewing larger pockets into the lab coats."

— Robin Stursa, chief information officer at Erie's Saint Vincent Hospital

"All of the residents are looking for mobile technology. It's an expectation more so than with the more mature physicians.

"It's all about access."

Even some of the more traditional doctors are buying into the idea.

"Once they see what the other physicians have, they want one. They have device envy," Stursa said.

Doctors can tap into the hospital's encrypted wireless network, then switch back to their personal data plan once they leave the building, Stursa said. That way,

physicians are not using their own minutes while at work.

Saint Vincent is pursuing grants to help pay for some of these devices for physicians who don't already have one, she said.

One of the most important

advantages of constant access to information is to prevent the spread of antibiotic-resistant infections, said Michelle Wiczorek, director of e-initiatives at Saint Vincent.

Doctors can also more easily track the condition of patients who travel to the hospital from outpatient facilities or nursing homes, Wiczorek said.

Information gathering is also a focus at the University of Pittsburgh Medical Center.

The hospital has 50 people devoted to developing an interoperability program, "an informa-

tion technology initiative designed to make it easier and faster for care providers to access a patient's electronic medical record."

UPMC has partnered with an Israeli company, dbMotion, to implement the system.

"The goal is to have one central repository where clinical data can be stored," said Sandra Sentner-White, systems analyst at UPMC.

The system is designed to enable providers to view a unified electronic patient record with everything about the patient on file, instead of checking multiple pieces of data.

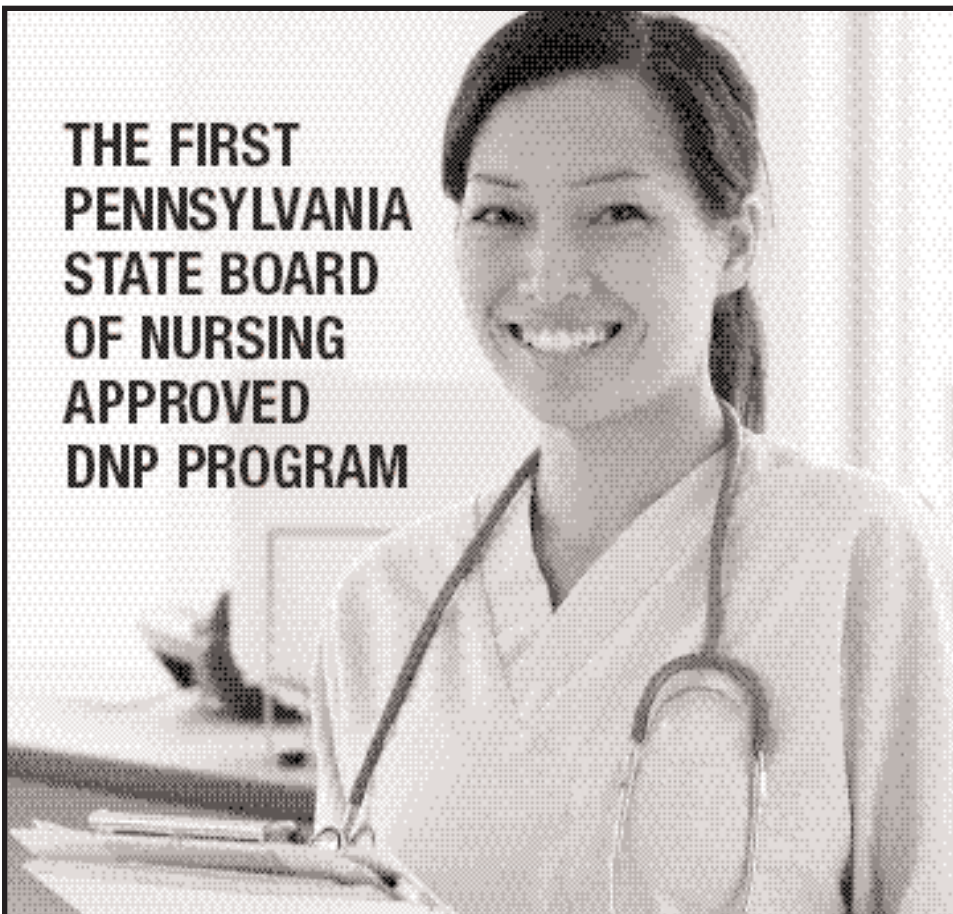
The system runs 24 hours a day, she said: "The amount of data is never-ending."

"It's a pretty amazing tool," Sentner-White said.

UPMC is somewhat ahead of the curve, she said, because by next year, the federal government has dictated that all hospitals must begin to move toward such a system.

"It's a hot topic for health care organizations. It's definitely an up-and-coming topic." ↑

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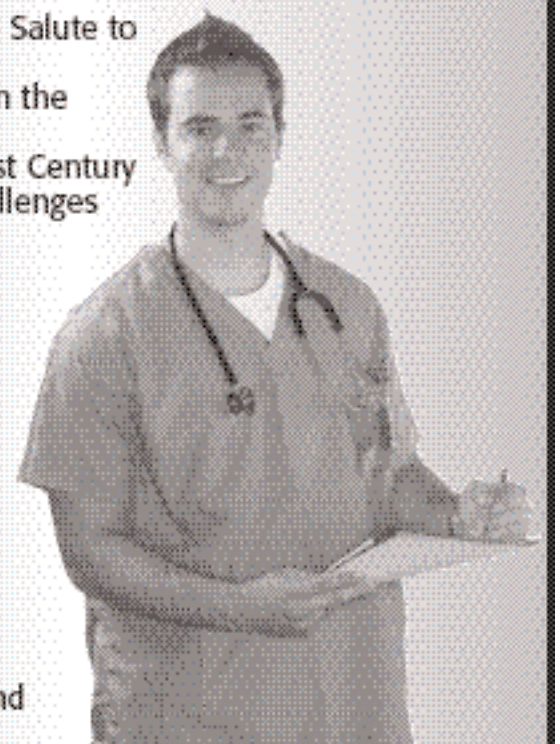
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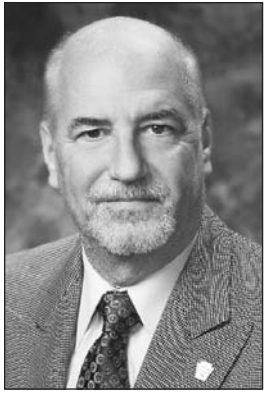
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Please contact Andrea Ebeling at wpahospitalnews@gmail.com for submission guidelines and editorial deadline.

Fighting fraud the right way

By James Goodyear, M.D.



We all agree that insurance fraud drives up the overall cost of health care.

But then again, there are a lot of cost drivers

in our health care delivery system. Defensive medicine. Cutting edge medical technology and drug therapies. And of course, for those of us still practicing medicine independent of a large medical health system, a mind-blowing amount of administrative hassles thrust upon us by health insurers.

With that said, the Pennsylvania Medical Society (PAMED) is passionate about doing everything we can to improve our health care delivery system. And, we are anxious to work with state leaders in an attempt to rid our current system of fraudulent activity. Working together, I

believe that we can improve the existing system. Hopefully, if successful, we can make health insurance less expensive and more available to those who today cannot afford it.

Today, there are several insurance fraud bills in the Pennsylvania House of Representatives that take an initial stab at addressing this issue. For the most part, PAMED is comfortable with what the sponsors of these bills are intending to change. However, there are parts of H.B. 1750 and H.B. 2154 that cause us great concern and with which we strongly object.

Unfortunately, language contained in these two bills could have the unintended consequence of adversely affecting a physician who, without due process, has been unfairly identified of engaging in fraudulent activity. Again, if a physician has been legitimately found to have committed insurance fraud, we have no vested interest to protect him or her. At the same time, nothing could be more debilitating or professionally damaging than to be wrong-

ly accused of fraud or incorrectly placed on an "industry watch list" or data base.

In H.B.1750, for example, Section 1161 provides absolute immunity to an insurance company for sharing information with designated individuals and entities. But what if that information isn't credible? What if it hasn't been substantiated? What if the physician in question has no idea an accusation has even been made? It is one thing to give insurers some level of immunity when they report "credible evidence" of fraudulent activity to law enforcement. But, to grant "absolute immunity" to an insurance company who has released "suspected evidence" without responsibly verifying its validity is analogous to McCarthyism.

Other problems exist with this bill. What if the information is shared in an act of bad faith or with malice? I would like to think that would never happen. But what if it did? Again, by giving insurers

absolute immunity for sharing information, you could be giving the insurers far more power than you intended.

In our opinion, the bottom line is this. There needs to be a fair balance between removing barriers that impede identification of possible insurance fraud and protection against false accusations and innuendos. Unsubstantiated information being spread around the insurance industry regarding a physician has the real potential of ruining a physician's reputation and destroying a medical practice.

As a result, while we do not condone any physician who commits insurance fraud, we strongly, and respectfully, argue against giving insurers "absolute immunity" in this arena. †

Goodyear is president of the Pennsylvania Medical Society. The society's Web site can be viewed at www.pamedsoc.org.

Pennsylvania ranks 28th in overall health of its citizens

By Stephanie Bernaciak



UnitedHealthcare released the 20th anniversary edition of America's Health Rankings showing that Pennsylvania

ranks 28th among all states in terms of the health of its citizens (the lower the number, the better the ranking in all cases).

The 2009 edition identifies the need to change unhealthy behaviors that contribute to preventable, chronic diseases as the key to improving the nation's health. The study demonstrates that the nation has become adept at treating certain illnesses and diseases, but Americans are not modifying risk factors that contribute to chronic diseases.

Tobacco consumption and obesity have emerged as the two priorities that threaten the health of the nation. While tobacco use dropped from 19.8 percent of the population last year to 18.3 percent this year, approximately 440,000 deaths annu-

ally are still attributable to this preventable behavior.

Obesity has increased nearly 130 percent since the first edition of America's Health Rankings was issued 20 years ago. Currently, 27 percent of the population is obese. In the past ten years, the number of obese Pennsylvanians has increased by an alarming 46 percent.

This year, the rankings not only provided an annual list of the healthiest and least healthy states, but also determined how Pennsylvania ranked when compared to other states against the nation's biggest health challenges since 1990. In 2009, Pennsylvania ranks 28th overall, 38th in smoking and 36th in prevalence of obesity. If obesity rates in Pennsylvania continue to rise at current levels, obesity is projected to cost \$13.5 billion — or more than \$1,455 per adult — for state health care spending.

Some of Pennsylvania's strength areas include a low rate of uninsured population and a high rate of high school graduation, both ranked 7th. Some areas in need of improvement for Pennsylvania include a high incidence of infectious disease ranked

40th and high levels of air pollution at 47th.

As the health care reform debate continues, America's Health Rankings has identified trends that support the need to ensure prevention is part of the solution. The persistent use of tobacco and unprecedented rates of obesity are limiting improvements in national health outcomes.

Despite focused efforts, nearly one in five Americans still smoke. Smoking remains the leading preventable cause of disease and death in the country. Over the past year, however, more than 3 million people have quit smoking, suggesting that smoke-free laws, smoking bans, increased cigarette taxes, access to smoking cessation programs and other interventions can make an impact.

Obesity is growing faster than any previous chronic health issue our nation has faced. Today, more than one in four Americans are considered obese. If current trends continue, 103 million American adults — or 43 percent of the population — will be considered obese in 2018, making obesity the nation's next

health battle.

During the past 20 years, the nation has seen significant declines in crime rates, infectious disease, smoking and infant mortality rates. Challenges since 1990 include the rising uninsured rate, lack of progress in increasing high school graduation rates and the need to continue to improve access to adequate prenatal care for pregnant women.

America's Health Rankings is the longest running report of its kind. For 20 years, it has provided an analysis of national health on a state-by-state basis by evaluating a historical and comprehensive set of health, environmental and socioeconomic data to determine national health benchmarks and state rankings. It employs a unique methodology, developed and annually reviewed by a scientific advisory committee of leading public health scholars. For more information, visit www.americashealthrankings.org. †

Bernaciak-Massaró, vice president and head of the Pittsburgh office of UnitedHealthcare, can be reached at svbernaciak@uhc.com.

New study demonstrates safety of oral allergy treatments

An oral allergy treatment administered in drops under the tongue is a safe and effective alternative to injections for adults who are allergic to ragweed pollen, according to a study published today in the *Journal of Allergy and Clinical Immunology* by allergic disease specialists at Allegheny General Hospital.

Widely used in Europe, but not yet approved by the U.S. Food and Drug Administration, sublingual allergen immunotherapy (SLIT) can be a more convenient and tolerable treatment approach that leads to greater patient compliance, said David Skoner, M.D., director of AGH's Division of Allergy, Asthma and Immunology and a co-lead investigator in the study.

"The study's findings mark a step forward in gaining approval for sublingual administration of allergy medication," said Skoner. "We believe a large number of patients would greatly benefit from having access to this new oral treatment to ease their symptoms."

"The sublingual method so far has been safe, and the adherence rate should be better because no injections are involved and the medication is administered at home," said co-investigator Deborah Gentile, M.D., director of research in AGH's Division of Allergy, Asthma and Immunology.

The AGH study, "Sublingual Immunotherapy in Patients with Allergic Rhinoconjunctivitis Caused by Ragweed Pollen," involved 115 patients in Pittsburgh, Madison, Wis., Iowa City, Iowa, and Evansville, Ind. They were randomly assigned to a medium or high dose of standardized glycerinated short ragweed pollen extract or to a placebo. Participants kept diaries to monitor their symptoms over the course of 17 weeks during the ragweed pollen season.

