

H Hospital News & More

Western Pennsylvania

The Region's Monthly Healthcare Newspaper

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Index

Nurse leaders weigh in on issues facing nurses	page 18
Dealing with disaster	page 25
How do you know when to call hospice? ..	page 28
Washington's Thomas saying good-bye ...	page 29

Artists among us: Spotlight on Cheryl L. Rosato, D.M.D.

By Christopher Cussat

As our loyal readers are well aware, everyone here at Western PA Hospital News is dedicated to bringing you the latest healthcare news, the most helpful industry information, as well as interesting health-related community and people stories from across the region.

In this tradition, we are pleased to introduce and present what will hopefully be a continuing series of articles about the artistic/creative talents and interests of healthcare professionals in Western Pennsylvania.

Healthcare professionals are considered to be some of the most dedicated, talented, and hard-working people around. Since much of our paper's print space is used to highlight what good work these professionals are doing in their health fields, we want to begin showcasing how multi-talented they are in other areas as well—especially those who pursue artistic outlets in the expression of their creativity.

Cheryl L. Rosato, D.M.D. has been chosen for the premier installment of this article series because she is a truly successful, strong, and creative person who represents the healthcare profession in so many impressive ways.

Cheryl Rosato, an energetic single mother of four (now college-aged), is a family dentist who is celebrating her 30th year in practice. Rosato defines herself as a general dentist and she is working solo at present. With her brother Bob also practicing dentistry, the profession definitely runs in the family.



Cheryl Rosato transformed her dining room into an Italian room, complete with a scene from Pizzoferrato, her father's family village, and a vibrant mosaic tabletop.

For years, Rosato has been painting and sculpting to express her artistic talents and passion, which like dentistry, have also been a strong family tradition. She explains, "My father, the late Dr. Robert A. Rosato, was also a dentist and a sculptor—and my mom, Betty [a former nurse who is now 86], is also my catalyst to paint murals." In fact,

See **ROSATO** On **Page 3**

The Midwife Center: Offering women an affordable choice

By Kathleen N. Bishop

Clients at The Midwife Center for Birth and Women's Health choose this unique option for childbirth and gynecological care for a number of reasons. The center and its certified nurse midwives not only recognize the diversity of their client base by celebrating clients' cultural, economic and social differences, but by customizing care to each individual woman and her family.



Big brother asked Nancy Niemczyk, CNM, MSN to also listen to the heartbeat of the baby in his belly during his mom's (Sara Hamer) prenatal appointment.

According to Christine Haas, executive director for The Midwife Center, "We offer services to women from all backgrounds and professions. Our clients tend to be older, about 35 years and up, and many have multiple children."

According to Christine Haas, executive director for The Midwife Center, "We offer services to women from all backgrounds and professions. Our clients tend to be older, about 35 years and up, and many have multiple children," Haas said.

Providing women with a choice is why TMC is so important to Western Pennsylvania. As the only state licensed, free-standing birth center for low-risk, healthy women in southwestern Pennsylvania, the medical community fought to keep them open when the center closed in 2000 due to financial restructuring at Allegheny General Hospital.

See **MIDWIFE** On **Page 4**



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ROSATO From Page 1

Rosato and her mother decided to paint over the brown paneling in the church basement of St. Peter's UCC in Spring Garden (on Pittsburgh's North Side) a few years ago.

Since then, and consistently favoring acrylics as her primary medium, Rosato has also painted murals all over her church walls at New Community Church in Wexford. "I like working with acrylics because I have four kids and I just have to do things real fast! My favorite is Noah's ark, which runs the entire length of a corridor at my church," she adds.

Many of the walls in Rosato's own home are murals, especially her "Italian Room" which depicts the Coliseum, Ponte Vecchio, and Pizzoferrato (the village of her father's family). "I also made a mosaic tabletop that adds to the Italian theme," she notes.

Rosato feels that art is both her creative outlet and her therapy. "Colors can change my mood—and creating wearable art, stained glass objects, murals, and portraits make me come alive," she says. "I have always had a passion to create, and it gives me a rush of adrenalin when I have a project to complete."

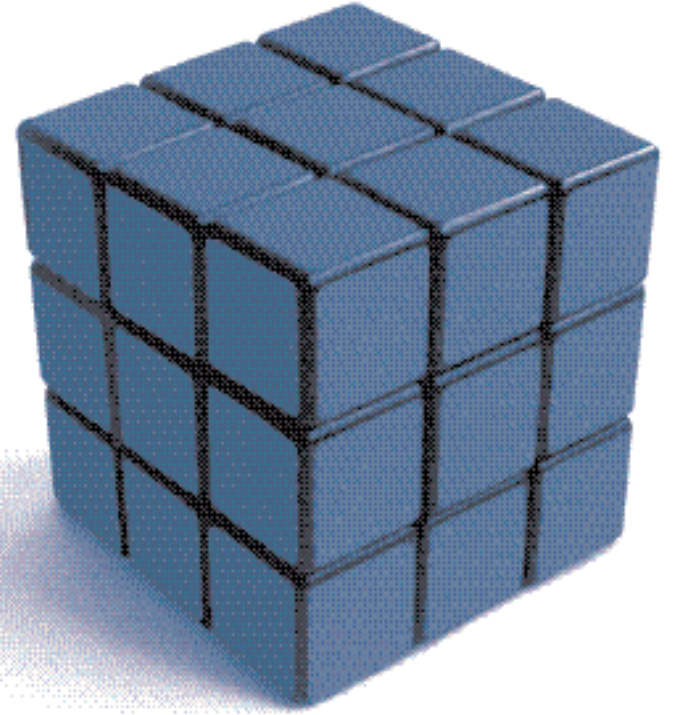
But Rosato's creativity is not limited to her artistic endeavors. In fact, Rosato has always found a natural connection between her art and her dentistry because she appreciates and perpetuates the creative aspects of her profession every day. "I find dentistry to be a very artistic profession and I always felt that dentistry was the perfect blending of my two passions. The thrill of making someone's smile prettier and boosting their self-esteem is very satisfying to me." Each night, Rosato finds time before bed to envision new ways to be creative in her office. "If you ever visit, you'll see that I cannot just give my employees white uniforms to wear without adding artwork to them!"

As a healer herself, Rosato has seen and appreciates the healing power that art possesses. "I truly believe that everyone can heal and benefit from artistic expression—even basic coloring with crayons can be very calming to the soul. Colors have a deep effect on people and can be therapeutic—well, at least that's been the case for me!"

Rosato literally loves sharing her artistic talent with others and she cannot ever imagine charging people for her artwork. Much of her art, like the portraits she's painted, are hanging in people's homes. She adds, "Even the stained glass pieces I've made have been given away as wedding gifts. So for now, I just create in order to give thanks to God for my gift—and so far, everyone benefits!"

*Rosato's murals are in the New Community Church in Wexford (at the corner of Route 910 and Pierce Mill Road) and at St. Peter's UCC in Spring Garden (on Schu-
bert Street). Her practice, North Hills Dental Complex, is located at 5310 Perry Highway and the contact number is 412-931-6571.* †

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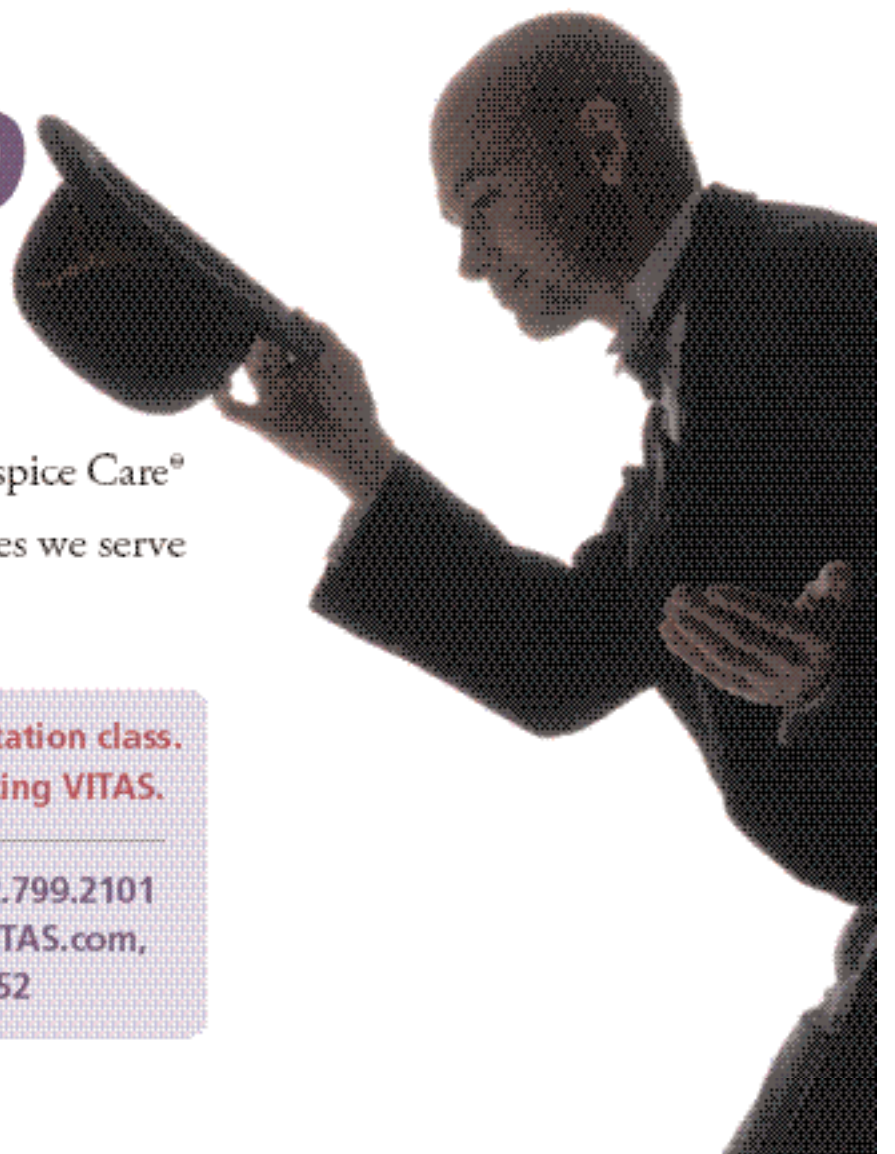
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MIDWIFE From **Page 1**

"After closing, the hospital staff we worked with rallied behind us," Haas said. "Doctors wrote letters to their congressmen, representatives, and hospital administrators stating why it was important that we have a birthing center. These doctors recognized that the center contributes to the best possible care for women."