The frequency of daily symptoms, as well as the need for additional medication to treat symptoms, both dropped significantly for those taking the high-dose medication, versus those taking a placebo. The frequency of adverse events was similar between the placebo and treatment groups.

The researchers concluded that SLIT was safe and can reduce symptoms in ragweed-sensitive patients, though more trials are needed to definitively establish the method's efficacy.

Shortcomings of previous trials with the sublingual method included small patient populations, high withdrawals and short treatment duration. Questions remaining on SLIT include treatment schedules, optimal doses and cost-effectiveness.

Other researchers involved in the study were Robert Bush, M.D., of the University of Wisconsin School of Medicine and Public Health; Mary Beth Fasano, M.D., University of Iowa Hospitals and Clinics; Anne McLaughlin, M.D., of Wellborn Clinical Research Center in Evansville, Ind.; and Robert E. Esch, Ph.D., of Greer Laboratories Inc., Lenoir, NC. ↑



Research News

Edwards Lifesciences Fund makes grant to track local heart health

For the fifth consecutive year, Conemaugh Health Foundation (CHF) has been named a recipient of a strategic grant from The Edwards Lifesciences Fund. The \$35,000 grant will help Conemaugh Health System continue to follow the cardiovascular health of residents of west central Pennsylvania, identifying those with untreated diabetes, a known precursor to cardiovascular disease, as well as to focus on women's heart health.

"Through the Edwards Lifesciences Fund grants, we're able to screen people for devastating diseases such as diabetes and heart disease, who wouldn't otherwise have the resources for this testing," says Michelle George, R.N., B.S.N., project coordinator of cardiac prevention and rehabilitation at Memorial Medical Center.

CHF is one of 107 nonprofit organizations to receive a 2010 grant from The Edwards Lifesciences Fund, which is granting \$1.8 million as part of its fifth annual grant cycle. Grants are awarded to organizations committed to expanding awareness of cardiovascular disease, its prevention and treatment, enhancing support and access to care for underserved cardiovascular patients and/or strengthening the communities in which the company's employees live and work.

Since CHF kicked off the Diabetes Cardiovascular Prevention Program in 2005, Edwards has granted more than \$240,000, providing more than 1,600 people across the region with diabetes and heart health screenings. These screenings risk factor assessment and analysis, weight, blood pressure and body fat analysis, lipid profiles, body mass index, vascular testing and on-site education.

This latest grant will fund an additional 350 screenings. ↑

Medical school researchers developing microbicides to prevent rectal transmission of virus that causes AIDS

A multicenter research team led by the University of Pittsburgh is developing microbicides specifically designed to prevent rectal transmission of HIV, with the further aim of assessing their safety and efficacy in lab and early clinical studies.

Funded by an \$11 million, five-year grant from the National Institutes of Health, the Combination HIV Antiretroviral Rectal Microbicide (CHARM) program includes a project that will reformulate existing antiretroviral drugs into topical preparations that can be applied to the rectum, said principal investigator Ian McGowan, M.D., Ph.D., a professor of medicine and of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh School of Medicine and an investigator at the Magee-Womens Research Institute.

"Unprotected receptive anal intercourse is the highest-risk sexual activity for HIV transmission," McGowan noted. "Vaginal microbicides already are being extensively studied, and a similar approach might be a very effective way of

preventing rectal HIV transmission. It will be critical to determine whether vaginal microbicides are safe and effective when used in the rectum, and also to develop rectal-specific products."

The rectal microbicides that the team develops will be assessed in human cell lines, intestinal tissue samples, and in animal models. After candidate agents have been developed, the CHARM program will progress to studying them in human safety trials. Collaborating research centers include the University of California, Los Angeles; Johns Hopkins University; the University of North Carolina; and CONRAD, a program of Eastern Virginia Medical School that receives substantial support from the U.S. Agency for International Development.

McGowan, along with Alex Carballo-Diequez, Ph.D., of Columbia University, also is a principal investigator of a \$6.5 million, four-year, NIH-funded project that will examine "Microbicide Safety and Acceptability in Young Men." For the study, which will be conducted in Pittsburgh,

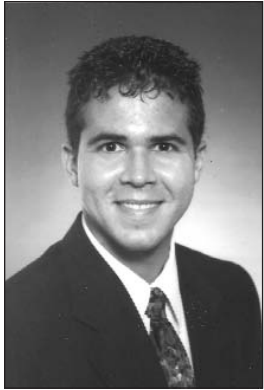
Boston and Puerto Rico, HIV-negative men who are between 18 and 30 years old and have sex with men will be counseled about safer sex practices and provided with condoms. They will then be asked to use a placebo gel during sexual encounters and inform the researchers about their experiences with the product through an automated phone system, video interviews with research assistants and other means.

Those who are most strict about using the placebo gel will be asked to participate in the next stage of the study, which will test the rectal safety of a vaginal microbicide or a placebo.

"This project will give us greater knowledge of whether microbicides are safe, easy to use and acceptable in the real world," McGowan said.

The University of Pittsburgh also leads the National Institutes of Health-funded Microbicide Trials Network (MTN), of which Dr. McGowan is a co-principal investigator. Headquartered at Magee-Womens Research Institute in Pittsburgh, MTN is a global clinical trials network focused on preventing the sexual transmission of HIV. ↑

Social media site LinkedIn useful for professional networking



By **Daniel Casciato**

Along with Twitter and Facebook, LinkedIn (www.linkedin.com) is another popular social media site, mainly used for professional networking. It's an essential, low-maintenance tool for health care professionals even if all you do is a set up a simple profile, which is mainly an online version of your resume, as a way for you to be contacted.

If all you do is set up your name and address and accept connections from people you know, you're at least making it easy for you and your colleagues to stay in touch after a move to a new job or area.

BUILDING YOUR NETWORK

As a LinkedIn member, you maintain a list of contact details (such as name, address, e-mail, etc.) of your friends, colleagues, or anyone else you'd like to stay in touch with. These contacts are called Connections. You can invite anyone to become a connection.

Through your Connections, you can begin to build your contact network, comprised of your direct connections (1st degree), the connections of each of their connections (2nd degree) and the connections of those 2nd degree connections (3rd degree).

One of your degree of connections can be used to gain an introduction to someone you wish to be introduced to. It can also be used to find jobs, people and business opportunities recommended by someone in one's contact network. Health care employers can list jobs and search for potential candidates. As a medical student or a job seeker in the health care field, you can review the profile of hiring managers and discover which of your Connections can introduce you.

COMPANY RESEARCH

LinkedIn also allows users to research organizations you may be interested in partnering or doing business with. Simply type the name of the organization in the search box and you'll be able to see relevant statistics about that organization, such as its employee size, revenues, the location of the company's headquarters and offices, and a list of present, past and former employees who are on LinkedIn.

OTHER WAYS TO USE LINKEDIN

These are just some of the basic ways you can use LinkedIn. Jason Alba, CEO and creator of JibberJobber.com and author of "I'm on LinkedIn, Now What?", offers seven other advanced ways that LinkedIn can be an effective networking tool for you:

1. *Create a LinkedIn Poll.* This is a fairly new and limited feature in LinkedIn, but it has the advantage of notifying (softly, not via email) your first degree contacts by allowing you to post a poll. The poll will appear off to the corner of their LinkedIn landing page when they sign in. It's a nonintrusive way to get your brand or offerings in front of them. You can do this as often as you want, since it's not intrusive.

2. *Join a Group.* It's like joining any message board or forum. You'll need to request to be part of that group. Once you are a member, be sure to contribute to discussions or start a new discussion. But don't spam. Be a part of the Group, don't preach or pitch to the Group.

3. *Start your own Group.* When members join a Group they typical-



ly leave your image (logo or photo) on their own LinkedIn Profile landing page — this image usually points others back to your Web site.

4. *Change your status frequently.* As with Twitter or Facebook, you can post a status update. Try to post regularly. Through a free application like ping.fm, you can write one status update which ping.fm then sends to any of the social media sites you belong to. Each of the social media sites also offers an application allowing you to tie in your Twitter tweets with Facebook and LinkedIn, and vice versa.

5. *Give LinkedIn Recommendations regularly.* Through this feature, you can write a recommendation or a testimonial for someone you worked with. It does wonders for your relationship, putting your ink on someone else's Profile, and sometimes your Contacts reciprocate.

6. *Browse network updates to see who you could or should communicate with.* If you're connected with that ideal prospect or customer, browse through their connections — you're sure to find other prospects who you should be talking with.

7. *Q/A.* This is a great feature. You can post a question through this application and choose which industry professionals should receive the question. As a health care writer, I often post questions to the Health-care section. It's just another way to share and gather information with thought leaders in the industry.

Of course, the best way to learn more about LinkedIn and its wonderful features is to dive in and explore it for yourself. ↑

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Suggestions?**

**Contact Andrea Ebeling at
wpahospitalnews@gmail.com**

Altoona faculty contribute chapters to publication

Six faculty members of the Altoona Family Physicians (AFP) Residency Program are contributing authors to "Essential Evidence," published by John Wiley & Sons, Inc.

The AFP authors and chapters are:

- Jennifer Good, M.D., "Acute Respiratory Distress Syndrome (ARDS)"
- Fiona McLellan, M.D., "Alopecia and Baldness"
- Arthur Morrow, D.O., "Bell's Palsy"
- Terry Ruhl, M.D., "Epistaxis and Nosebleeds"
- Laura Siems, M.D., "Nipple Discharge"
- Kathleen Sweeney, D.O., "Acne and Rosacea," co-authored with Richard P. Usatine, M.D.

The Web version is now available at www.essentialevidence.com. ↑



AGH tests non-invasive device for chronic back pain medication

Allegheny General Hospital (AGH) has entered into a strategic partnership with Pneumex, Inc. and its subsidiary, Revita Consumer Products, LLC, to investigate non-surgical treatment options for spinal pain associated with nerve compression.

"Lower back pain is a common problem with limited treatment choices — often pain medication or conventional back surgery," said Boyle Cheng, Ph.D., director of the Neurosurgery, Spine, and Biomechanics Laboratory at AGH. "It affects a huge population and this is one area where we could do a lot better."

The initial clinical trial of this research collaborative will measure the effectiveness of a consumer device Revita created to relieve spinal pressure while patients are seated. AGH's Department of Neurosurgery, Neuroscience Research Institute and the Allegheny Singer Research Institute are testing the RevitaBack system — a non-invasive belt that fits like an abdominal binder and a harness that fits any chair or seat. The belt connects with the harness when the wearer sits to help reduce pressure on the spine.

"Sitting for long periods of time creates pressure on the back that frequently causes poor postural positioning and chronic low back pain", said Donald Whiting, M.D., vice chairman of the Department of Neurosurgery at AGH and surgical director of its Center for Spasticity and Movement Disorders.

Investigators believe the study will reveal how differences in spinal orientation may facilitate diagnostic and clinical treatments for mechanical lower back pain.

"We have some first-hand accounts that demonstrate RevitaBack's potential and indicate that this may be a sustainable, conservative therapy that reduces pain and increases mobilization," Whiting said.

Pneumex, Inc. is a leading therapeutic development firm delivering non-surgical medical treatment equipment for lower back pain associated with radiculitis and radiculopathy, herniated disks, sciatica, and other conditions.

"It is both an honor and a privilege to be working with one of the leading neurosurgical departments and neurosciences hospitals in the country," said John Kupice, CEO, Pneumex, Inc. and Revita Consumer Products, LLC. "We are excited to be working with several of the nation's leading experts in neurosurgical spine care and look forward to this collaboration with Allegheny General Hospital." ↑

Geothermal cooling system set for Kane Regional nursing facility

Allegheny County Executive Dan Onorato recently announced the receipt of a Pennsylvania Energy Development Authority grant of \$250,000 to install the first large-scale geothermal cooling system in a county-owned nursing facility. The 100-ton system will replace the current system at the Kane Regional Center in Ross Township and reduce electricity consumption by 50 percent.

"This is part of our ongoing Allegheny Green initiative, which is helping us save money and energy," said Onorato. "This project will result in a significant reduction in energy usage at one of our largest facilities. We will continue to inventory all of our buildings to see where we may adopt additional 'green' solutions."

Designed by Harmar-based Thar Geothermal Inc., the new system will use carbon dioxide in combination with the Earth's temperature to cool the facility. The unit will recycle heat using carbon dioxide in a series of 300-foot-deep geothermal wells and heat exchangers.

"We are using similar technology at our Dalton's Edge public housing development in Tarentum, providing affordable and efficient housing for seniors," added Onorato. "The geothermal system there saves residents approximately \$100 a month on heating and cooling costs. This cooling installation in Ross will act as a pilot program for our three other Kane facilities."

Construction is expected to begin this spring. ↑

Leaders in field of aging participate in Home Instead's panel discussion

Home Instead Senior Care, an international home care franchise organization consisting of more than 900 franchises in the United States, Canada and 12 other countries, recently hosted a panel discussion entitled "Think Tank on Aging in America."

Leaders in the field of aging who participated as panelists included: Eric Rodriguez, M.D., medical director of Benedum Geriatric Center of UPMC; Pennsylvania Deputy Secretary of Aging Ray Prushnock; Vicki Hoak, president of the Pennsylvania Home Care Association; Paul Hogan, founder of Home Instead Senior Care, Inc.; Anna Hays, associate attorney with Julian Gray Associates; Joan Krueger of Presbyterian Senior Care, director of Longwood at Home; Pam Vingle, project director for the Jewish Healthcare Foundation; Justin Engelka, hospice & palliative manager for Allegheny General Hospital; Kitty Collins, vice president of sales and director of independent living operations of UPMC Senior Communities; and Chuck Rakaczky, director of cardiovas-

cular services at The Gerald McGinnis Cardiovascular Institute of Allegheny General Hospital.

R. Reed Kovalan, owner of the Home Instead Senior Care franchise located in Regent Square, acted as moderator of the 10-member panel. Kovalan noted,

"It is not often that a group of this level and diversity has an opportunity to participate in an interactive discussion concerning the issues that affect all of our aging community."

The panelists had in-depth discussions on topics such as hospital recidivism due to hospital/rehab discharge non-compliance and navigating the financial and legal process for acquiring benefits for consumers. They also discussed end-of-life care issues, including the responsibilities of the physician, insurance companies, family and the patient.

Nine owners from Home Instead Senior Care offices in western Pennsylvania hosted the event. The response from the panelists and observers was extremely favorable and requests were made for future opportunities for dialogue involving this level of leadership. To request a copy of the transcript or inquire about this and future events, please contact Kovalan at (412) 731-0733 or reed.kovalan@homeinstead.com. ↑



Submitted photo

Among the panelists for the recent "Think Tank on Aging in America" were, front row, from left: Anna Hays, Joan Krueger and Pam Vingle; and, back row, from left: Reed Kovalan, Justin Engelka, Kitty Collins, Chuck Rakaczky, Dr. Eric Rodriguez, Ray Prushnock and Paul Hogan.

VA Butler Healthcare evaluates soldiers returning from combat

VA Butler Healthcare, in conjunction with the Pennsylvania National Guard and the Department of Defense, recently hosted its first Post Deployment Health Re-Assessment at the facility's main campus. Approximately 240 service members participated in event.

The purpose of the assessment is to evaluate and address any issues relative to the medical and/or mental health condition of service members prior to, and upon return from, deployment. Additionally, hosting the program at a Veterans Administration facility helps to ensure a smooth transition into the health care system by enrolling service members and/or scheduling appointments as necessary on the spot, providing important information about VA services, benefits and other community programs, and familiarizing service members with the facility.

Any veteran or current Operation Enduring Freedom/Operation Iraqi Freedom service member who would like more information about enrollment, VA programs and benefits, can contact Tod Conner, outreach coordinator, at (724) 282-5583. ↑



Submitted photo

Brenda Sprouse, center, manager of VA Butler Healthcare's Women Veterans Program, discusses the program with two service members during the recent Post Deployment Health Re-Assessment event.

Pediatric Alliance announces company's new subsidiary

Pediatric Alliance, P.C., of Pittsburgh, announces a new subsidiary of its company geared towards serving other companies using the NextGen Information Technology database.

Business Intelligence by Pediatric Alliance serves health care providers by enhancing their reporting capabilities through rigorous data mining. With each report designed specifically for the needs of the individual providers, Business Intelligence can help any practice get the most out of their NextGen database. Combining their thorough knowledge of the NextGen EMR/NextGen EPM with their experience in Crystal Reports they are able to "find" and report on even the most complex data mining questions.

"You put the data in, we get it out"

says Pediatric Alliance CEO Jim Troup. "Our success in this endeavor relies heavily on our expertise firstly as health care providers and then on our experience at managing and leveraging our data."

Pediatric Alliance has been using the NextGen Information Technology software at their 14 offices for approximately two years and knows the ins and outs of being able to deliver on what the providers need.

Business Intelligence by Pediatric Alliance also consults with their clients to enhance their understanding of the nearly 3,000 tables in NextGen's SQL-based database. They work directly with the client both building custom reports as well as training administrators and end-users on how to find the critical data they need. ↑



Cambria County EMR firm makes name change to align with market

On the one-year anniversary of acquiring MedcomSoft software from a Canadian company of the same name, Cambria County-based PBFOnline has decided to merge under the single name of MedcomSoft.

The company holds international patents on its cornerstone product, an interoperable electronic medical record of the same name, MedcomSoft Record UE. The product currently is deployed in hundreds of physician practices and networks across the United States and Canada.

Shawn Long, MedcomSoft's CEO, states the reason for the name change was simple: "We wanted to better align ourselves with the market we represent."

This alignment includes the company's MedcomSoft Record EMR software, along with practice management consulting and medical billing services. Through partnership with viLogics, a sister company, additional services include health care data center and virtual infrastructure design, planning, deployment and optimization. The current data virtualization technology is used within MedcomSoft's hosted electronic medical record product, ensuring 100 percent real-time business continuity to the client.

MedcomSoft will be demonstrating its product at this year's Health-

care Information and Management Systems Society (HIMSS) Annual Conference, to be held in Atlanta, Ga., in March. According to Long, the company's EMR allows for sharing of patient information between hospital systems, lab processing centers and diagnostic imaging services; it also supports e-prescription.

The Department of Health and Human Services has set a time line and payment incentives for implementation and use of EMRs for physicians and hospitals that requires a demonstration of use that meets federal meaningful-use guidelines. Physicians and hospitals that do not use an EMR by 2011 will lose incentive payments totaling \$44,000 under the federal stimulus bill to defray EMR startup costs. For those medical providers who do not have an EMR implemented by 2015, Medicare will start to reduce their payment for services.

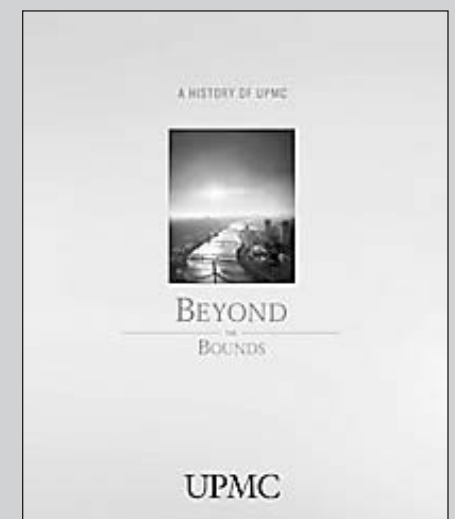
MedcomSoft's EMR meets all federal meaningful-use requirements. The new application is completely hosted, which eliminates the need for investment in infrastructure for servers and database systems. The EMR also supports interfaces with clinical equipment that provides output by making it part of a patient's medical record.

For additional information, visit the company's Web site at www.medcomsoft.com. ↑

UPMC publishes history book

University of Pittsburgh Medical Center (UPMC) has announced the publication of the book, "Beyond the Bounds: A History of UPMC" by Mary Brignano.

The book presents the exciting, dynamic and unlikely story of how the architects of UPMC created a remarkably successful global health enterprise and, in so doing, transformed the economic landscape of Pittsburgh and western Pennsylvania. Spanning 35 years, "Beyond the Bounds" details the ways in which two improbable heroes and their colleagues defied tradition and convention to grow faster and more robustly than any other medical center or nonprofit health system in this country. ↑



Submitted photo

Allegheny County Medical Society

The Allegheny County Medical Society recently installed its new slate of officers for 2010:



John F. Delaney Jr

● **John F. Delaney Jr., M.D., Dr.P.H.**, has been installed as the 145th president of the Allegheny County Medical Society (ACMS). He is a practicing physician at West Penn Hospital, St. Margaret Hospital and UPMC Presbyterian Hospital, as well as an associate professor of psychiatry and behavioral sciences at Temple University. He has been a member of ACMS since 1969.

Delaney has served as the assistant dean of the University of Pittsburgh School of Medicine and as chief of staff and chief of neurology services at the Veterans Administration Medical Center in Pittsburgh. He was a colonel in

the U.S. Air Force Reserve and in the U.S. Army Reserve. He also is a fellow of the American College of Physicians and American Academy of Neurology, and a Distinguished Life Fellow of the American Psychiatric Association, as well as a certified physician executive from the American College of Physician Executives.

● **Leo R. McCafferty, M.D.**, is the society's new president-elect. He is a plastic surgeon certified by the American Board of Plastic Surgery and is in private practice. McCafferty is affiliated with UPMC Shadyside, Allegheny General Hospital and St. Clair Memorial Hospital and is a clinical assistant professor of plastic surgery at the University of Pittsburgh School of Medicine. He has been a member of ACMS since 1990.

McCafferty is an active member of the American Society of Plastic Surgeons, a fellow of the American College of Surgeons, and past president of the D. Ralph Millard Jr., M.D., Plastic Surgery Society. He holds several key positions in the American Society of Aesthetic Plastic Surgery, as well as serving as secretary on the society's board of directors and sitting on its Executive Committee. He also has been the plastic surgeon consultant to the Pittsburgh Steelers since 1993.



Leo R. McCafferty

● **Rajiv R. Varma, M.D.**, is the new ACMS vice president. He is a pediatric neurologist certified in pediatrics and neurology with special qualifications in child neurology.

After completing his residency at Children's Hospital of Pittsburgh, Varma entered private practice in 1983, when he also joined Mercy Hospital as the chief of pediatric neurology. In 2004, he became clinical director of the division of pediatric neurology at Children's Hospital of Pittsburgh.

A member of ACMS since 1987, Varma is a member

of several professional and scientific societies, including the American Academy of Pediatrics, the American Academy of Neurology and the Child Neurology Society. In addition, Varma is involved with the United Mitochondrial Disease Foundation.

● **Amelia Paré, M.D.**, is the newly-elected secretary of ACMS. Paré is a plastic surgeon certified by the American Board of Plastic Surgery. She is in private practice and is affiliated with Jefferson Medical Center, Washington Hospital, St. Clair Memorial Hospital and the University of Pittsburgh. She has been a member of ACMS since 2000.

Paré has been on the Pennsylvania Medical Society Political Action Committee (PAMPAC) since 2005. She also is a member of the American Society of Plastic Surgeons, Pennsylvania Medical Society, Pittsburgh Plastic Surgery Society and the Harvard Alumni Society. She is a fellow of the American College of Surgeons.

Paré completed her residency in general surgery at St. Luke's-Roosevelt Hospital Center in New York City where she served as chief resident. She completed specialized training in aesthetic, plastic and reconstructive surgery at UCLA School of Medicine where she also served as chief resident. Paré has worked with Doctors Missions in Honduras.



Amelia Paré

● **Kevin O. Garrett, M.D.**, is the new treasurer of ACMS. He is a board certified general surgeon, practicing at UPMC St. Margaret Hospital, where he serves as chief of surgery. He is a clinical associate professor of general surgery at the University of Pittsburgh School of Medicine and has been a member of ACMS since 1985.

Garrett has been a fellow of the American College of Surgeons since 1995. He has been active with the Southwestern Pennsylvania Chapter of the American College of



Kevin O. Garrett

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Surgeons, serving as treasurer, council member and program chair. He was elected by the chapter to serve as governor in 2007.

The Allegheny County Medical Society represents more than 3,200 physician members from all specialties and is dedicated to providing leadership and advocacy for patients and physicians. The organization has been serving Allegheny County since 1865.

Allegheny General Hospital

Raymond L. Benza, M.D., a nationally recognized heart failure and heart transplantation specialist at Allegheny General Hospital (AGH), has been appointed by U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius to serve as a member of the national Advisory Committee on Organ Transplantation.

Benza, who is director of the Heart Failure, Transplant, Mechanical, Circulatory Support and Pulmonary Hypertension Program at AGH's Gerald McGinnis Cardiovascular Institute, will serve a three year term on the committee beginning this month.

As a member of the committee, Benza will help direct HHS efforts to enhance the public's confidence in the integrity and efficacy of the country's organ procurement and transplantation system by ensuring that it is as equitable and effective as possible and grounded in the best available medical science.

The committee is comprised of approximately 25 non-governmental professionals with diverse backgrounds in fields such as organ donation, health care public policy, law and bioethics, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of organ donors. Representatives of organ donors, transplant candidates, recipients and family members are also included.

Benza already serves on the Thoracic Organ Committee of the United Network for Organ Sharing (UNOS), which oversees organ transplantation in the United States.

American Red Cross

Thomas S. Angle, vice president of the Heritage Division of American Red Cross Blood Services, has announced his retirement from the organization effective March 1.

Angle began his Red Cross career in 1979 as director of technical services for the 28-county Johnstown Region of Red Cross Blood Services. In 1988 he was appointed manager, blood services, and in 1992 he was named principal officer, later CEO, of the region. During his tenure as manager and CEO the Johnstown Region expanded to include 100 counties in six states through mergers with other Red Cross blood regions. In 1999, the region changed its name to Greater Alleghenies Region to better reflect its service area.

In 2004, Angle was appointed vice president of the Colonial Division of Red Cross Blood Services, overseeing the performance of the Appalachian (Roanoke, Va.), Greater Alleghenies and Mid-Atlantic (Norfolk, Va.) regions in achieving the organization's strategic priorities. Two years later he was named to his current position, adding the Greater Chesapeake & Potomac (Baltimore, Md.) and Penn-Jersey (Philadelphia) regions to his responsibilities. The combined division has an annual blood collection goal in excess of 1 million units of red cells, and nearly 100,000 units of single donor platelets. Its regions employ nearly 2,800 professional staff members.

Angle received his degree in biology/medical technology from Pennsylvania State University, his specialist in blood banking certification from the American Society of Clinical Pathologists, and his master's of business administration degree from Indiana University of Pennsylvania.



Thomas S. Angle

Conemaugh Health System

● **Enn Alexandria Chen, M.D.**, is the newest physician to join Cambria-Somerset Radiology.