In 2003, TMC opened its new location on Penn Avenue in the Strip District. Now affiliated with UPMC Mercy, the center serves more clients because it accepts all insurances and Medicaid.

Nancy Niemczyk, CNM, MSN, clinical director for the center, has been practicing midwifery for 15 years. When a laboring mother comes in, as one of four certified nurse midwives at the center, she may be the one to greet her, show her into a themed birthing suite equipped with a Jacuzzi, turn down the patchwork quilt, and prepare her a snack.

"If a woman knows she wants a more intimate environment where there are no restrictions on how many family members can be in the room, a full kitchen where grandma can cook the family a meal, and where her church choir could come and sing to her (yes, that has happened), the center is there for her," Niemczyk said.

Some clients, however, feel more comfortable delivering in a hospital but want a certified nurse midwife to provide prenatal care and attend their birth. The midwives have privileges at UPMC Mercy and will care for their clients in the hospital. The center is about 10 minutes from Mercy, so if mother or baby are in distress, they can be transported quickly.

"Once a month, all of the midwives meet with our medical director, Dr. Elizabeth Stifel of Forbes Regional, to review the medical records of the following month's clients and those giving birth. Each birthing suite is equipped with the same emergency equipment you will find in a hospital and we perform the same Apgar and PKU tests on infants as they do in the hospital. If the newborn hearing test is not covered by insurance, our clients will take their newborns to the hospital within the first month," Niemczyk said.

Affordability is another benefit of the center. According to Haas, out-of-hospital births are less expensive than hospital births. Quoting the American Association of Birth Centers (AABC), a typical hospital vaginal birth with no complications costs about \$7,500. That same birth at a birthing center costs about \$2,000.

"When a woman gives birth at a center, she receives only necessary medications. There are no overnight stays. There is no extra charge for keeping the baby in the nursery. C-section rates for midwife deliveries are about 17 percent, compared to 33 percent for hospital deliveries," Haas said.

After giving birth, a woman is sent home within four to 12 hours, and follow-

up care is usually conducted by the same nurse who assisted the certified nurse midwife in the delivery. "Most people rest better at home and are able to accept information better at home, too," Niemczyk said.

Affordable choice is the crux of the recently passed health care reform package, and, as stated by AABC, midwives and birth centers, their clients, and women in general will benefit from this reform. There will now be 100 percent reimbursement of certified nurse midwife services in Medicare Part B instead of 65 percent. C-sections, giving birth, and domestic violence are no longer considered pre-existing conditions or used to deny insurance coverage. There is guaranteed coverage for pregnancy and mammograms, workplace protection for nursing women, and screening for postpartum depression, diabetes and heart disease.

"Oftentimes women will only have insurance when they are pregnant because Medicaid will pay for it. Once the patient has the baby there is no insurance for follow-up care. Hopefully women will now be coming to us healthier," Niemczyk said.

To ensure the health of its clients, TMC has launched a capital campaign to raise \$500,000. This fund would be used to educate the public, medical community and insurers on the health and cost benefits of certified nurse midwives and the center; improve the facility and technology infrastructure to better serve clients; and create an operating reserve for the Bubbe Hannah Fund, which allows the CNMs to serve underinsured and uninsured women in southwestern Pennsylvania. This fund has started three major programs at the center: With Women Fridays, Con Mujeres (With Women), and Post-Partum Phone Counseling.

With Women Fridays is a walk-in, well-woman gynecological care program serving women with or without insurance. Those who come to the program also receive help in applying for assistance.

Con Mujeres is held the first Friday of every month and is the same as With Women Fridays only it's for women who speak Spanish as their first language. Clients are seen by a Spanish-speaking certified nurse midwife and are helped with filling out paperwork by a Spanish-speaking nurse or volunteer.

A TMC nurse answers the Post-Partum Phone Counseling call line. Women can get help with breastfeeding, screening for depression and other safety issues.

Trevor and Jackie Fawley of Mt. Pleasant Township have experienced both a hospital delivery with their first son and two midwife deliveries with their other children. For them, the birth center offered more choices than the hospital.

"When we were delivering at the hospital, we felt caught up in the hospital process," said Trevor. "The room wasn't comforting. Jackie had to conform her labor to the hospital's schedule and she was immediately put on an IV and could not move around. At the birthing center the suites felt plush and homey. The midwives let her labor at her own pace. She spent a lot of time in the Jacuzzi. Through the whole process they were very encouraging. After both births at the center, Jackie was able to get a shower within the hour. She was more relaxed and felt much better afterwards."

For more information on The Midwife Center for Birth and Women's Health, call 412-321-6880 or visit www.midwifecenter.org. †


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I'm Speechless

Did you ever get the feeling that the world was a tuxedo
and you were a pair of brown shoes?

George Gobel

These days I find it easy to relate to Lonesome George Gobel, even while feeling more like Samson after Delilah sheared his locks, thereby stripping him of his power.

If that sounds more like senseless babbling, you should have heard it rolling around in my brain.

You'll have to excuse me. I haven't been myself lately. You see, I've finally realized that the evolution—or maybe it's the *devolution*—of society is stripping me of what little advantage I have.

Maybe it was the 75 conversations interrupted last month when a cell phone rang and the person across from me said, "I have to take this." Perhaps it was the 50th person during that same time period who said, "Can't talk now, just shoot me an email." Or it could have been the *one millionth* secretary over the past 30 days who offered to put me into her boss' voicemail.

Whatever it was that sent me screaming over the edge, the message was clear: When it comes to interpersonal communication between two human beings, we have allowed the old rules to just twitter away. And all the recent advances in social networking have done is to make us less sociable.

When I was growing up, I was always encouraged to articulate what I wanted. It was not acceptable for any of us to simply point and grunt. (Okay, we waived that rule for my Uncle Julius, but he was a special case.) I started my professional life as a school teacher and it was there that I learned to appreciate the need to communicate with each student and the power of my voice.

I understood almost instinctively the need for structure, to have a beginning, middle and end to my thoughts and to articulate them, whether verbally or in written form, with passion and conviction.

When I left the classroom to become an entrepreneur and a salesman, the ability to speak to other human being served me well. It helped me build newspapers in Western Pennsylvania, Chicago, Atlanta and South Florida. It helped me to convince literally hundreds of individuals to buy into the idea that a medical business publication could grow and flourish. You are holding the fruits of those efforts in your hands right now.

In short, I had discovered the secret to my success: Shake hands, make eye contact and speak directly to another person with no barriers between us. This secret gave me confidence and power. Hence, I felt like a modern-day Samson—even if I did lack the appropriate abs, pecs and flowing locks.

But now I sit practically powerless, stripped not of hair, but of the ability to get in front of anyone and have a good, old-fashioned conversation. See, it seems as a society we now prefer to do our communicating through electronic barriers and share our feelings through Emoticons. In the interest of speed and efficiency, we've sacrificed a little of our humanity.

I'm not saying it's all bad, nor, despite my reference to a legendary Old Testament strongman am I admitting to being stuck in the past. I can twitter, text and email with the best of them. I learned not because I wanted to, but because I had to.

Publisher's Note



But I have to admit, I miss the human interaction lost when the person on the other end chooses not to return a call or opts to delete my email. Even those who choose to respond seldom do so in person, face-to-face, or even live over the phone. Today meetings are scheduled electronically and events—even those as important and uniquely human as a wedding—are planned and scheduled through MySpace and Facebook.

I'm not adjusting to this without a fair amount of stress. I find myself sitting on the edge of my bed at night and, before I can go to sleep, I babble incoherently for about 30 minutes, purging myself of all the words I wanted to say to someone else during the day.

Okay, I'm exaggerating. But not by much. 🕊

Harvey D. Kart

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JC Blair CEO plans growth, expansion

By Daniel Casciato

Joseph Peluso and his leadership team at J.C. Blair Memorial Hospital are great believers in sport analogies when it comes to management.

"You need great players to have a championship-caliber team, from the staff to the physicians to leadership," says Peluso, the hospital's president and CEO. "And you must work together as a team to produce a good product or good service. I think that's an important characteristic—you may have a great plan and great team, but you need to execute."



Joseph Peluso

Located in Huntingdon County, the J.C. Blair Health System, Inc. is comprised of three not-for-profit organizations (J.C. Blair Memorial Hospital, J.C. Blair Foundation, and J.C. Blair Health Care) and three for-profit centers (J.C. Blair Medical Services, J.C. Blair Rehabilitation Services, and J.C. Blair Real Estate

Holding Corporation).