Chen is a graduate of Johns Hopkins University, Baltimore, and Tufts School of Medicine, Boston. She completed a surgery internship at Rhode Island Hospital and a radiology residency at Baystate Medical Center in Springfield, Mass., followed by a fellowship in vascular and interventional radiology at Johns Hopkins Hospital.



Enn Alexandria Chen

Conemaugh From Page 30

Chen worked at the National Institutes of Health in Bethesda, Md., as a staff clinician. While there, she helped establish the new Center for Interventional Oncology at the National Institutes of Health Clinical Center. She also played an integral role in helping to establish the multidisciplinary oncology team focused on hepatocellular and metastatic hepatic cancers from interventional radiology, surgery, radiation oncology and oncology fields. Her strong interest and background is in interventional oncology, as well as female/gynecology interventional radiology including uterine fibroid embolization, female infertility and pelvic congestion.

● **William M. Carney, M.D.**, general surgeon with Conemaugh Valley Surgeons, has assumed the role of medical director of the Conemaugh Physician Group.

Carney, who received his medical doctorate from Jefferson Medical College, Philadelphia, has held many positions at Memorial Medical Center (MMC) during the past 20 years. He was president of the medical staff and a member of Conemaugh Health System's board of directors. In addition to his current role as chairman of MMC's Division of General Surgery, Carney also sees patients at Miners Medical Center and Ebensburg Care Center.



William M. Carney

Conemaugh Health System recently changed the name of Conemaugh Health Initiatives to Conemaugh Physician Group (CPG) to more accurately reflect the identity of the growing physician-led organization. CPG now includes more than 100 primary care physicians and specialists with practices in Cambria, Somerset, Westmoreland and Bedford counties.

Excelsa Health

● The Excelsa Health Board of Trustees has named **Robert J. Rogalski** as chief executive officer, concluding a yearlong search for a new top executive.

Rogalski joined Excelsa Health as a trustee last year and was subsequently appointed transition CEO. He most recently was senior counsel and health care practice group co-leader at Thorp Reed and Armstrong. He brings to Excelsa Health more than 17 years of experience advising health care systems and hospitals on a variety of strategic and legal matters including corporate governance, acquisitions and other strategic transactions and contract negotiations.

Prior to joining Thorp Reed and Armstrong, he served as in-house counsel for health systems in western Pennsylvania and the upper Midwest, most recently as vice president and general counsel and compliance officer for MedCenter One Health Systems in Bismarck, N.D. He previously worked as in-house counsel at Western Pennsylvania Allegheny Health System and University of Pittsburgh Medical Center.

A graduate of Saint Vincent College, Rogalski received his juris doctorate from the University of Pittsburgh School of Law.

Excelsa Health recently added four new members to its board of trustees:

● **Helen K. Burns, Ph.D., R.N., FAAN**, comes full circle from the bedside to the board room in serving Excelsa Health. A graduate of the Latrobe Area Hospital School of Nursing, Burns held numerous nursing leadership roles at Latrobe and Westmoreland hospitals before joining the Pennsylvania Department of Health (DOH).

In her role as director of community health systems for DOH, Burns influenced the creation of the state's health improvement programs. In 2000, she became deputy secretary for health planning and assessment, where she served as executive director of the State Bioterrorism Preparedness and Response Program. She also coordinated the state's system of community health centers and the West Nile Virus Surveillance Program. During that time she served as a guest lecturer at the University of Pittsburgh and became Pitt's associate dean for clinical education and associate professor in the Department of Health and Community Systems in 2003.

Burns holds a bachelor's degree in nursing from Indiana University of Pennsylvania and received both master's and doctoral degrees from the University of Pittsburgh. In 2008, she was inducted into the American Academy of Nursing. She serves on the board of directors for the Pennsylvania State Nurses Association and co-chairs the Nursing Committee of the PA Center for Health Careers. She also has been appointed to the U.S. Department of Health and Human Services' National Advisory Council on Nurse Education and Practice.

● **James R. Breisinger** comes to Excelsa Health from Kennametal, Inc., where he served as vice president from 1990 through 2007 and previously was corporate controller and chief financial officer. He also formed Kennametal's Advanced Materials Solutions Group, of which he was president from 2000 to 2005. Prior to his retirement in 2008, he served as president of the Advanced Components Group. He also served as managing director for Kennametal Europe.

A business administration graduate of Duquesne University, Breisinger is a certified public accountant. He is a member of the Financial Executives Institute and also

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serves on the Seton Hill University Board of Trustees.

● **Thomas M. Yarabinec**, superintendent of Greensburg Salem School District, brings more than 30 years of administrative experience to the Excelsa board. An instructor for 12 years, he spent five years as an assistant principal and director of alternative education; in 1984 he became director of secondary education, human resources and transportation, a position he held until being named superintendent in 1997.

A graduate of the Pennsylvania State University, Yarabinec earned his master's in education from Indiana University of Pennsylvania. He received principal's certification from Duquesne University, and superintendent's certification from the University of Pittsburgh. In 2007, he was awarded an honorary doctorate from Seton Hill University.

Chair of the Westmoreland County Public Schools Health Consortium, Yarabinec is a member of the Smart Growth Leadership Advisory Committee for Westmoreland County, as well as the executive committee of Westmoreland Heritage Community Partners. He also served on the Tri-State Executive Committee, the Educational Leadership Initiative Steering Committee and is a member of the Westmoreland Intermediate Unit Co-op Drug Free Schools board.

● **Thomas L. Sochacki** joins Excelsa's board as the president of the Westmoreland Chamber of Commerce. He previously served concurrently as executive director of the Central Westmoreland Development Corporation (CWDC) from 1994 to 2000.

Early in his career Sochacki worked for Burroughs Wellcome Company as a medical sales representative. In 1977, he purchased then-bankrupt General Nuclear Corporation and turned the company into a profitable venture before selling it to a privately held \$200 million company. He then established a consulting practice for the development of automated cost accounting procedures for small manufacturing companies and in 1991 joined Sony Engineering and Manufacturing Company as finance manager of the CRT plant in Mount Pleasant.

Sochacki holds a degree in industrial management with an accounting minor from West Virginia University. His board memberships include The Westmoreland/Fayette Workforce Investment Board, Westmoreland Heritage Community Partners, Parent-Wise, United Way of Westmoreland County and the American Red Cross of Westmoreland County.

Family Hospice and Palliative Care

Mike McBride recently joined Family Hospice and Palliative Care as the community liaison for the Heritage office. He previously served as the clinical liaison for Renaissance North Healthcare Center, in Warren, Ohio, and is nearing completion of his marketing degree at Jefferson College.



Mike McBride

Foundation Radiology Group

Todd M. Blodgett, M.D., will lead FRG Molecular Imaging, a new division of Foundation Radiology Group.

See **FRG** On **Page 32**

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FRG From Page 31

Blodgett previously served as the chief of cancer imaging at the University of Pittsburgh Medical Center's Hillman Cancer Center and was the owner of Blodgett Consulting, LLC, a PET/CT consulting group. He holds a bachelor's degree in neuroscience and a medical degree from the University of Pittsburgh. He completed two fellowships, one in PET & PET/CT and the other in oncologic imaging, through the University of Pittsburgh Medical Center, where he currently serves as assistant professor of radiology.

FRG Molecular Imaging will specialize in high-quality PET/CT interpretations, with additional services including over-read services, peer review, technologist training, protocol optimization, and online access to patient's images. In addition, FRG Molecular Imaging will be able to offer its clients a set of unique educational tools for interpreting physicians, referring physicians and other personnel involved in PET/CT imaging.

Grove City Medical Center

Four staff members of Grove City Medical Center recently graduated from the Butler Memorial Hospital Performance Improvement in Healthcare Delivery Program.

Shannon Hall, R.N., Jennifer Shaffer, R.N., Stacy Dulaney and Barb Warheit attended the 60-hour program, which covered philosophy and methodology of traditional performance improvement. The program also provided students with the skills necessary to facilitate teams, effectively utilize and present data, and consult for the management and continuous improvement of outcomes and services in health care delivery.

Grove City Medical Center was invited to participate in this course with Butler as they expand their internal quality improvement efforts to collaborate with other independent community hospitals in an effort to share knowledge and improve the delivery of health care services in the region.



Submitted photo

Jennifer Shaffer, Shannon Hall, Stacey Dulaney and Barb Warheit of Grove City Medical Center.

Hospital Council of Western Pennsylvania

Stephen A. Wolfe, president and CEO of Indiana Regional Medical Center, was recently named chairman of the board of directors of Hospital Council of Western Pennsylvania. Joining Wolfe as officers on the board are Immediate Past Chair **Elizabeth White**, trustee, Armstrong Regional Medical Center trustee; Treasurer **Louis J. Panza**, president and CEO of Monongahela Valley Hospital; and Secretary **A.J. Harper**, president of Hospital Council. Also elected as vice chairs were **Kenneth P. DeFurio**, president and CEO of Butler Health System and **Gary Weinstein**, executive vice president of The Washington Hospital.

In addition, the following were elected to serve on the board of directors: **Paul Bacharach**, president and CEO of The Uniontown Hospital; **David K. Miles**, president and CEO of The Children's Institute; **J. Gary Rhodes**, CEO of Kane Community Hospital; **Denise P. Westwood**, vice president/patient care services for Canonsburg General Hospital; **G. Alan Yeasted, M.D.**, senior vice president and chief medical officer of St. Clair Hospital; and **Mary York**, chief learning officer at Conemaugh Health System. The new officers and board members join several other health care executives currently serving their terms.

Hospital Council is a non-profit trade association providing operational support to hospitals and other health care facilities in a 30-county region of western Pennsylvania through advocacy, education, data and information, and networking. Hospital Council's members include acute care hospitals, long term acute care hospitals, long term care facilities and specialty facilities.

Healthy Dose of Success

Jameson Health System



Grace Basham

● **The Reverend Grace Basham** has been installed as chaplain of Jameson Health System. A graduate of Geneva College, she earned her master of divinity degree from Pittsburgh Theological Institute and was recently ordained as a minister of the Presbyterian Church (USA). She also serves as Jameson Hospice's bereavement coordinator.

● **Matthew C. Liwski, D.P.M.**, has joined the medical/ dental staff of Jameson Memorial Hospital.

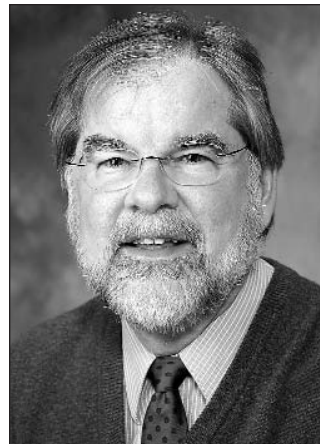
Board-certified by the American Board of Podiatric Surgery, Liwski is a graduate of Temple University School of Medicine, Philadelphia, and served his residency in podiatric surgery at The Western Pennsylvania Hospital. He most recently was a physician for Presbyterian Hospital, Charlotte, N.C., and Lake Norman Regional Medical Center, Mooresville, N.C.

In his new position, Liwski will be working closely with the Jameson Center for Wound Healing. He also has opened a new practice, Advanced Foot & Ankle Associates, at the Jameson South Campus.



Matthew C. Liwski

University of Pittsburgh Graduate School of Public Health



Mark S. Roberts

Mark S. Roberts, M.D., M.P.P., has been recruited by the University of Pittsburgh Graduate School of Public Health (GSPH) to lead the school's Department of Health Policy and Management. Roberts' areas of expertise are decision analyses and the mathematical modeling of diseases and their treatments. He uses a variety of methods from cost-effectiveness analysis to simulation modeling to examine costs and policies related to transplantation, vaccination, surgery and the use of medications. Most recently, Roberts served as Pitt professor of medicine, health policy and management, industrial engineering and clinical and translational science, and as chief of the section of decision sciences and

clinical systems modeling in the School of Medicine's Division of General Internal Medicine.

Roberts has published 115 manuscripts in peer-reviewed journals and is the immediate past president of the Society for Medical Decision Making. He received a medical degree from Tufts University and a master's degree in public policy and health policy from Harvard University's Kennedy School.

Upper Allegheny Health System

Timothy J. Finan has been appointed president and CEO of Upper Allegheny Health System (UAHS) the parent company of Bradford Regional Medical Center and Olean General Hospital.

Finan has been president and CEO at Olean General Hospital since 2006. Prior to his tenure at Olean, he held a variety of health care leadership positions, including president and CEO of Niagara Falls Memorial Medical Center and executive vice president/COO of Univera Healthcare. He also was president of the Health Services Group of The Lifetime Healthcare Companies, the successor organization of Univera Healthcare.

Finan received a bachelor's degree from Hamilton College in Clinton, N.Y., and a master's degree in hospital administration from The George Washington University, Washington, D.C. He is a Fellow of the American College of Healthcare Executives and a board member of the Western New York Healthcare Association and the Southern Tier Healthcare System. He is also a board member of numerous community groups including the Olean Area Chamber of Commerce, the Western New York March of Dimes and the United Way of Cattaraugus County. Finan also serves as a member of the St. Bonaventure University Board of Trustees. †

Hands off the inbox with no stated company e-mail policy

By Beth Slagle



A swell in work-issued laptops, Blackberries and e-mail accounts is blurring the boundaries of personal messaging and begging a sensitive question: Do employers have the right to know what their workforce is saying in cyberspace?

According to a recent federal court decision, they might not. Contrary to popular belief, employees who use company e-mail for personal matters do not necessarily give up their right to privacy.

The decision marks just one in a flood of cases in the past few years over the boundaries of personal e-mail at work. Health care administrators and human resource managers should be aware that as new technology emerges in the workplace it's important to make sure hospital policies are in place and up to date. If employers aren't careful, mishandling employee e-mails can land them in a lawsuit.

In this particular case, a federal prosecutor fought to keep private a series of e-mails between himself and his personal attorney sent over government computers. The e-mails were thought to be evidence of the prosecutor's role in leaking confidential information to the local press about the investigation of another attorney's misconduct. The attorney under investigation, who believed disclo-

sure would help him zero in on the leak, argued that the prosecutor should have had no expectation of privacy when he sent the e-mails from a government computer.

The prosecutor argued back that though he had used the government system, private matters discussed in the e-mails should be protected by the attorney-client privilege. The right to keep anything a client says to his or her attorney confidential is a fundamental aspect of U.S. law, meant to promote openness and honesty in the legal system. Now, the issue of whether or not the privilege should extend to electronic communication is surfacing as a recurring theme in e-mail privacy lawsuits.

On one hand, a company has the right to monitor the equipment it supplies to its employees. On the other, employees expect to be able to have private conversations without their bosses looking over their shoulders. Factoring in attorney-client privilege and other exceptions to the standard makes the situation even cloudier.

So where do you draw the line?

Essentially, it's up to the employer. But whether the rule is total transparency or gives employees room to breathe when using company computers and e-mail accounts, what matters is that it's put into writing. Unless there is a clear policy in place restricting the use of work e-mail for personal matters, employees have the right to assume their messages will be private.

This recent case is a prime example of why a

written policy is so important. The Court ruled that because the employer's technology policy did not include a specific statement banning the personal use of company e-mail, the prosecutor had a reasonable expectation of privacy. That meant the attorney-client privilege did apply to the e-mails in question and he could in fact keep them confidential.

To avoid getting caught in a lawsuit, hospital administrators and human resource managers should make sure they have a technology policy in place and that all employees are aware of it. A strong policy must explicitly state the company's guidelines for the personal use of computers and e-mail and extend to all forms of communication that fall under the employer's oversight, such as text messages, social networking accounts and Web-based personal e-mail accounts.

All employers need to be aware that because the role of e-mail in the workplace is still evolving, the laws that govern it are constantly in motion. And as the use of technology on the job continues to expand, the stage is set for an even greater number of privacy disputes. Regardless of how Blackberries, Facebook accounts and other emerging technologies change the landscape of electronic communication in the next few years, now is the time to set out a clear policy and make sure your employees know where you stand. ↑

Slagle is a partner at Meyer, Unkovic & Scott. She can be reached at bas@muslaw.com.

Business-growing institute opens doors to general membership

The Institute for Entrepreneurial Excellence at the University of Pittsburgh is opening the organization to general membership for the first time, filling a long-standing gap in the constellation of regional business associations.

"We saw a need for a membership organization for entrepreneurs and family business leaders who are already successful but want to continue to grow their business," said Ann Dugan, founder of the Institute and an assistant dean at Pitt.

"Research tells us that whether their business is going from under \$1 million to \$10 million or from \$10 million to \$100 million in sales, executive leaders whose businesses continue to grow all actively reach out from their comfort zone as opposed to hunkering down and sticking to what's been successful in the past," said Dugan. "That's where our new membership program comes in."

Since 1995 the Institute has provided hundreds of closely held businesses a dynamic mix of education, custom consulting, access to funding and an unparalleled network of regional, national and international contacts. Although the Institute has had members since 1996, before now membership was closely tied to Institute educational programs and not open to the general business community.

According to Dugan, some of the benefits of becoming a member of the Institute include:

- Dynamic programs offered throughout the year in which nationally recognized experts provide the latest knowledge needed to build your business. For

example Jack Stack, author of "The Great Game of Business," is coming to Pittsburgh for the first time ever to speak at an Institute Capstone program in April.

- Unbiased non-product based consulting to resolve pressing business issues, such as high-level counsel on the purchase and installation of IT solutions, succession planning, strategic planning and the development of independent corporate governance.

- Custom developed and facilitated small peer forums that provide business leaders a confidential group of "advisers" for a mutually enriching cross-fertilization of ideas and problem solving.



Submitted photo

Ann Dugan, founder of Pitt's Institute for Entrepreneurial Excellence.

Dugan hopes to attract 350 member companies during this first year of the new membership model, which will offer four different membership levels to all family businesses and closely-held businesses in western Pennsylvania.

"The Institute has increasingly become the 'go to' place for the continued development of the most successful closely held businesses in the region," said Dugan. "For example, our current members on average have more than 100 employees and more than half already have sales offices in other countries, which differentiates them from the majority of area closely-held businesses. Most of these entrepreneurs and family business leaders originally came to the Institute with a problem or issue that was impeding their ability to take growth to the next level. Once we helped them, they wanted to stay on and take advantage of our other services and activities to continue their growth and prosperity."

Pitt's Institute for Entrepreneurial Excellence grows western Pennsylvania's economy by supporting, nurturing and promoting commercialization, entrepreneurial activity, new business creation and established business growth. The staff of the Institute understands that the growth of our region, our country and our global economy will occur only through the work of the dedicated business leadership who typify Institute members. The Institute carries out its mission through its membership program and five program centers. ↑

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Is your medical brand healthy?

By Rick Cancelliere

We've now invested a couple of months into the infamous "Twenty-Ten." Y2K really was more than ten years ago and ten years really does fly by that fast. This year, it may be just the right time to take a deep look into your medical brand to determine if its healthy. Here are ten brand-related tests to employ while fine-tuning 2010's sales & marketing plans:

1. *Is your brand acting like a leader?* Leaders are sought after because they effectively facilitate change. If they are not proficiently inspiring action, communicating identity, transmitting values, fostering collaboration, "taming the grapevine" and sharing knowledge, then category leadership is most likely questionable.

2. *Is your brand educating the whole marketplace?* Thought leaders pave the way through uncharted territory by sharing expertise, research, best practices and lessons learned, for which the market as a whole gladly rewards them. Without a spirit of collaboration, firms unknowingly convey a lack of category leadership.

3. *Does your brand command a premium?* Higher profit margins are a key indicator of low price sensitivity. Brands that consistently raise the bar stay ahead of the competition. Less price sensitive customers are still content, even with higher pricing.

4. *Is your brand incurring the cost of sale, or do clients incur a cost to buy?* There are costs inherent within the brand-consumer relationship, of which the

weaker partner must accept. Truly healthy brands have a low cost of sale; their customers incur the cost to buy. They understand that they are investing in the continued good health of the brand and their valuable services.

5. *Does your brand neutralize fear of risk?* Healthy brands help diminish the fear associated with risk by fostering a feeling of trust in their clients and vendors. Healthy brands challenge themselves as well as the industry to regain a feeling of security, brand equity, and above all, value.

6. *Can (and does) your brand lend credibility?* Trusted brands are credible brands. They are able to direct the marketplace toward new ideas, products and services, which the loyal client will embrace as credible through association.

7. *Does your brand cultivate affection?* When consumers feel that they know and understand a brand — and they identify with those feelings — they will defend the brand's honor and cheer for the brand's success. Their affection translates into one of the most powerful tools one can have in the marketplace — unsurpassed loyalty.

8. *Are unpaid advocates promoting, challenging and defending your brand?* Brand advocates will endorse their company in the face of skeptics and conservatives, as well as challenge the brand to innovate beyond their wildest dreams. Their overt trust for the brand ultimately generates a collective, motivating trust in the marketplace.

9. *Is your brand making a promise?* Healthy brands build trust based on their promises. Clear communication of a promise, backed by the act of actually supporting that promise, allows consumers to rely on a brand, validating that promise and generating loyalty.

10. *Do people believe your brand promise?* Every interaction with the consumer is an opportunity to make or break a brand's promise. If a brand cannot keep its promise it will soon lose its credibility and any loyalties formed with the consumer. ↑

Cancelliere is president of Nerve Marketing, a Pittsburgh-based marketing specialist for the medical and technology sectors that develops and implements marketing strategies, campaigns, Web sites and hosted applications for medical and other technology companies. He can be reached at rick@ive-gotnerve.com.

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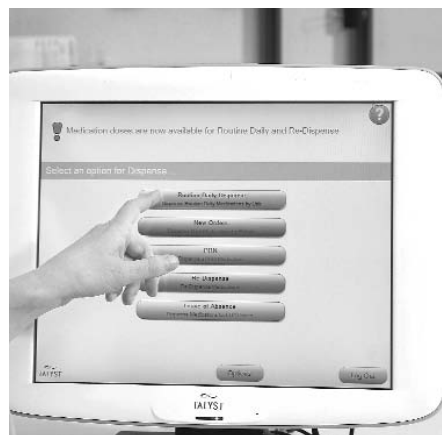
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A For-Profit Company that Forms Health Care Partnerships to Create Revenue, Savings and New Services

Talyst *InSite* enables patient-specific medication dispensing right at the care facility. The process is automated, accurate, and can quickly package pharmacist-approved medications before each medication pass, or on demand as needed.



Vantage® Care Apothecary, the regional leader in closed door pharmacy has announced the use of *InSite*. This remote medication delivery system provides dramatic cost savings by reducing medication waste, saves valuable nursing staff time, and improves patient safety. This new technology will enhance the medication management and expedite medication administration. Vantage Care Apothecary customers will be the first in the region to provide this automated solution.

This system was first used in San Bernardino County, California and in that year delivered an estimated 3.6 million oral medication doses. The system enables all prescriptions for nearly 6,000 patients to be prescribed, approved, dispensed and documented in a fraction of the time previously required, and with a higher level of quality assurance.

Robin Garner-Smith, Pharm.D. BCPP, CGP, FASCP Senior Vice President Vantage® Healthcare Network stated, "Our relationship with Talyst will allow Care Apothecary to grow and expand our busi-

ness model with breaking technology. We will be able to help our facilities "Go Green while saving Green". The system follows a driving force in health care initiatives today — doing more with less. Medical waste is reduced by preventing the dispensing of unnecessary medication doses while saving health care facilities, patients, Medicaid, and insurance companies money. I cannot think of a more appropriate way for us to move our business and the business of our facilities forward in this economic climate."

A comprehensive solution *InSite* for Long Term Care and Corrections brings efficiency and greater control to medication storage, access and delivery processes in facilities. Its components and capabilities include:

- Enables automated and accurate dispensing — *InSite* system ensures that changes in prescribed medications or patient residency will no longer produce wasted medications and can provide inventory and dispensing information for dose to dose accountability.



Vantage® Care Apothecary Regionally Co-Brands with Talyst ...

Embraces *InSite* - a Remote Dispensing Medication Management System Designed specifically for Long Term Care and correctional facilities

- Saves Time — *InSite* system dramatically reduces the time needed to prepare for scheduled medication passes and eliminates the need to perform time-consuming narcotic counts.

- Automated dispensing — The *InSite* Remote Dispensing System provides on-site, on-demand automation for preparing patient specific oral medication doses enabling facilities to add nursing time for patient safety issues such as fall prevention and pain management.

"This system addresses the concerns of healthcare managers, by leveraging our market leadership and lessons learned in hundreds of installations," explains Carla Corkern, chief executive officer, Talyst. "Our remote-dispensing approach brings efficiency, patient safety and cost control," she notes, "by linking medication administration to facility and health care databases."

"This is also relevant to the nationwide nursing shortage," Corkern says. "At a point when it is so difficult to hire nurses, *InSite* can stretch resources and make the day-to-day nursing job in corrections more patient-centric and appealing."

The *InSite* system will be implemented and Co-Marketed with Vantage's Institutional Pharmacy Care Apothecary whose Headquarters are located in Meadville, PA. Julie Smith RNC CRNI, Vantage's Service & Development Manager stated, "This system will provide immediate medication availability for all residents within our facilities. The nurses will have the remote dispensing system in their facility to access and administer medications for all residents. This will be extremely beneficial for new residents, first doses or PRN's. The need to wait for the pharmacy delivery is eliminated."

For the last two years, Talyst has ranked in the "Inc. 500" national list of fastest-growing private companies. Last month, the company was ranked number two on the Deloitte "Fast 50" Technology Companies in Washington State.

Vantage® Holding Company, LLC is a for-profit company forming partnerships to support and provide quality health care services. For more information on Vantage® and *InSite* please contact Julie Smith at JulieW@vhcn.com or 800-832-0291.



Proper estate planning leads to successful wealth management

By Nadav Baum



With all of the changes and uncertainty surrounding the markets and economy, three things remain constant: death,

taxes, and inflation. Now more than ever, high net worth investors need to pay special attention to their tax and investment strategies, how they are going to pass money to heirs and charities, and how to correctly title their personal assets.

First let's consider taxes. It's anyone's guess as to where tax rates will go from here. Here are two strategies that allow investors to keep more of their dollars:

- You might look into the new Roth conversion for 2010, which will allow you to convert traditional IRAs to Roth IRAs, and spread tax payments over two years instead of paying all the taxes the following year.
- You could consider some tax-free investment vehicles such as tax-free municipal bonds or whole life insurance that builds cash value on a tax-free basis and allows you to

spend that cash value on a tax-free basis.

Now to the challenge of inflation: Inflation has only increased an average of 3 percent annually over the last 20 years, but the cost of many long-term goals such as college tuition have significantly increased beyond the inflation rate. The average private school tuition in 1980 is up tenfold as compared to other good and services, which are up threefold from 1980 through today. One of the best investment strategies to outpace inflation is a well-diversified Equity

Now more than ever, high net worth investors need to pay special attention to their tax and investment strategies.