Over a year ago, Peluso was brought in to lead J.C. Blair's team and execute its growth plan for the future. For about 18 years, Peluso was president and CEO of the Westmoreland Health System until he left in 2003 for a similar position at a health system in Kingsport, Tennessee. But Pennsylvania was his home and Peluso wanted to return someday. That opportunity presented itself when J.C. Blair found itself looking for a new CEO.

"I felt that it would be a good fit here after meeting with the board members as well as several of the medical staff and the middle management team," he says. "It seemed to be a good fit and they have the right culture. Their values and mission were also consistent with what

I was looking for."

Since he graduated from college, Peluso always wanted to be part of a healthcare organization. He wanted to be able to make a difference in the lives of patients by making changes in the way health care was delivered.

"I just felt that if I got into health care, I would be able to make a difference and to get involved and hopefully work towards the betterment of the system," says Peluso.

Today, his main focus for J.C. Blair is to measurably improve performance and the culture of the organization. One way it plans to do that is by growing and expanding some of its services and delving into new services. Over the past year, it has added to its staff and recruited an internal medicine physician, two pediatricians, and five primary care physicians. This summer, the hospital will be joined by a new orthopedic surgeon, as well as a psychiatrist who is doing a fellowship in sleep medicine. He will be directing its behavioral health program and sleep center.

"The hospital is currently in the process of scheduling interviews with a general surgeon as well," adds Peluso. "We're looking to expand our services capabilities and we are working on an occupational medicine and complementary medicine program."

Under his guidance, the hospital also plans to expand some of its profitable medical services, like orthopedics and establish centers of excellences.

"We also want to revamp the hospital image through some face-lifting and remodeling of the hospital marketing campaign," says Peluso. "Finally, we want to create some medical care centers to outreach into the community."

Although he's been on board for a little over a year, Peluso is pleased with the organization's progress to date.

"We've had great support and policies established through the board, medical staff, leadership, and the management team to pursue our mission, vision, and

values, as far as the organization is concerned," he says. "I've been able to see improvements in the processes in the way that we deliver health care. It's satisfying to help develop some of the talent here within the hospital. While it's great to see us also develop new services, I really enjoy seeing us develop people and see our physician leaders and management teams slowly develop."

Looking ahead, some important issues that Peluso will face in his role are physician recruitment and retention.

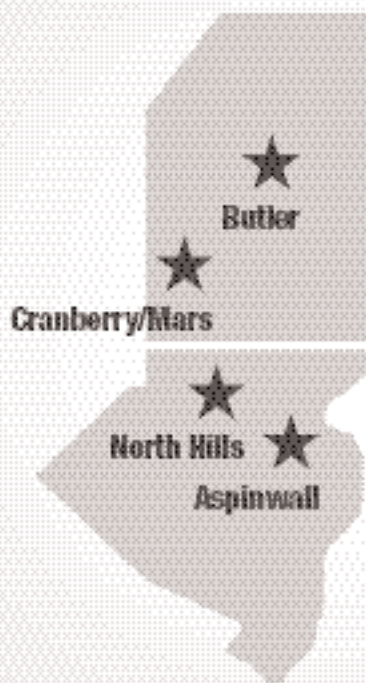
"Also the financial challenges are going to be interesting with the new health care reform legislation that passed," he says. "The important thing is that we're positioning the organization for long-term sustainability as we're expanding and developing programs and recruiting physicians and staff. We're supporting the promise that Kate Fisher Blair, the hospital who is named after her husband's honor, J.C., (John Chalmers) made to the community 100 years ago—to provide high quality medical services for everyone in Huntingdon County and surrounding areas."

In 2011, JC Blair will celebrate its 100th anniversary. It will kick off the year-long celebration this May during Hospital Week. For more information, visit www.jcblair.org. †

A Snapshot of JC Blair (from the 2008-09 Fiscal Year)

- Admitted: 2,531 patients
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7:30-8:15 a.m.	Registration, Breakfast, Poster Presentations, and Exhibits
8:15-8:30 a.m.	Welcome. Jacqueline Dunbar-Jacob, PhD, RN, FAAN, Dean and Professor, University of Pittsburgh School of Nursing
8:30-10 a.m.	Keynote Address Kathy B. Dempsey, RN, MEd, CSP, Author of <i>Shed or You're Dead</i>
10:15-10:30 a.m.	Book Signing, Poster Presentations, Exhibits, and Break
10:30-11:30 a.m.	Concurrent Sessions Clinical Quandaries on the Horizon: The Future of Antimicrobial and Anticoagulation Therapy Brian D. Simpkins, PharmD, RPh, Clinical Pharmacist, Medical ICU, UPMC Presbyterian
11:30-11:45 a.m.	Book Signing, Poster Presentations, Exhibits, and Break
11:45 a.m.-12:45 p.m.	Lunch
12:45-1:45 p.m.	Concurrent Sessions Are You Up to the Challenge of Diabetes Care for 2010? Jolynn M. Gibson, MSN, RN, CDE, Diabetes Advanced Practice Nurse, UPMC St. Margaret
	Creating an Ideal Environment to Care for the Hospitalized Older Adult: the ACE Model Diane Krueger, MSN, RN-BC, Advanced Practice Nurse, Gerontology, UPMC Presbyterian
1:45-2 p.m.	Book Signing, Poster Presentations, Exhibits, and Break
2-3:30 p.m.	Endnote Address Deborah E. Trautman, PhD, RN, Executive Director, Center for Health Policy, Johns Hopkins SAIS
3:30-3:45 p.m.	Evaluation/Adjournment
Conference Supported by: Maryanne F. Fralic Distinguished Lectureship Florence Erikson and Reva Rubin Endowment	

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The School of Nursing educates nurses for increasingly demanding environments through a comprehensive curriculum that combines rigorous academic work with varied and intense clinical experiences and a growing involvement in research.

The school's many strengths include a renowned clinically focused undergraduate program and critically acclaimed graduate program. The latest edition of U.S. News & World Report, 'America's Best Graduate Schools' ranked the University of Pittsburgh School of Nursing graduate programs 7th in the country. For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through research. Among schools of nursing, the National Institutes of Health (NIH) ranks the University of Pittsburgh School of Nursing 3rd in number of research grand awards received, which is the 10th consecutive year the school has ranked in the NIH's top 10 list. The NIH rankings reflect the substantial contributions that the school is making to advance nursing care through research.

For more information about the School of Nursing, visit www.nursing.pitt.edu.

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Conference Fee: \$99.00 (Breakfast, lunch, and break refreshments are included). All registrations should be received on or before May 3, 2010. Payment must accompany registration. Vouchers, checks, or money orders are acceptable.

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Registrations received after May 3, 2010, including on site registration, will cost \$125.

Cancellation Policy: All cancellations must be made in writing. Cancellations received on or before May 3, 2010, will be refunded minus a \$35 administrative fee. No registration fee will be refunded after May 3, 2010. The University of Pittsburgh School of Nursing reserves the right to cancel this program if a sufficient number of advances registrations is not received. In case of cancellation by the University of Pittsburgh School of Nursing, registration fees will be refunded in full.

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Dealing with disaster

How health professionals cope after working in traumatized areas

By Vanessa Orr

For many of us, it was overwhelming to learn about the devastation caused by the Haitian earthquake. But imagine being on the front lines, delivering medical care to people who survived the quake, using extremely limited resources.

While most medical workers on site were too busy helping the injured to have time to think about the horrors they were seeing, once they arrived back home, they had time to reflect not only on the negative experiences, but the positive ones as well. And as in any crisis, they had to find ways to decompress and to deal with the experience in order to move on.

Michael Beckett, MD, chief resident in Orthopedic Surgery at Allegheny General Hospital, traveled to Haiti in January, 12 days after the earthquake. "There were four tents set up; one for personnel, one for supplies, one served as a ward for patients and one was half operating room, half patients," he explained. "We did everything and saw everything."

Much of what the team treated were crush and extremity injuries and fractures. "There were some really bad pelvis and spinal fractures, but there was nothing that we could do for those patients with the capabilities that we had but make them comfortable and try to get them transportation to the U.S. or to a naval ship," said Dr. Beckett.

The health care team treated 200 patients on an average day. "We sent a lot of patients out, but then a whole new group would come in; there was constant turnover," Dr. Beckett explained. "The resources were not even close to what we needed to take care of that many people, and there was nothing sterile about the OR. It was a very humbling experience."



Photo by Deborah Bohan Photography

A team of volunteer health care professionals work on a patient after the Haitian earthquake.

Despite getting little rest for the five days, Dr. Beckett said that neither he nor the people he was with felt tired during their time on-site. "Once we got back, then I was exhausted," he said. "It was both a good and bad experience; it reminded me of why I got into medicine, which was to help people. At the same time, it was frustrating to come back and see how everyone here complains about the health system; you don't realize how lucky we are. Down there, there's no equipment, no medicine—here we take things for granted."

To decompress, Dr. Beckett and the team spent a lot of time talking about what they saw. "I think sharing the experience helps you to deal with it," he explained. "Other people asked how it was; we were constantly talking about it. I don't think you could do it if what you saw stayed inside. It helped that people were curious about the experience and appreciative of us going."

Deborah Bohan, a physician assistant in pediatric critical care for West Penn Allegheny Health System, found that sharing stories and photographs helped her deal with the experience. "The first person I treated was a 2-year-old girl who had a scarf on her head, a hat on top, and her mother was holding an umbrella," said Bohan. "When she took those things off, she had a huge head wound all the way to her skull. I almost panicked—I thought 'What am I supposed to do?' We're in a grass yard; it's not clean, it's not sterile, and she's already been like this for a week."