Portfolio. When I use the word "diversified," I don't just mean just small-cap, mid-cap and large-cap stocks. I also mean global diversification as well.

Finally, let's consider estate planning: The proper transfer of assets to heirs and charities takes a well thought out plan and most importantly, execution of that plan. One important aspect of estate planning that is often overlooked is a gifting strategy. I encourage my clients to set up an annual gifting account and make sure



they make their gifts on an annual basis. Ideally, giving your dollars away while you are alive reduces tax consequences for your heirs. The IRS annual gift tax exclusion is \$13,000 per year to anyone, or \$26,000 per year for a married couple. For exam-

ple, if you have three children, you and your spouse could gift each one \$26,000 per year (for a total of \$72,000 per year for all three kids). This strategy not only reduces your estate, but also allows you to see and enjoy the benefits that those dollars can bring to your children and grandchildren.

have in mind. You need to properly and legally set up beneficiary designations to insure your assets are going to the right people and in the right amount. And, don't forget that in the case of retirement accounts you should make sure you have contingent beneficiaries as well as primary beneficiaries.

Estate planning and the titling of assets is a very tedious and complicated endeavor. I strongly recommend that you use the services of a good estate attorney to make sure you have covered all the areas you want and that the transfer of your assets is done in the most tax efficient manner. Remember, proper planning can help you miss a lot of potholes on the road to successful wealth management. †

Baum is executive vice president, The Nadav Baum Group, BPU Investment Management, Inc. He can be contacted at nbaum@bpuinvestments.com.



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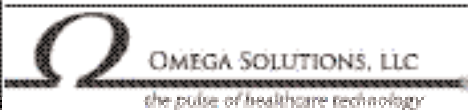
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Allegheny General Hospital

Allegheny General Hospital's (AGH) liver transplantation program has become certified by the Centers for Medicare & Medicaid Services (CMS), a vital government seal of approval recognized as the highest quality indicator for a transplant program. The certification promises to significantly enhance AGH's role as a leading referral center in the western Pennsylvania region for the treatment of end-stage liver disease.

Medicare and Medicaid patients, as well as patients whose private insurance criteria for liver transplantation coverage includes CMS certification, will now be able to choose AGH for such care.

CMS is the federal agency responsible for administering Medicare, Medicaid and other health-related programs. To earn the agency's certification as a site for liver transplantation, AGH's program underwent a rigorous review process that assessed the hospital's clinical expertise and patient outcomes, as well as all protocols related to donor selection, organ recovery, patient education and selection criteria.

Since establishing its program in November 2007, AGH has performed 24 liver transplants. The hospital is also CMS-certified for heart, kidney and pancreas transplantation.

Alle-Kiski Medical Center

Alle-Kiski Medical Center (AKMC) was awarded HealthGrades' Distinguished Hospital for Clinical Excellence award for the fifth consecutive year. This achievement ranks AKMC's clinical quality among the top 5 percent of hospitals in the nation.

HealthGrades, a leading independent health care ratings organization, conducts a national study to analyze patient outcomes at each of the nation's 5,000 non-federal hospitals. According to the eighth annual HealthGrades Hospital Quality and Clinical Excellence study, AKMC and the other hospitals in the top 5 percent nationally demonstrated patient outcomes that far exceeded those of other hospitals. Patients admitted to these hospitals had risk-adjusted mortality rates that were, on average, 29 percent lower than all other hospitals. Risk-adjusted complication rates were, on average, 9 percent lower than all other hospitals.

AKMC is one of only 269 hospitals in the nation that received this distinction.

Altoona Regional Health System

The Accreditation Council for Graduate Medical Education (ACGME) has accredited the Altoona Family Physicians Residency Program for five years, the maximum period allowed.

The residency program is affiliated with Altoona Regional Health System and trains physicians in the specialty of family medicine. It is one of 457 family medicine programs in the United States and one of 30 in Pennsylvania.

The ACGME, based in Chicago, is the national organization that accredits residency programs in the United States. The review of the program consists of the submission of a 110-page document detailing the residency curriculum, an on-site visit from a reviewer who verifies what is in the report, and then a final review by a committee of all information submitted.

Canonsburg General Hospital

Canonsburg General Hospital has been awarded a three-year term of accreditation in mammography as the result of a recent survey by the American College of Radiology (ACR).

The ACR awards accreditation to facilities for the achievement of high practice standards after a peer-review evaluation of the practice. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field. They assess the qualifications of the personnel and the adequacy of facility equipment. The surveyors report their findings to the ACR's Committee on Accreditation, which subsequently provides the facility with a comprehensive report.

Excelsa Health

Excelsa Health's Center for Cardiovascular Medicine has been ranked in the top 10 percent nationally by two separate benchmarking groups.

The Society of Thoracic Surgeons (STS) has recently developed a comprehensive rating system that allows for comparisons of the quality of cardiac surgery among hospitals nationwide. Approximately 10 percent of hospitals receive a "3 star" rating. In the analysis of national data covering the period from July 1, 2008, to June 30, 2009, the cardiac surgery performance at Excelsa was found to lie in the highest-quality tier, thereby worthy of the rating.

Excelsa has been similarly rated by The Delta Group, which provides tools to

HONOR ROLL

measure clinical performance of health care organizations. The composite quality ranking, based on national benchmarking standards for mortality, complications, core process and patient safety, places Excelsa again in the top 10 percent of cardiac programs.

Gateway Rehabilitation Center

Gateway Rehab recently won a Renaissance Award for its "Breakthroughs" newsletter and an Award of Merit for its holiday card at the Pittsburgh Chapter of the Public Relations Society of America's (PRSA) 2010 Renaissance Awards. The PRSA-Pittsburgh Chapter represents more than 200 of the region's top public relations professionals.

The Renaissance Awards honor the region's best public relations campaigns and tactics, as well as its most admired communicators, and were judged this year by an independent panel from the PRSA Central Ohio Chapter.

HealthSouth Sewickley

HealthSouth Rehabilitation Hospital of Sewickley has been awarded the Gold Seal of Approval from The Joint Commission. The hospital has achieved Disease-Specific Care Certification from the commission for its stroke rehabilitation program.

Reviewers from The Joint Commission evaluated HealthSouth Sewickley's stroke program to assess its compliance with the commission's state-of-the-art national standards and performance measurement expectations for the management of chronic care illnesses.

The Joint Commission has more than 50 years of recognized and respected experience and expertise in evaluating clinical care quality in all types of health care settings.

UPMC Health Plan

UPMC for Life, the Medicare Advantage program for UPMC Health Plan, was the only Medicare plan in western Pennsylvania, and one of only 22 Medicare plans nationally, to be recognized for the excellence of its Web site by HealthMetrix Research Inc.

UPMC Health Plan and the 21 other plans were awarded MedicareWebWatch certification at the 7th Annual Medicare Congress, held recently in Washington, D.C. MedicareWebWatch certification recognizes Medicare plan Web sites that offer excellence in content, connectivity, design and privacy assurance. The 22 Web sites were selected from 134 Medicare Advantage Web sites following a comprehensive review by HealthMetrix, an independent research firm.

Medicare WebWatch certification is based on methodology that weighs 50 Web site features related to plan-specific content, external content resources, member connectivity, design and navigation, and privacy assurance.

UPMC Western Psychiatric Institute and Clinic

The Western Psychiatric Institute and Clinic (WPIC) of UPMC has been recognized by the American Nurses Association (ANA) for consistently achieving outstanding patient outcomes through high-quality nursing care.

As one of six nationally recognized hospitals, WPIC participates in ANA's National Database of Nursing Quality Indicators (NDNQI), which is the nation's most comprehensive catalog of nursing care outcomes that are tied directly to the high quality of nursing care at each facility. The award winners demonstrated superior patient outcomes and high nurse job satisfaction on the 18 performance indicators tracked by NDNQI, such as hospital-acquired pressure ulcers, patient falls with injury, infections acquired as a result of hospitalization and nurse turnover.

WPIC is one of more than 1,500 hospitals that participate in ANA's unique database, which allows individual nursing units to compare performance to similar units at other hospitals regionally, statewide and nationwide. NDNQI was established in 1998 as part of ANA's National Center for Nursing Quality measurement services. In any given quarter, more than 12,000 nursing units are reporting performance data. This data can be used to determine links between patient outcomes and nurse staffing levels and skill mix, leading to more effective staffing plans. ↑

Activities professionals recognized

By Michele Freund

To help celebrate National Activity Professionals Week, Golden LivingCenter-Mt. Lebanon recently held several events that followed this year's theme, "Caring by Design."

The week kicked off with a cooking class in the occupational therapy apartment, with residents making pineapple upside down cake. Other events throughout the week included "Vegas Hour," held in partnership with our sister facility, Golden LivingCenter-South Hills in Canonsburg. Winners received a variety of prizes, such as crafts and jewelry. Residents also enjoyed a happy hour that offered delicious appetizers, cheese and crackers, and ice cream floats.

The week concluded with an ice cream social in the main dining room. In addition to sundaes with all their favorite toppings, residents enjoyed games and socializing with each other.

A good time was had by all residents and activity professionals. As one Golden LivingCenter resident said, "What a fun way to celebrate the week."



Submitted photo
Activities coordinator Elaine Abbot serves resident Patricia Rapp.

Residents regularly enjoy programs created by activity professionals. One such recent opportunity has come in the form of the Nintendo Wii video gaming system. By playing golf, tennis, bowling and other games, residents are not only participating in a fun activity, they also are improving functional abilities such as their sitting and standing balance, range of motion, motor coordination, and visual processing and concentration.

National Activity Professionals Week is an opportunity to recognize activity directors and related professionals for their dedication to residents. By sharing their talents, creativity, enthusiasm and compassion, they help to create opportunities that encourage resident participation and socialization. ↑

Freund is director of admissions, sales and marketing at Golden LivingCenter-Mt. Lebanon. For more information on their programs, call (412) 257-4444, or visit the Web site www.goldenlivingcenters.com/mt-lebanon.html.

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27 Suncrest Drive, Delmont, PA 15626

Phone: 724-468-8360 • Fax: 724-468-0214

Email: hdkart@aol.com • Website: www.wpahospitalnews.com

HARVEY D. KART

Publisher/Editor

404-402-8878 • hdkart@aol.com

MARJORIE ANN WILSON

Director of Advertising

724-468-8360 • margiehn02@aol.com

ANDREA EBELING

Content Editor/Assistant to the Publisher

724-549-3281 • wpahospitalnews@gmail.com

BETH WOOD

Art/Production

Contributing Writers

Laurie Bailey
Daniel Casciato
Ron Cichowicz
Amanda Dabbs
Jason Levan
Kris Levan
Vanessa Orr
Ron Paglia
Chauncey Ross
Lois Thomson

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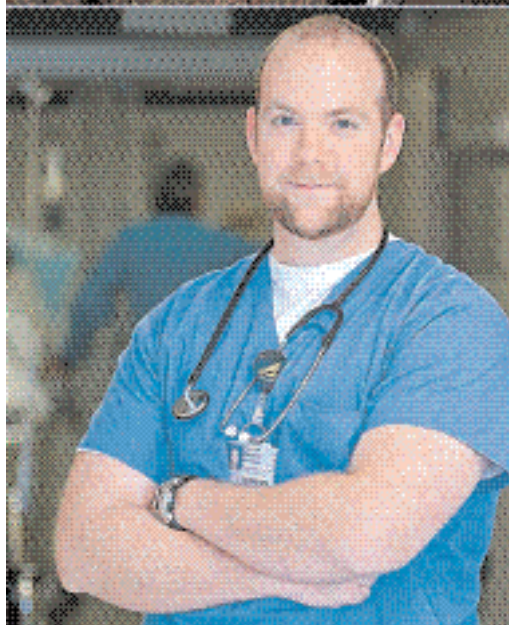
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Osteopathic school adds teaching hospital, holds white coat ceremony

Lake Erie Consortium for Osteopathic Medical Training (LECOMT) has added Niagara Falls Memorial Medical Center to its network of affiliated teaching hospitals with accredited residency programs. In addition, its family practice residency program has been accredited by the American Osteopathic Association and will begin interviewing physician applicants for admission to the three-year program in July 2010.

Niagara Falls Memorial will train resident physicians and also serve as a clinical training site for third- and fourth-year medical students from the Lake Erie College of Osteopathic Medicine (LECOM), which has campuses in Erie, Greensburg and Bradenton, Fla.

Besides treating patients at the medical center and the Hamilton B. Mizer Primary Care Center, family practice residents will utilize Memorial's mobile clinic to provide care to migrant workers at nearby farms and will see patients at the Niagara University Health Clinic and Tuscarora Indian Reservation Health Center.

In other related news, LECOM medical and pharmacy students recently marked their transition from classroom study to clinical education at Erie's Bayfront Convention Center as students received their white coats — symbols of trust between doctor and patient, of compassion and of the purity of a medical professional's purpose.

The White Coat Ceremony initiates aspiring health care professionals into a commitment to the highest principles related to the practice of medicine and pharmacy. Approximately 130 students in the School of Pharmacy and approximately 270 students from the College of Osteopathic Medicine pledged to uphold professionalism and competence in the presence of their families, professors and peers during the ceremony.



LECOM College of Medicine students recite the osteopathic oath after receiving their white coats.

Karen Meyers/UPMC

Michael Mashyna, Pharm.D., a 2006 graduate of the LECOM School of Pharmacy

and a staff pharmacist with Hamot Medical Center in Erie, delivered the keynote address for the pharmacy student ceremony. Hershey Bell, M.D., M.S., dean of the LECOM School of Pharmacy, led the class in the Pledge of Professionalism. Rite Aid Corporation provided the funds for the pharmacy white coats.

Danielle Hansen, D.O., a 2005 LECOM graduate, delivered the keynote address for the osteopathic medical student ceremony. Hansen is an internal medicine specialist with Medical Associates of Erie, vice president of acute care services at Millcreek Community Hospital (MCH) and clinical assistant professor of internal medicine at LECOM. Silvia M. Ferretti, D.O., provost, senior vice president and dean of academic affairs, led the osteopathic medical students in the Osteopathic Oath of Commitment. The Pennsylvania

Osteopathic Medical Association provided the white coats and the stethoscopes to the students. †

Mentoring program at Conemaugh Health System enters sixth year

Academically talented college students who are interested in pursuing medical careers are the focus of the Mentoring in Medicine program now entering its 6th year

at Conemaugh Health System.

The 10-week program provides up to ten students per class with the opportunity to gain real-life experience that will encourage them to seek medical careers that will return them to the region. The program began in 2004 when local orthopedic surgeon Rick Schroeder, M.D., and his wife, Diana Schroeder, R.N., M.S.N., fashioned it after a similar program the surgeon participated in as a student at Northwestern University.

"The program I participated in was called MECO, Medical Education/Community Outreach. It placed first year medical students in a hospital environment where they could follow different physician specialties for the summer. It was an immensely valuable experience for me and when my own son was considering a career in medicine in 2004 it reminded me of just how valuable providing this type of experience would be for students thinking about a career in medicine," said Schroeder.

Since 2004, 53 students have participated in the local program. Of those, 29 are currently in medical school, three are now physician residents, 13 are in the process of applying to medical school, two are doctoral candidates and two are in physician assistant training programs.

Joe Delic, a Bishop McCort graduate, participated in the program while in college and is now a second year student at Temple University School of Medicine.

"Looking back the Mentoring in Medicine program really gave me a great view of what a career in medicine would be like. It is a great first step into medicine and I picked up a lot of valuable experience that has been a help to me as a medical student. I am thankful to the Schroeders for creating the program and for all of the physicians who are willing to share their time and talent through Mentoring in Medicine," said Delic.

The summer program has students participate in eight weeks of required rotations followed by two weeks of elective rotations in areas they are interested in. The program also includes a weekly journal club, participation in medical conferences, basic skills training, and an educational review regarding HIPAA, confidentiality and professionalism.

"We could never do this without the participation of many local physicians and the support of Conemaugh Health System," said Schroeder. "The physicians make sure the students really get a true look at what life as a doctor is really like. That kind of experience is invaluable."

Students are evaluated at the end of the summer with letters of support for their college files. Students are expected to complete end-of-summer papers that outline their experiences.

"This is a great experience for the students, and it's really good for the entire community," said Schroeder. "Health care continues to be the major employer for the region and by providing these valuable mentoring relationships to area students we hope to interest them in returning home to pursue their medical careers." †



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New scholarship created for nursing and health programs in Cambria County

The Employers Medical Access Partnership (E.MAP), has funded a new scholarship, the Conemaugh Health System Critical Skills Scholarship, which will provide \$1,000 scholarships to worthy recipients enrolled in the Conemaugh School of Nursing or one of the allied health fields offered at Memorial Medical Center in Johnstown.

"We created this fund to encourage area students to receive their medical educations locally and hopefully then serve as medical professionals within our region for years to come," says Jack Babich, president of the E.MAP board of directors. "The recipients will be determined by the director of the Conemaugh School of Nursing."

E.MAP is a coalition of local employers whose primary objective is to inject healthy competition into the region to help control the rate of increase of health insurance costs to area businesses and to support local health care related programs.

Education Update

"We are very thankful for this new fund and the possibilities it brings for the recipients," says Susan Mann, president of the Conemaugh Health Foundation. "This E.MAP scholarship will go a long way in helping some of those pursuing medical careers in our community, allowing us to provide much needed financial assistance to our students, especially at a time when much of our state funding is being cut. It truly is a win for the students and also for our community as many of these recipients will chose to pursue their medical career in our area." †

UPMC nursing school receives largest donation in its history

UPMC Shadyside School of Nursing has received an endowment of nearly \$900,000 from Jane Pesci, R.N., a 1939 graduate of the school. The donation will be used for the establishment of the Ernest and Dirce Pesci and Jane Pesci Scholarships.

"This is the largest donation in our school's history," said Linda Kmetz, Ph.D., R.N., director, UPMC Shadyside School of Nursing. "Our goal is to find students who demonstrate a genuine need for financial assistance and who will emulate Ms. Pesci's appreciative and hard-working character. We will fund at least one student's tuition each year."

Pesci grew up in Blairsville, Pa., and later moved to Pittsburgh to attend UPMC Shadyside School of Nursing. Upon graduating, she joined the Army Nurse Corps where she achieved the rank of lieutenant colonel. After retiring from the Army, Pesci served as a school nurse for Pittsburgh Public Schools for nearly 15 years. She passed away in 2008.

"The scholarship means a lot to our family because it is a reflection of Jane's background," said Edward Pesci, Ms. Pesci's nephew. "It's really the classic American success story. As the daughter of two immigrant parents who hardly spoke English, she struggled and worked her way through nursing school, served in the Army Nurse Corps through World War II and eventually rose to lieutenant colonel. Her dedication to the nursing profession and her experience growing up during the Great Depression inspired her to give new nursing students the chance to succeed without the financial and social burdens she endured."

UPMC Shadyside School of Nursing's registered nurse diploma program offers both full- and part-time students a clinical curriculum built on a foundation of humanities and behavioral and natural sciences. †




Karen Meyers/UPMC

UPMC Shadyside recently received an endowment check from the estate of Jane Pesci. Left to right: Sandy Rader, vice president of patient care services, UPMC Shadyside; Elizabeth Pesci; Edward Pesci; Linda Kmetz, director, UPMC Shadyside School of Nursing; Louise Brown, executive director, Shadyside Hospital Foundation; and Tom Michalek, estate attorney.

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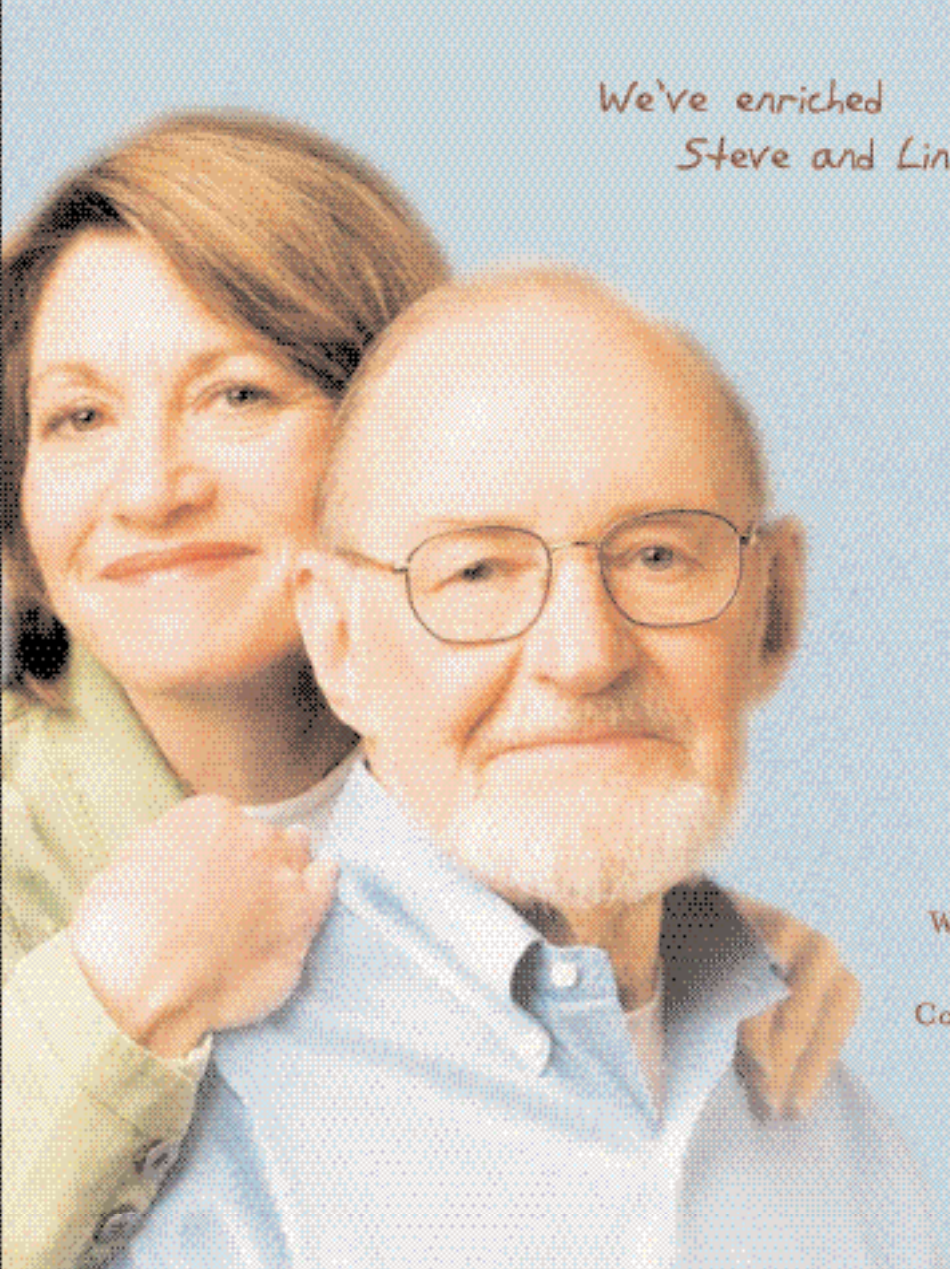
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Health Care Event & Meeting Guide

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

March 1-4

www.himssconference.org

Conference On the Slopes

Seven Springs Mountain Resort, Seven Springs

March 3-5

www.pamsonline.org

The League of Intravenous Therapy Education 38th Annual Educational Conference

Holiday Inn Washington-Meadow Lands, Washington,

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

"Sexual Addiction: Assessment and Treatment" Free Mini-Conference

Gateway Rehabilitation Center Main Campus, Aliquippa

March 19

(412) 604-8900 or www.gatewayrehab.org

2nd Annual Advanced Topics in Thyroid and Parathyroid Surgery

Renaissance Pittsburgh Hotel

March 19-20

Maureen DiBattiste (412) 648-6304 or dibattistem@upmc.edu

American College of Healthcare Executives 2010 Congress on Healthcare Leadership

Hyatt Regency, Chicago

March 22-25

www.ache.org/congress

Coding Quality and RAC: Partnering for Long Term Success

Capital Hilton, Washington, D.C.

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

March 25

Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Personal Care/Assisted Living Summit

Sheraton Harrisburg, Hershey

March 25

www.phca.org

18th Annual Clinical Update in Geriatric Medicine

Omni William Penn Hotel

March 25-27

<http://cchehs.upmc.edu> (412) 647-8323 or cchehsconfmgmt101@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

April 8-11

info@pana.org

Carlow University's School of Nursing, "Biomedical Ethics in Today's Health Care" Conference

Carlow University, Grace Library's Kresge Theater

April 9

jreale@carlow.edu

Alumni Day Pediatrics Otolaryngology Update 2010

Rangos Conference Center CHP

April 9-10

Maureen DiBattiste (412) 648-6304 or

dibattistem@upmc.edu

"A Toast To Your Health" Wine and Culinary Event Benefiting Heritage Valley Health System

Hyatt Regency at the Pittsburgh International Airport

April 10

www.heritagevalley.org

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

PURE Black and Gold, an evening with Art Rooney Jr. and Steelers friends benefiting Stroke Survivor Connection

The Pennsylvanian, Downtown Pittsburgh

April 22

(412) 904-3036 or www.strokesurvivorconnection.org

4th World Congress for Endoscopic Surgery of the Brain, Skull Base, and Spine

David L. Lawrence Convention Center

April 28-30

Gina BeBlasis (412) 441-9811 ext. 15 or info@skullbasecongress.com

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

Valley Forge Convention Center, King of Prussia

April 28-May 1

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Health Care Event & Meeting Guide

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
ccheconfmgmt201@upmc.edu

Fourth Annual Stroke Survivor and Caregiver Symposium

Embassy Suites Hotel, Coraopolis
May 8
(412) 904-3036 or www.strokesurvivorconnection.org

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
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ccheconfmgmt201@upmc.edu

2010 Amerinet Member Conference

Gaylord Opryland Hotel and Convention Center, Nashville
May 17-20
<http://memberconference.amerinet-gpo.com/Amerinet.aspx?tabid=1>
Donna Kosmack (877) 711-5700 ext. 7285 or
amerinet.events@amerinet-gpo.com

23rd Annual Family Hospice & Palliative Care Golf Benefit

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

PAMS 2010 Annual Convention

Seven Springs Mountain Resort, Seven Springs
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
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
August 14
Family Hospice Bereavement Dept. (412) 572-8829

PHCA/CALM Annual Convention and Trade Show

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

23rd Annual Healthcare Facilities Symposium & Expo

Navy Pier, Chicago
September 14-16
www.hcarefacilities.com

Endoscopic Endonasal Surgery of the Cranial Base and Pituitary Fossa

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

Pennsylvania Pharmacists Association Annual Conference 2010

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

17th Annual PAA Convention

Penn Stater, State College
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
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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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 412-341-1050. 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.