"Then you realize, 'I'm here, I'm it—so you do what you have to do.'"

According to Bohan, everyone pitched in where needed. "There was an orthopedic surgeon who only does spine operations in the states, but he came knowing that he would be doing amputations," she explained. "They didn't have an anesthesiologist, but I was familiar with the drugs they were using, so I was the anesthesiologist. I did it for two days while they did amputations, and I thought, 'I can't do this any more.' The next day, a new team arrived, and they had an anesthesiologist, thank God."

During the 10 days Bohan was in Haiti, she saw first-hand the difference between health care in the states and in the ravaged country. "I saw a 17-year-old with diabetic ketoacidosis, which is something we deal with every day at the hospital. But there was no insulin anywhere, so despite everything we did, she died. We also treated a 3-year-old asthmatic child with a makeshift air chamber. She turned the corner, which was wonderful."

Bohan said that when she returned, she found that she was more irritable at her job than usual. "It was very hard—part of my job is seeing pediatric patients in the ER, and I found that I was getting worked up about the reasons why people came to the hospital. One week I was working with people who had fractured, infected extremities who were simply happy to get Tylenol, and now I'm here in the ER listening to people complain about colds and sniffles. "I can see how you could get burned out, but I kind of miss it," she added. "There's so much adrenaline flowing, and you're thinking, 'Look at what we're doing here—we're saving lives.' It really changes your perspective."

While both Bohan and Dr. Beckett say that they found their trips to Haiti to be positive experiences, in some cases, people who work in troubled areas have a tougher time once they return home. According to Anthony Mannarino, Ph.D., director for the Center for Traumatic Stress at Allegheny General Hospital, how a person deals with these types of experiences often depends on the individual. "Some people feel gratified by the work; they are saddened at some level, but are fine otherwise," he said. "Others feel thankful that their lives are intact."

"But others may show symptoms of 'vicarious traumatization,' which can result in difficulty sleeping, nightmares, or intrusive thoughts about where they were," he added. "It's like some soldiers on the front lines; they don't want to talk about problems while in battle, but when they come home, they have issues."

While Dr. Mannarino says that there is no standardized methodology to show those who have been working in troubled areas what to do, talking it out can help. "If you have irritability, anger or trouble sleeping, you might be in a situation where you need to talk to someone," he said. "If those feelings linger, you might want to talk to a professional. Like a lot of other things that bother us in life, if you keep these things inside, they can come out in other ways. There may be physical symptoms, such as headaches or stomachaches, or a person may become distant or numb. Other people may consider them detached or withdrawn as they struggle to deal with the pain inside."

According to Bohan, telling stories about her experiences helped. "If you weren't able to talk about what happened, it would be extremely difficult," she said. "I can't imagine not being able to talk about some of the things we did; you couldn't keep it inside. If anyone asked how it was, I probably gave them more information than they wanted to know."

Much of how a person deals with trauma depends on their level of resilience. "Everyone is different—for some people, being in a troubled area for 10 months is easier for them than it is for others who only spend 10 days," said Dr. Mannarino. "Hurricane Katrina a good example; people who went to New Orleans were deeply affected. Many found it hard to get back to work after they spent several days there; other people spent several months and were still fine when they came back."

Both Bohan and Dr. Beckett plan to make more such trips in the future, and in fact, Bohan has already returned to Haiti once. "I feel strange about the accolades we received for going—I came away with a blessing; I was given a gift. With all of the help I gave, I received something in return. "Overall, it was a positive experience," agreed Dr. Beckett. "It made me a better doctor because it took me back to the basics. I had to think, 'how can I make the patient's experience better?' The answer was not always an operation; sometimes it's just about making them comfortable, or even getting them something to eat."



Photo by Deborah Bohan Photography

Deborah Bohan, physician assistant, Pediatric Critical Care, West Penn Allegheny Health System, comforts a Haitian child.

Nurses earn master's degrees to enhance leadership skills and career opportunities

By Amanda Dabbs

Quality patient care largely relies on a highly educated nursing workforce. Research suggests that lower mortality rates, fewer medication errors and quality outcomes are all linked to nurses prepared at the baccalaureate and higher degree level. The American Association of Colleges of Nursing (AACN), a national organization that strives to establish quality standards for baccalaureate and graduate nursing education programs, reports that chief nursing officers, nursing directors and nurse managers will need strong leadership skills more than ever to fully leverage the resources available and to maximize performance outcomes in this challenging health care climate.



Lisa Sciullo

Recognizing this need, nurses Lisa Sciullo, RN, BSN, MS, manager of Nursing Services at Excelsa Health's Latrobe Hospital, and Pam Swansboro, MS, RN, director of Nursing Practice at Conemaugh Health System's Memorial Medical Center, decided to pursue master's degree programs that focused on enhancing their leadership and management skills.

"Since I am involved in coordinating clinical practice issues, policies, procedures and supervision, a master's degree in health services leadership was a perfect complement for future work," says Sciullo, who was one of the first graduates to earn a Master of Science degree in the new Health Services Leadership Program at Saint Vincent College.

Swansboro also wanted to strengthen her policy-making skills. "One of the reasons I decided to pursue a master's degree was to explore evidence-based practice to develop nursing policies that support nursing staff in providing positive patient outcomes. But most of all, I wanted to not only support nursing, but allow nurses to understand and embrace their role as a health care professional," remarks Swansboro, a graduate of Indiana University of Pennsylvania's Master of Science in Nursing Administration Program.

Though there are many benefits and advantages for nurses who earn graduate degrees, maintaining a healthy work-life balance can be a notable challenge. Sciullo explains that when she first started the program, she struggled with reprioritizing her time between family, work and school. "I realized early on that I was going to have to concentrate my efforts in my off-time to class and school projects. Since I was already working in health care, I was able to utilize many of my

work projects to develop my program projects at school. In this way, I was able to work on the two simultaneously and relate the concepts I learned in the leadership graduate program to my everyday work," she says.

Swansboro credits the support of her family assisting with child care as a major factor in helping her to achieve a successful work-life balance while in school. "I searched for a program that could accommodate my work schedule and would limit time away from my son. Fortunately, I had the support of my family to assist with child care during scheduled class time." According to Swansboro, balancing the workload was challenging but "well worth the time and effort."

As more and more nurses pursue higher education, Sciullo and Swansboro emphasize the importance of nursing leaders staying connected to the fundamentals of quality nursing. "Nursing leaders must model the behavior that they expect from their staff. The best leaders are visible and connected with their staff at a grass-roots level, involving them in problem identification, problem solving, process improvement, and continuing professional development," says Sciullo. "This is where the fundamentals of good nursing care are taught and developed."

According to Swansboro, nurse managers should provide nurses with autonomy and set aside time to work with them at the bedside. In addition, she recommends that nurses, nurse aides, unit clerks and other support personnel have an outlet to express their thoughts and ideas through workshops and education programs.

As leaders in the nursing profession, Swansboro and Sciullo have several long-term career goals. Swansboro hopes to expand her role as director of Nursing Practice at Memorial Medical Center and one day become an examiner for a national quality program such as the American Nurses Credentialing Center. Sciullo aspires to incorporate her leadership skills to teach nursing students in an undergraduate academic setting.

"Nursing is one of the most diverse professions one can enter into as a life-long career," says Swansboro. "A nurse's knowledge can benefit an organization in many capacities. With continuing education such as a master's degree, it is unlimited what nurses can accomplish not only for an organization, but for their own career and passion for learning." T



Pam Swansboro

Nursing schools agree: nursing still a viable career field

By Kathleen Ganster

There aren't many careers that are recession-proof, but nursing comes close. According to the nursing experts at local colleges and universities, nursing graduates can still find jobs in the difficult economy -- although students may not get their first choices, at least not right away. "Nursing tends to fare well in a recession. Although there isn't the shortage that there was in the past five to ten years, there are jobs," said Dr. Kathleen Patterson, director of Nursing at the Villa Maria School of Nursing at Gannon University in Erie.

According to the Bureau of Labor Statistics of the U.S. Department of Labor, it is expected that the need for nurses will grow 22 percent between the years 2009 – 2018. (www.bls.gov). Local universities and colleges are preparing to meet this need with cutting-edge programs that will prepare students to find satisfying work in an uncertain economy. The following represent a cross-section of schools in the region.



Dr. Kathleen Patterson

GANNON UNIVERSITY

At Gannon, there are several levels of nursing programs, allowing students to find the program that best suits their needs. The BSN program is a traditional, four-year classroom program that tends to attract students out of high school. The RN to BSN program is one that allows students who have received an RN

from a diploma school or an associate's degree to complete the coursework required for a bachelor's degree in nursing. The BSN is becoming more important in today's society, said Patterson. "This is attractive to students who are working in the nursing field, but who want to move up in their careers and need the BSN. They can practice their nursing as they go."

The RN-MSN program allows students who are RNs to move directly into an MSN program. Students may also pursue school nurse certification after completing a BSN. There is also the MSN program for students with a BSN. According to Patterson, the graduate program integrates nursing practice, nursing education, and nursing research. "The different components of the master's are attractive to different students. We have some who want to work in leadership roles, while others want to take care of clients across the life-span and may want to pursue the family nurse practitioner program."

At Gannon, students can benefit from the new Patient Simulation Center where students can practice working on human patient simulators before they start working on live patients.

"Our students are very prepared to hit the floor running. We have a 100 percent placement rate up to now," Patterson said. "Students need to be flexible, but the jobs are there."

One factor that may affect nursing jobs and therefore down the line, programming, is the new health care reform bill. "I'm not sure how it will effect nursing, positively or negatively, but I believe we will see a call for more nurse practitioners."

See **NURSING** On **Page 10**

NURSING From **Page 9****ROBERT MORRIS UNIVERSITY**

Dr. Lynda Davidson

Dr. Lynda Davidson, dean, School of Nursing and Health Science, is enthusiastic about several aspects of Robert Morris University's (RMU) nursing programs and the opportunities they provide in assisting students in finding positions in a difficult economy.

An important component of nursing education, according to Davidson, is one that was emphasized in a study by the Carnegie Foundation for the Advancement of Teaching and described in the new book, *Educating Nurses: A Call for Radical Transformation*, by Patricia Benner. "Dr. Benner and her colleagues call for dramatic changes in how nurses are educated, including a stronger integration of clinical and classroom instruction as well as more rigorous

scholarship demands on nursing students in several content areas, including nursing science and technology."

Along those lines, RMU's students receive an ITouch at the beginning of the junior year. "Students are required to carry these for clinical experiences and their value is in providing immediate current information regarding pharmacology, pathophysiology and a medical dictionary," Davidson said. There is also a new, high-technology simulation center, the RISE (Regional Research and Innovation in Simulation Education) Center, and a unique pairing program where students are mentored by a nurse from UPMC Passavant.

RMU, located in Moon Township, has several levels in nursing programs including the traditional BSN program, a second degree BSN program for those who already have a bachelor's degree in another field, an MSN program in nursing education to prepare for a career as an educator in academic or health settings, and a Doctoral of Nursing Practice, D.N.P. There are two options offered in the DNP program: the BSN to DNP program for registered nurses with bachelor's degrees, and the DNP completion program for those with master's degrees.

Two unusual experiences for the nursing students include an opportunity to study in Nicaragua and work in a local, low-income housing project. "(Nicaragua) is an amazing experience for our students. They often come back saying that it changed their lives," said. Patterson, In the housing project, "Our students work with the after-school program in the pediatric, psychiatric and community cours-

es. This opportunity allows students to have community involvement as part of their learning in these courses."

These advancements and enhanced learning experiences help students in their job possibilities, according to Patterson. "The job opportunities have changed in this economy, but there are opportunities. The more skills and experiences students have, the better off they are," she explained. "They may not get the first job they want or they may have to work somewhere else for a while, but they will get the job."

LA ROCHE COLLEGE

Dr. Kathleen A. Sullivan, chair, Division of Education and Nursing, said the RN/BSN Completion Program at La Roche College in Pittsburgh's North Hills makes it easier for practicing nurses to remain competitive in the work world. "There is a lot of talk that the BSN should be the entry level in nursing. Our program makes it possible and practical for practicing nurses to get the necessary education they need."

La Roche also has an associate's degree program for those who want to start with the RN, particularly helpful for students who need to work while obtaining higher education.

Sullivan said that the college has an MSN program with two specialty areas, nursing education and nursing administration. "There is a shortage of nurse educators. We need more nurse educators to teach nurses to provide good, quality, and compassionate care of patients and their families. This program (the MSN) helps meet this need," she said.

La Roche also has two certificate programs for those with their BSN degrees. The distinctive Forensic Nursing Certificate is offered in conjunction with the Criminal Justice program and prepares students to work in the forensic field in hospitals, law enforcement agencies, correctional agencies and other settings.

The School Nurse Certificate Program is offered in partnership with the Teacher Education Department and prepares nurses who wish to focus on the health care needs of children in the school setting such as school-based, school-linked or collaborative school health programs.



Dr. Kathleen A. Sullivan

CLARION UNIVERSITY-VENANGO CAMPUS

Mary Lou Zemaitis, interim director, School of Nursing and Allied Health from Clarion University (the nursing program is only offered through the Venango Campus), echoed the words of the other nursing faculty from other universities. "As long as students can be flexible, there are nursing opportunities available," she said.

Clarion offers a number of options for students interested in a nursing career, including an associate of science in nursing degree, a bachelor of science in nursing (which takes students with an RN to a BSN and is an online program), and a master of science in nursing program offered in cooperation with Edinboro and Slippery Rock universities. The MSN program allows students to train to be nurse educators or family practitioners in either a full-time or part-time program. "We are also in the planning stages of offering a doctoral in nursing practice degree in the near future," Zemaitis said.

Zemaitis said that many of the programs may be completed by part-time and/or online coursework, allowing students to continue working while pursuing higher education and thus, more employment opportunities. "The vast majority of our students who complete the associate degree and RN licensure seek placement in direct patient care, then develop the skill levels and education to be more competitive out there."

CARLOW UNIVERSITY

Dr. Clare Hopkins, associate dean and director of the School of Nursing at Carlow University, feels that the need for quality nurses remains strong and will actually increase as the baby boomer population ages. "We also have a real shortage in nursing educators. We need those who can educate our nurses and we are facing a shortage in this area," she said.

In light of this need, Carlow created a Doctor of Nursing Practice (DNP) degree that enrolled its first students fall 2009. According to Hopkins, the curriculum is focused on preparing nurses for leadership positions and teaching educators for nursing. The low-residency program allows nurses to remain in practice while still pursuing the doctoral degree.

According to Hopkins, the current student population for the DNP program is, "a really nice mix of professionals. We have about one-third in management,



Dr. Clare Hopkins

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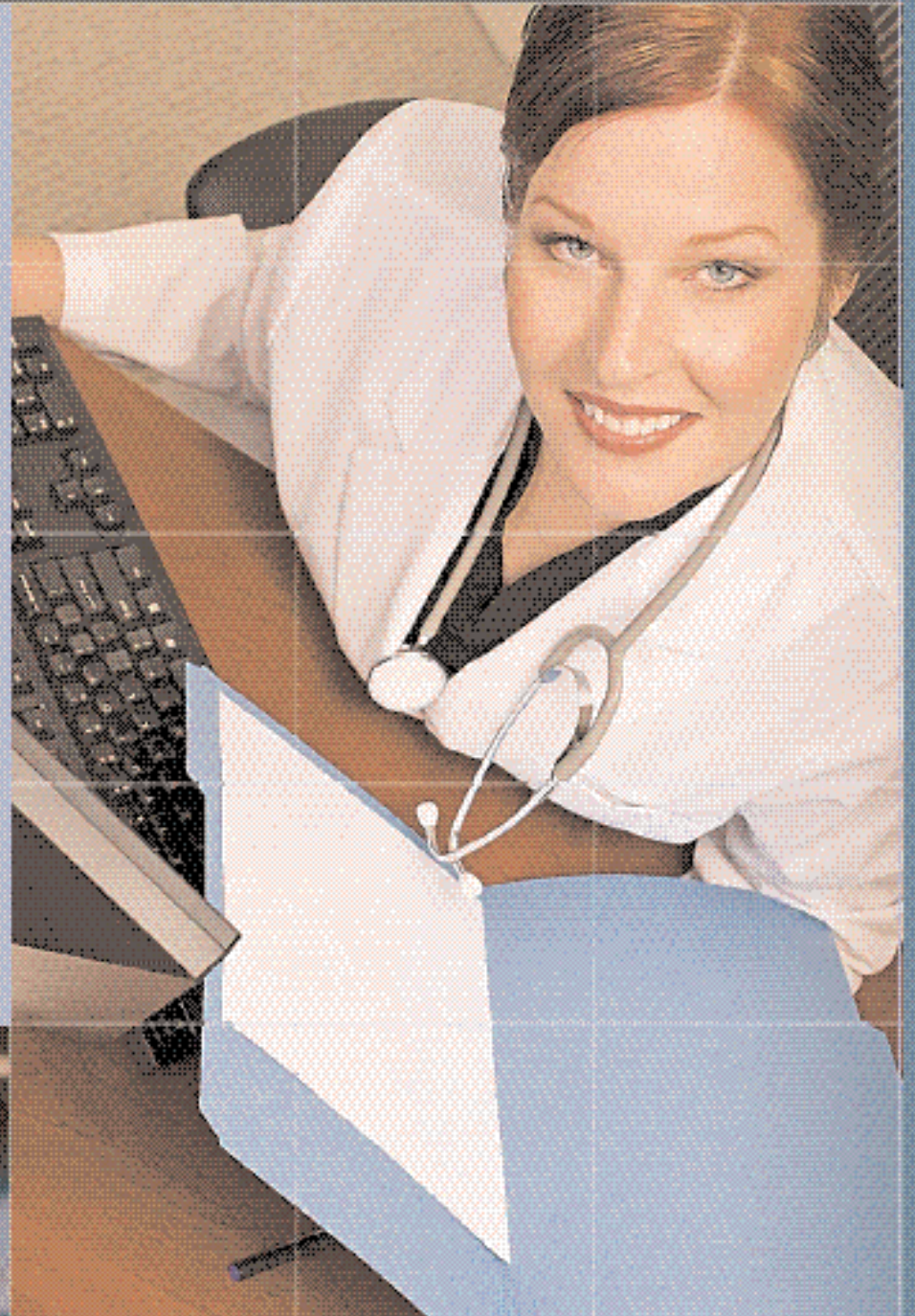
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NURSING From Page 10

one-third that are nurse practitioners and one-third in nursing education.” The program is attracting students from all over the nation, making it an exciting time for the university, she said. Carlow also offers its BSN program, the RN to BSN program, and RN to MSN. It also offers nursing programming at Cranberry and Greensburg locations.