GOLDEN LIVINGCENTER - MT. LEBANON

Golden Living - providing complete senior care.
 At Golden LivingCenter - Mt. Lebanon, we believe that for seniors to live life to the fullest, they must receive the highest-quality services. Professional, 24-hour care is provided in a comfortable and inviting setting. Our residents participate in a variety of needs-driven programs that help them reach their healthcare goals, build confidence in their abilities, and maintain their independence.

Golden LivingCenter - Mt. Lebanon
 350 Old Gillespie 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.

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounge, sitting areas and an activity room. Our fenced-in courtyard, which features a garden, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website: www.oakleafpersonalcarehome.com

3800 Oakleaf Road, Pittsburgh, PA 15227
 Phone (412) 881-8194, Fax (412) 884-8298
 Rural Housing Opportunity

PRESBYTERIAN SENIORCARE

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 Hulton 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 Gibsonsia 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 Gibsonsia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay.

Eight Three Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Sally Thompson, Director of Admissions
 2480 S. Orade Blvd., Greensburg, PA 15601 • 724-830-4022

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130 Broad Avenue, Ext., Suite 2
 Belle Vernon, PA 15012

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Contact information:
www.bayadanurses.com
 • Pittsburgh Office
 Phone: (412) 473-0210
 Fax: (412) 473-0212
 1789 S. Braddock Avenue, Suite 305
 Pittsburgh, PA 15218
 • Larnoke Office
 Phone: (724) 537-4686
 Fax: (724) 537-4683
 326 McKinley Avenue, Suite 201
 Larnoke, PA 15650

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GATEWAY HOSPICE

Gateway's hospice services remain unique as a locally owned and operated service emphasizing dignity and quality clinical care to meet the needs of those with life-limiting illness. Quality nursing and home health aide visits exceed most other agencies. Our commitment to increased communication and responsiveness to those we serve is our priority. Medicare certified and benevolent care available. Gateway serves patients in Allegheny and ALL surrounding counties. Care is provided by partnering with facilities and hospitals in addition to wherever the patient "calls home". For more information call 1-877-878-2244.

HEARTLAND

At Heartland, we provide Home Care, Hospice or IV Care. We have a special understanding of the health care challenges of our patients, as well as their families and loved ones may be experiencing. Through our passion for excellence, we are committed to enhancing their quality of life through our compassionate and supportive care. Most of the care Heartland provides is covered under Medicare, Medicaid or many health care plans including HMO's, PPO's and private insurance.

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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Pen Center West Two Suite 120
 Pittsburgh, PA
 412-788-1233 or 412-999-2611

INTERIM HEALTHCARE

Interim HealthCare is a national comprehensive provider of health care personal and service. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout North America. Interim HealthCare of Pittsburgh began operations in 1972 to serve patient home health needs throughout southwestern Pennsylvania and northern West Virginia. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982. IHC provides a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

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

1789 S. Braddock, Pittsburgh, PA 15218
 3041 University Avenue, Morgantown, WV 26505

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For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15255, visit our website www.likenservices.com, e-mail info@likenservices.com or call (412) 816-0113 - 7 days a week, 24 hours per day.

LOVING CARE AGENCY OF PITTSBURGH

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 Greentree Road, Building 3 Suite 325, Pittsburgh, PA 15220
 Phone: 412-922-3435, 800-999-5178, Fax: 412-920-2740
www.lovingcareagency.com

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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.

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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 corneas. 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.

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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.

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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
Jennett - 724-523-0441
Lambert - 724-532-0940
Ligonier - 724-238-4406
Lower Merion/New Kensington - 724-335-4245
McKeesport/Venues - 412-664-9008
Monaca - 412-373-9898
Moon Township - 412-262-3354
Mt Pleasant - 724-547-6161
Murrysville - 724-325-1610
New Alexandria - 724-688-7800
Penn Hills - 412-24-3002
Pittsburgh Downtown - 412-281-5889

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www.childrenshomepg.org

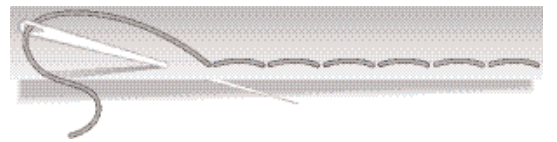
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Games people play

In Stitches



By Ron Cichowicz



As I write this, Super Bowl XLIV has yet to be played, so I do not know whether Peyton Manning and the Colts have won for the second time in four years, or the New Orleans Saints have brought the first ever Vince Lombardi Trophy to the Crescent City.

But I do know this: More hearts were broken by the end of the game than just those beating in the chests of the losing team's fans.

I'm basing this knowledge on a news item I read just days before the Super Bowl that said, according to the dating service It's Just Lunch, 82 percent of women and 74 percent of men admitted they would root against their date's team at a Super Bowl party.

I am assuming, of course, that these individuals did not bring to their relationship passionate loyalties for different teams who just happen to meet in the Super Bowl. In such cases, I suspect that couples genuinely in love would simply find separate parties to attend. Or, they would have decided such irreconcilable differences doomed their relationship from the beginning.

So, let me get this straight: These are people at

least committed to a relationship enough that they will accompany another person to a Super Bowl party attended, no doubt, by a number of friends and family members of at least one of them. Then, for no other reason than they came with a person who really wants to see a particular team win, they choose to publicly and no doubt in some cases voraciously — maybe even mercilessly — cheer for the other team.

And yet we wonder why so many people say they are looking for love in all the wrong places. (By the way, I take no chauvinistic pleasure in the fact that the percentage of men exhibiting such boorish behavior is lower than the percentage of women, preferring instead to assume that, when any sporting event is on, more men simply don't pay any attention to their dates.)

Let me give One Guy's Perspective on this — one that I know from personal experience is shared by countless men and women whose bonds to particular sports teams are forged in blood, sweat and tears.

When it comes to compatibility between a sports fan and a potential mate, the options, in descending desirability, are: 1. His/her passion for your team is as red hot — and maybe more so, than your own; 2. He/she is not a big fan of sports or your team, but he/she will watch it with you in exchange for equal time doing something he/she likes; or 3. He/she will find other ways to occupy

the time you need to watch your team (and even occasionally buy you two tickets to a game so you can take an equally passionate friend).

Note that nowhere on that list does it recommend high-fivin' a roomful of people and slamming down Jell-O shots every time some Packer or Viking or Cowboy sacks Ben Roethlisberger.

I ask you, is that anything on which to build a meaningful relationship? I mean, this is serious enough that I hope dating services include a question on their compatibility surveys designed specifically to keep such people away from, well, everybody.

There are some benefits to inviting a couple in a new relationship to your Super Bowl party. If the game turns out to be boring, you and your guests can turn your attention to the brawl sure to erupt when the "party of the first part" gets tired of the "party of the second part" dissing his or her team. And if your Super Bowl grid pool didn't provide enough wagering for your crowd, you can always grab a calendar (or maybe just a 24-hour day planner) and place bets on how long that particular relationship will last. †

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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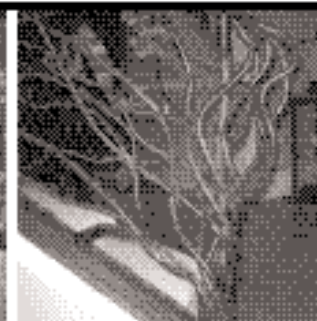
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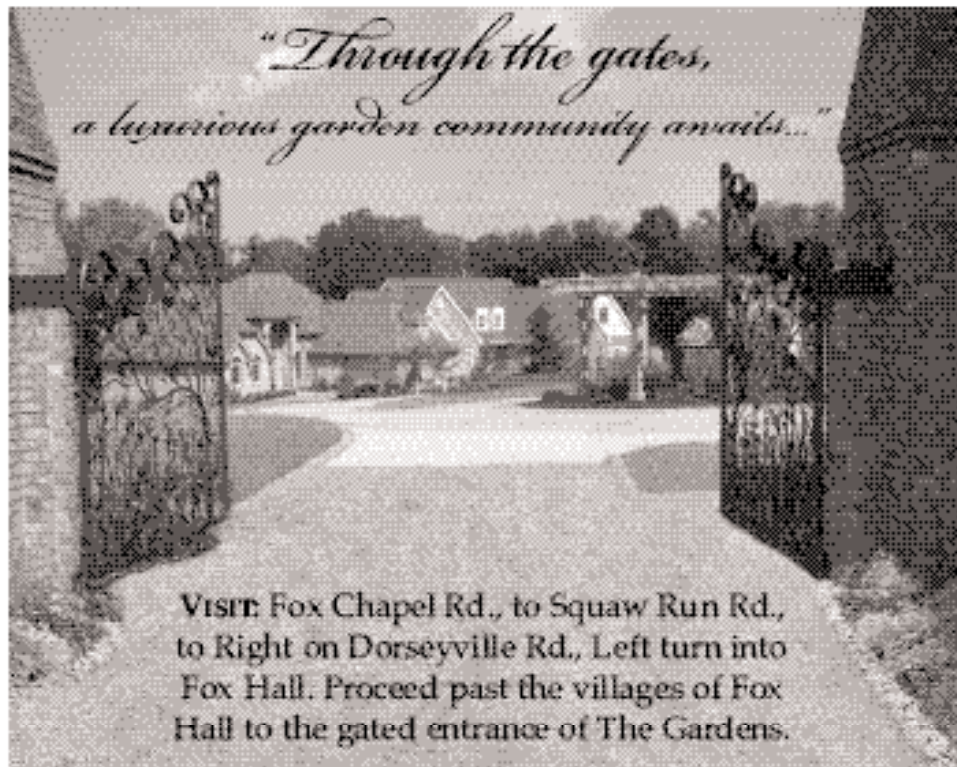
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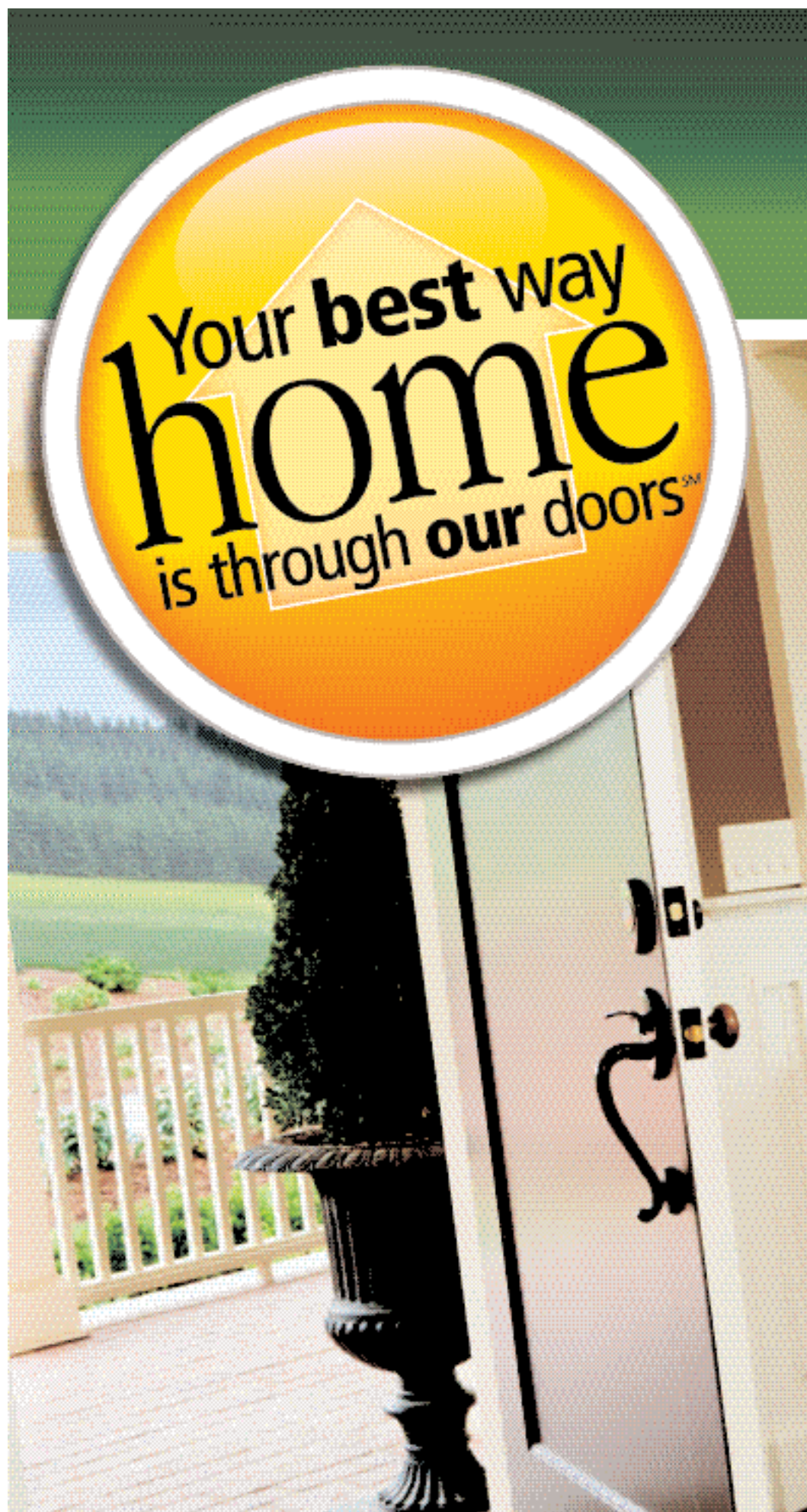
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