Hopkins said Carlow University’s location in the heart of Oakland is ideal for nursing students, thanks to its proximity to the leading hospitals in the Greater Pittsburgh area. “All of the hospitals in our area work with us and take our students for the clinical work. They have excellent clinician experiences,” she said.

Carlow also has a new skills lab with patient simulation, allowing students the opportunity to develop practical skills before entering clinical work with live patients. “It is wonderful to not only provide them with a risk-free environment, but it builds the students’ confidence before they treat patients,” she said.

Like her colleagues, Hopkins recommends graduating nurses remain flexible and they will find jobs. “It seems like the class of ’09 may be the first graduates that didn’t get their first choices, but they did find jobs. For the next couple of years, students may not get their first choice of the exact type of nursing they want to practice or the first location, but they should get their foot in the door and gain some experience,” she said.

**Submissions? Story Ideas?
News Tips? Suggestions?**
Contact Jen Kissel at
jenkissel@verizon.net

Mt. Aloysius College

Dr. Nickole M.
Tickerhoof George

said they find positions in pain clinics, acute care, rehabilitation institutes and services, and various units in traditional hospitals. “We recommend that our students take a year or two in direct care in a general area to help them develop their skill set and

Mt. Aloysius College in Cresson, near Altoona, offers a program for nurses with an LPN to receive an RN. According to Dr. Nickole M. Tickerhoof George, R.N., chair, Division of Nursing, the program helps licensed practical nurses develop their education and skills. When students complete the RN licensure process, George

before they go into a specialty area,” she said.

Students may continue their education by also pursuing the RN to BSN program that Mt. Aloysius offers.

As in the other universities, the students work in the Tele-Nursing Center, where experienced faculty members and hands-on experience with simulate robotics assist students in their education and clinical skills. “The simulators can show real signs and symptoms of illnesses and conditions. For example, ‘Noel’ can simulate a birth – our students have the opportunities to see things and practice skills before they even see a live patient,” George said.

Because of Mt. Aloysius’s location in Cresson, which has a high rural population, George said students may have to expand their job search to a larger geographical area than they might have in the past. “Some students may need to move. But there are still jobs and I think there always will be. We always need well-educated and well-trained nurses,” she said. †

FOR MORE INFORMATION

Many schools in the region offer nursing programs. For information on the ones listed in the article, contact:

Gannon University, www.gannon.edu, 1-800-GANNON-U.

Robert Morris University, www.rmu.edu, 1-800-762-0097.

La Roche College, www.laroche.edu, 1-800-838-4LRC.

Clarion University-Venango Campus, www.clarion.edu, 1-800-672-7171.

Carlow University, www.carlow.edu, 1-800-333-2275.

Mt. Aloysius College, www.mtaloy.edu, 1-888-823-8220.

For more information on trends in nursing, nursing statistics and facts: www.nursingworld.org.

For information on nursing programs in Pennsylvania: www.snaponline.org or www.edref.com.

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Leading a complex system: SWPONL offers networking sessions

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In recognition of this complexity, the Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL) is offering not one, but two spring networking sessions (the first session on April 29th is a sellout!) with Gail Wolf as the featured speaker to address these very issues.

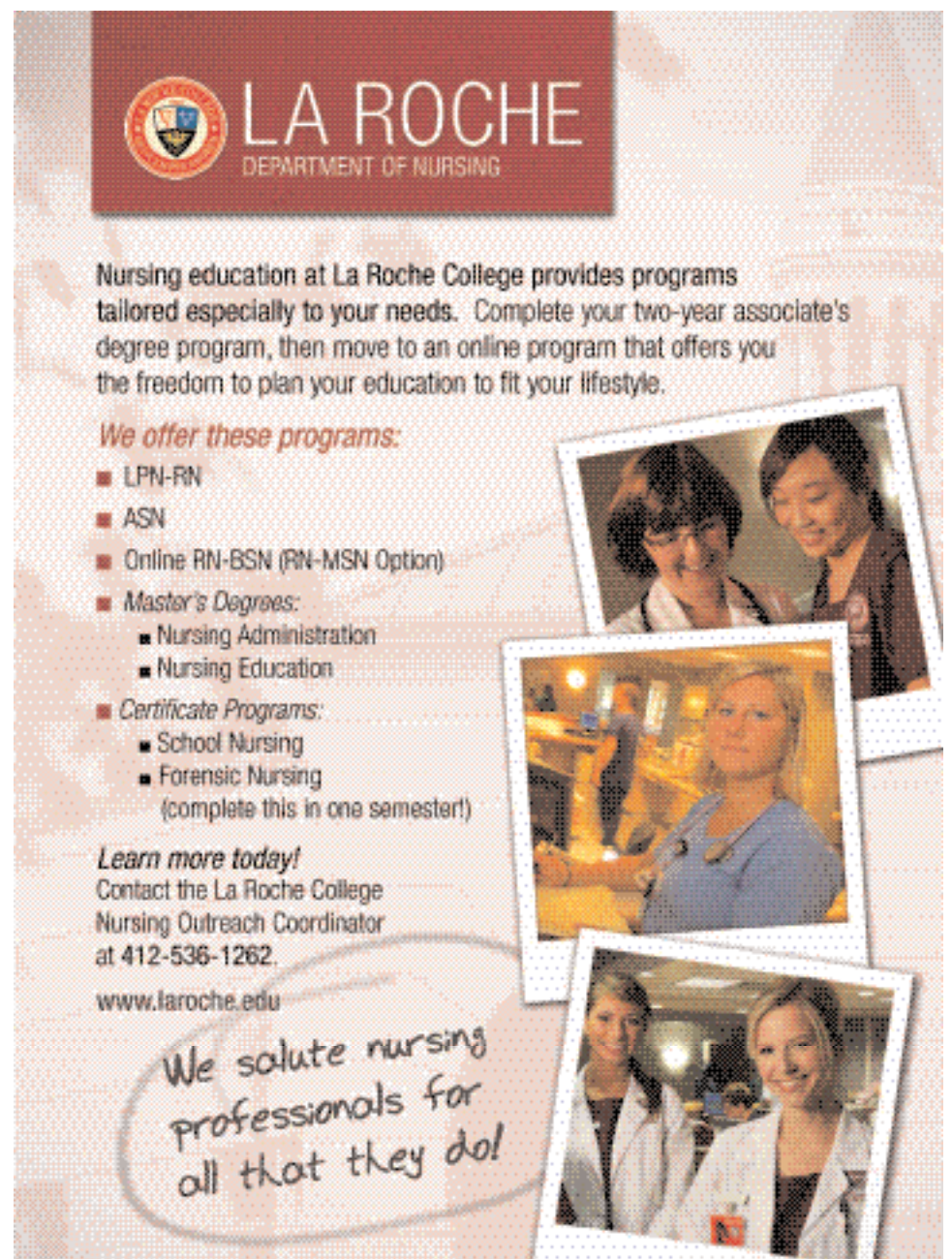
Wolf, professor of Nursing Leadership at the University of Pittsburgh, will explain why the old way of managing is sabotaging the future. She will introduce key concepts for successful leadership in the 21st century, describe traps and pitfalls, and will discuss tips to help nurses be successful in leading today's health care organizations.

If you are currently a nurse leader, or aspiring to take on a challenging but rewarding role in nursing leadership, don't miss this must-attend workshop on May 13 at 5:30 p.m. at Magee Women's Hospital.

Please visit www.swponl.org for further information to enroll in this networking session, which is open to both members and non-members of SWPONL members. †

CORRECTION:

Oops! We're sorry. In last month's article "Grief programs," the photo of children playing should have been attributed to the Good Grief Center.



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Will nurses impact the future of healthcare?

By Shelly McGonigal



The headlines are swirling around the health reform debate and predicting the effect that reorganization of the nation's health care system will have on the country both socially and financially. While reviewing the pros and cons of the changes that are sure to evolve, the question remains in regards to what health care will "look" like in this country. How will nursing practices change in the future? Will the profession be anything like it is today?

The nursing profession has already started changing. In today's world, nurses are not only at the bedside in the local community hospital providing patient care duties, but are active in organizational committees, management and administrative positions, process improvement teams, and leading changes throughout the industry. Nurses are active in the business world as experts in product design and sales, consultants in the legal arena, political advocates for health care initiatives and designing simulation laboratories in the educational sector. When disaster strikes, nurses are

mobilized to assist in global care of the patient. This is an era of opportunity for nurses. They can pursue avenues such as family practice, anesthesia, or faculty positions.

Healthcare has become increasingly high tech, requiring nursing practice changes at the bedside. The evolution of the electronic medical record has drastically changed bedside work. Nurse-to-patient teaching strategies are being completed by virtual nurses displayed in electronic format. Nursing education is being completed by on-line, self-learning modules versus the old classroom instruction mode. Student nurses are being taught procedures in simulation labs, while experienced staff is learning how to respond to emergency situations by practicing with high-tech manikins. Due to the technology changes, nursing practices have been altered to accommodate advances in healthcare while promoting safety at the bedside.

A nurse can have an enormous impact in the quality of care a patient receives and directly impact their health outcomes. Nurses are involved with analyzing and promoting best practices that support optimal patient care which in turn elevates the necessity for a motivated and engaged nursing workforce. Empowering the staff may be the key to success in building high-performing organizations in healthcare today and in the future. As the times change, nurses may have the final say in how healthcare is completed at the bedside. It is imperative that nurses are prepared to experience changes as the evolution of healthcare reform ensues.

Anticipating that nursing practice may look very different in the years to come will require visionary nursing leaders to navigate the course. Leaders will need to be able to anticipate and participate in the strategies that will mold nursing practice in the future. There are no guarantees that the profession will be as it is today. However, the reality is that people will still need care, and nursing will need to answer the call. 2010 is being celebrated as the International Year of the Nurse due to the centennial anniversary of the death of the nursing profession founder, Florence Nightingale. Worldwide, there are more than 15 million nurses that dedicate their professional lives to promoting the health of their communities. Although the intricacies of nursing practices may be different worldwide, the premise of caring for the sick and promoting health remains a cornerstone throughout the nursing profession.

As the future unfolds it is interesting to note the value of nursing and what nurses contribute to healthcare. As the nation embarks on the healthcare reform initiative, it is imperative to include the nursing professionals that may be deeply affected by the changes that may follow. Through inclusion, the transformation of nursing practice may have a positive impact globally on healthcare outcomes, which could be a win-win for all.

For more information, contact Shelly McGonigal, RN DNP, Nursing Director of Quality, West Penn Allegheny Health System, Allegheny General Hospital, atmcgonig@wpahs.org. †

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Nursing: Caring today for a healthier tomorrow



By **Jacqueline A. Collavo**

This year's theme for National Nurses Week is "Caring Today For a Healthier Tomorrow." As a nurse leader, I am privileged to applaud all nurses, in all types of settings and celebrate the contributions of these dedicated healthcare professionals who care for their patients, families, each other and the community.

Most nurses think of nursing as more than just a job. For most, nursing is their passion – their way of life. But the world of nursing has changed dramatically in the past 50 years. Gone are six-bed wards, glass IV bottles, kardexes, and tubex syringes. The list could go on and on. The world is forever changing, and nurses are a vital part of the change that directly affects healthcare in so many ways. Nurses face a rapidly changing healthcare landscape, shifting student and patient demographics, an explosion of technology, and the globalization of health care, in addition to a myriad of everyday challenges.

Think for a moment about what Peter Drucker states in his book *Managing for the Future*: "It is not necessary to be clairvoyant to know the future; it is only necessary to clearly interpret what has already happened and then project forward the likely consequences of those happenings" (Truman Talley Books, 1992). So as we position ourselves to meet today's challenges and tomorrow's, we must understand the factors driving change in health care.

Nursing is the nation's largest health care profession with 2.6 million registered nurses and the need for many more in the future. Nurses are the largest single component of any hospital staff – the primary providers of hospital patient care. As the nation's senior population grows steadily, there will be no shortage of jobs for nurses well into the future. In most parts of the country, the average age of nurses is increasing as well. More nurses are retiring, thus increasing the need for new nurses. Today's nurses must be prepared to keep learning, growing, expanding and changing as health care does. As the current Baby Boomer-age nurses near retirement, we must care today for the hopes of a healthier tomorrow.

National statistics show one in five new graduate nurses leave their first job within the first year. Therefore, it must be every nurse's goal to play an active role in educating and retaining not only new graduate nurses, but all nurses. Be their mentor,

support them, nurture and guide them. Care today for a healthier tomorrow. Isn't that what the national theme for this year's nurse's week is saying to all of us?

Nursing is a career filled with endless personal and professional rewards. If you choose nursing, you are choosing to spend your life helping others, using skills that blend scientific knowledge with compassion and caring. There are few professions that offer such a rewarding combination of high tech and high touch.

Professional nurses integrate clinical knowledge and critical thinking skills with a consciousness of caring. One's conscious, caring attitude and skill is enhanced through practice over time and nurses establish healing relationships with their patients. The caring energy that resonates from the nurse to patient is invaluable in restoring optimal health.



There are few professions that offer such a rewarding combination of high tech and high touch.

As director of the Magnet Recognition Program at The Western Pennsylvania Hospital, I am always eager to talk to students, nurses, other healthcare professionals, and the community about how the Magnet Program gives nurses a vehicle to assist with shaping changes and overcoming some of the challenges we, as nurses, face.

While Magnet status is the recognition of excellence in nursing services, it is also the recognition of excellence in patient care. Achievement of Magnet recognition is not the end of a journey; it is just one step in the continuous pursuit of excellence. This ongoing quest for excellence demonstrates that professional nurses really do care today for a healthier tomorrow. †

Jacqueline Collavo, RN, BSN, NE-BC, is director of the Magnet Recognition Program at The Western Pennsylvania Hospital, Pittsburgh's first magnet hospital since 2006. For more information, please call her at 412-578-5205.



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Desiree Dunn (left), Maria Rexroad (right)

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An environment of caring: Local hospice, home care nurses discuss their professions

By Daniel Casciato

Nurses personify the hard work and dedication in providing exceptional quality, safety, and service to their patients and their families. Oftentimes, they don't seek accolades for doing their job. Caring for others is their gratification and the reason why they sought to enter the profession. During National Nurses Week, the American Nursing Association (ANA) celebrates nurses for their unselfish work.

Celebrated annually from May 6 and culminating on May 12—the birthday of Florence Nightingale, the founder of modern nursing—National Nurses Week honors the nursing profession, the largest health care profession in the country. This year's theme is "Nurses Caring Today for a Healthier Tomorrow." Health-care institutions nationwide will recognize nurses for their commitment to caring.

Western PA Hospital News recently sat down with five nurses from home care and hospice centers from around the region: Elizabeth Schroeder, Golden Living Center; Lisa Schaefer, Heartland Hospice; Amber L. Tonya, Gateway Hospice; and pediatric clinical manager Catherine O'Malley and nurse Brenda Kobert, both from Loving Care. They shared information about their careers and what the nursing profession means to them.

WPHN: WHY DID YOU GET INTO THE FIELD OF NURSING?



Elizabeth Schroeder,
Golden Living Center

Schroeder: I have always been interested in the medical field, specifically geriatrics. I started volunteering at Golden Living Center at nine years old. I truly believe I did not pick this profession, it chose me. It was what I was born to do. I can't imagine doing anything else.

Schaefer: I got into nursing because of my Aunt Erma. She had

such a great impact on people. She loved what she did and the care and compassion she had for people as well as her patients and employees. My dad used to tell us to do something that you could be proud of and that's exactly what I did.

Tonya: I wanted to make a difference in someone's life.

O'Malley: I was born into a family of healthcare professionals. At a young age I would accompany my father during his physician rounds. The healthcare environment was very intriguing to me and having a father in the field played a big part in helping me find an interest in nursing. I saw firsthand the difference he made in his patients' lives and that inspired me.

Kobert: I got into nursing from my mother. She had one of those caring personalities and was always helping neighbors. I got into the routine of going over and helping the elderly in our neighborhood and do whatever they needed, like helping with their groceries. It inspired me to do something to make a difference in people's lives.

WPHN: TELL US ABOUT THE TYPES OF KNOWLEDGE, JUDGMENT, AND SKILLS THAT YOU BRING TO WORK EVERY DAY.

Schroeder: I continue to gain knowledge on a daily basis. As a nurse, there is never a day goes by

that you don't learn. It is important to be organized, calm, and keep your patient's best interest in mind. Accurate assessment skills, followed by the ability to communicate the assessment to the physician, are crucial. It is important to be flexible as each new day brings its own set of challenges.

Schaefer: You need a sense of compassion and you have to be a patient advocate. Another skill you should possess is being able to think quickly on your feet.

Tonya: What brings me to work every day? First and foremost, I love the hospice team; we truly work so well together, we all want the same for each patient and that is to be able to pass with comfort and dignity. We support one another and truly care for each other along with our patients and families. The skills involved are being able to adapt to a changing environment, being creative—especially when working with patients in their own homes—being empathetic towards others, and never to forget humor.

O'Malley: Strong assessment skills are the key to performing a thorough examination of your patient. You need to have knowledge and experience to paint an accurate picture of your patient in order to provide appropriate care. Communication plays an important role in my position as a nurse because you are always communicating with other disciplinary groups such as therapists, physicians, pharmacies, and durable medical equipment companies to provide assistance help your patients. The more experience a nurse has, the more your intuition plays a role in providing exceptional care to your patients.

Kobert: Pediatrics is important as well as having high tech skills and being able to work with ventilators and central lines, IV therapy, and making newborn assessments.

WPHN: WAS THERE A PARTICULAR NURSE WHO PLAYED AN IMPORTANT ROLE IN YOUR CAREER?

Schroeder: I am extremely privileged to work with a fabulous team of people that inspire me on a daily basis with their dedication to individualized, quality care.

Schaefer: My Aunt Erma and cousin Frances were nurses and were my mentors.

Tonya: There was a certain nurse, Judy, when I was an aide just prior to graduating nursing school. A patient was in the dying process with many family members surrounding her bed, saddened by the experience. Judy explained to the family that dying is a natural part of life—that the most important thing is to remember the life that the person lived, the way they loved and cared for family and friends. She said that they are now taking a journey to the next step. The other great thing this nurse did was to explain how the medication worked; she explained to the family how the body would react and the way the respirations would change. She told them to talk to her, so she knew that it was okay to travel on her journey. Not only did this nurse keep this family educated and informed, but when the patient passed, she stayed with them and supported them. I guess that this is when I knew that hospice was the way I wanted to go.

O'Malley: When I worked at Johns Hopkins Hospital in Baltimore, I had several mentors in the pediatric intensive care unit that fostered my development into the professional nurse I am today.

Kobert: The person who I would consider as being my mentor was one of my nursing instructors, Barb Bonenberger.

WPHN: WHAT'S MOST SATISFYING ABOUT YOUR JOB?

Schroeder: My job is terrific...I absolutely love it. Working in a facility really gives you the opportunity to get to know your patients and their loved ones.

Schaefer: Being able to help a family and a patient get through one of the most difficult times of their lives.

Tonya: My job is amazing. I get to help wonderful people be comfortable and spend their remaining time with loved ones or doing things that they enjoyed. I get to fuss over them, read, and take them for walks just to spend time with them and let them know that they are not alone. That's the best part of the job. I also get to support families, letting them know that they're doing a good job and teach them what to expect in this journey. My satisfaction comes from knowing that even the simplest little things can make a huge difference in someone's life.

O'Malley: The response I get from my patients and their families keeps me content in my job. It is truly motivating receiving thanks from the parents of a child knowing that I am helping their situation and keeping their child safe and healthy in the comfort of their home environment.

Kobert: Allowing the children to stay at home. When I first came into nursing, many of these children would be sent to long-term facilities; now they are coming home and being able to function and to see that is very rewarding.



Catherine O'Malley,
pediatric clinical
manager, Loving Care

WPHN: WHAT KIND OF EFFECT DO YOU HOPE TO HAVE ON YOUR PATIENTS EACH DAY?

Schroeder: I hope that I make them comfortable, knowing that they are in compassionate and knowledgeable hands. I hope I make them laugh too; after all laughter is the best medicine.

Schaefer: What I do is deal with patients who are dying and so I have to be able to provide support and counseling and help them get through whatever each day brings to them. That's always different for every patient.

Tonya: I hope to bring them comfort, maybe a smile, but peace is my goal for each patient every day.

O'Malley: I hope that my patients and their families are happy with the care they receive and able to enjoy their lives to the fullest.

Kobert: Being caring, understanding and helpful. I listen to their needs and help the parents find the resources that they need to properly care for their children at home and to provide them with staff who can help them also.

WPHN: HOW DO YOU MANAGE YOUR WORK SCHEDULE AND YOUR PERSONAL LIFE? DO YOU FIND IT HARD TO BALANCE EVERYTHING?

Schroeder: It can be a challenge especially since I

am consumed by what I do. Fortunately I have an amazing support system who understands when I need to talk and when I need to just have some quiet time to process whatever it is that occurred throughout the day.

Schaefer: Initially when I first started doing more of the home care setting versus the hospital setting, it was difficult because you took your patients home with you mentally. You find yourself thinking about it all of the time. Now I can leave work in my car. I'm mentally at work from 7a.m.-5p.m. so the minute I walk into the door I give 100 percent to my patients and staff because I manage the hospice staff. When it's 5:30, I give 100 percent to my family. I guess I just learned to set boundaries within myself.

Tonya: My work/life schedule is a finely oiled machine. Days begin early and usually end late. I have come to accept that it's okay if everything doesn't work out the way I want it to. As long as I know that I've done my best to care for other, patients, families, and co-workers, I get to enjoy my family at the end of each day. I think that my work certainly makes me view my life in a very different way. Arguments and disagreements usually don't last long, small petty things usually fade quickly--there is such a bigger picture. Life is so fragile and could change drastically at any given moment. I try to make those moments with my loved ones be as if it were the last,

every time I see them.

O'Malley: It is difficult to balance everything, but as long as you have efficient time management skills, you can be happy at home and at work. I make it a priority to take care of myself and my family by finding that balance between free time, hobbies and work.



Brenda Kobert,
Loving Care

Kobert: Sometimes it's difficult, but my family understands I take care of sick children and adults, and it requires my attention. I may not always be able to attend one of their functions, but they know that I'm doing something to help someone else. But when I'm with my family I give them my full attention.

WPNH: ANY FINAL THOUGHTS?

Schroeder: The nursing profession is so rewarding and full of opportunities for growth and to expand your knowledge.

Schaefer: I just want to add that Nursing Week is a wonderful week to celebrate a special group of people.

Tonya: I would like everyone to know that within the nursing profession that there are so many different types of nursing that you can experience. This is certainly a profession where boredom is rare. It is truly the most rewarding professions out there. I know that I've become a better person because of it.

O'Malley: I feel privileged to work with colleagues who are all dedicated towards a goal of improving patient outcomes. The patient and family always comes first; it's truly an environment of caring.

Kobert: Nursing isn't just working at a hospital or nursing home. Nursing is what you open your mind to. I learned how to drive a bus when I worked at the Central Blood Bank. I also was part of a flight crew to transport patients across the nation. Working in home care is very rewarding because it answers the question of what happened. You get to know the patients and watch them grow and develop. The family and the patient trust your judgment and at the end of the day you realize that you have made a difference in someone's quality of life.

For more information on the facilities mentioned, visit Golden Living Center (www.goldenliving.com); Heartland Hospice (www.hcr-manorcare.com/Home/HospiceCare); Gateway Hospice (www.gatewayhospice.com); and Loving Care (www.loving-careagency.com). †

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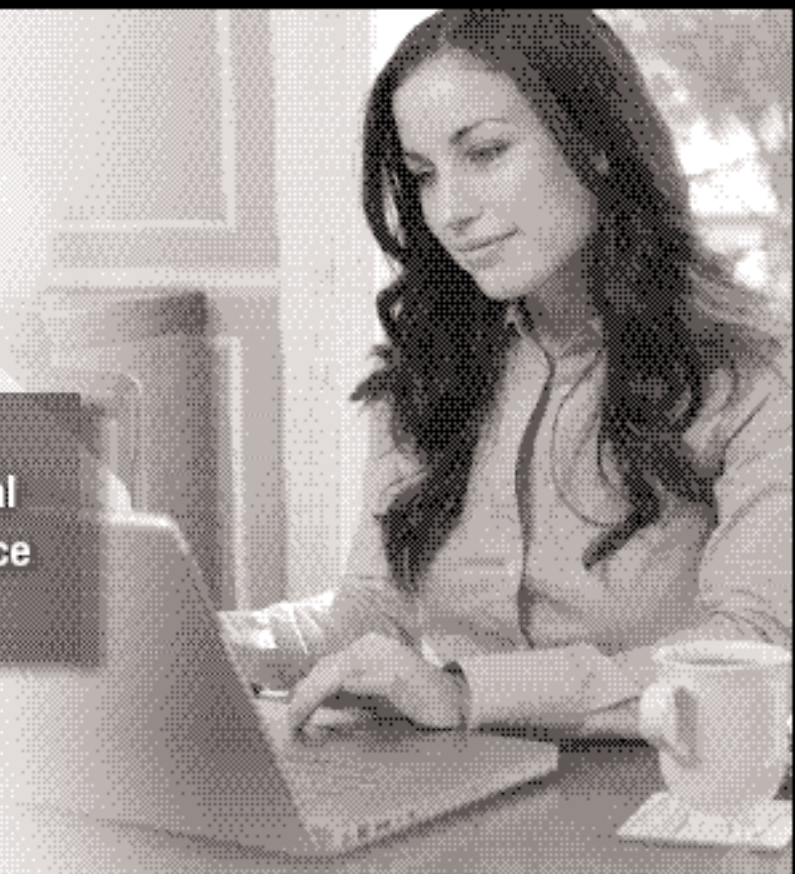
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Leaders weigh in on issues facing today's nurses

By Vanessa Orr

Nursing has always been a challenging career; never more so than in these days of decreasing reimbursements, higher acuity patients and limited job opportunities as a result of the economy. Simply put, nurses today are having to do more with less, and with the advent of health care reform, the industry is facing even more unknowns.

To find out what issues are most important to today's nurses, *Western Pennsylvania Hospital News* asked a number of nurse leaders to weigh in with their opinions.



Cindi Hardesty
Vice President and Chief Nurse Executive
Charles Cole Memorial Hospital
Coudersport, PA

What keeps me awake at night? Three things. The biggest issue for me, which may translate to a lot of rural settings, is succession planning. Not just my own position, but the positions of people who report to me, who have broad responsibilities within the organization. Department directors are in many cases directors for many departments; if a person leaves, a number of areas are not covered because we don't have enough experienced managers or directors to fill them.

One of the things that we try to do, and it's a constant project, is to identify people who have the skills and abilities to step up to the next level of management. But while we want them to get the experiences they need to prepare them for these new position, in a time of tighter, constricting financial resources, freeing them up to gain these experiences is a challenge.

Reimbursement cuts and decreases in reimbursements are also an issue that affects us in two ways; we have to tighten or decrease staffing resources, and we no longer have access to the capital equipment we need as our equipment ages or as new technologies are introduced.

For example, we've had a 6-1/4 pay cut in our facility, which is similar to what a number of Pennsylvania hospitals and hospitals across the country are experiencing. Because we are not able to implement this pay cut in our bargaining units,

which cover RNs and LPNs, we've had to cut 6-1/4 percent of staff. This leaves us with fewer caregivers, despite the fact that we're seeing the same number of patients or more than in the previous year.

I am also concerned about the declining workforce: while we have not had a significant shortage of nurses, by virtue of staff cuts, we have fewer resources. The average age of a nurse in the workforce today is above 46, and only 10 percent of the nursing workforce is under 30. We've been talking for years about baby boomers retiring, and now it's happening in rapid succession. Who is going to take our place? It all goes back to succession planning.

Elaine Hatfield, RN, BSN, MPM, NHA
Vice President, Patient Care Services and
Chief Nursing Officer
Alle-Kiski Medical Center
President, Southwestern Pennsylvania
Organization of Nurse Leaders

One of the issues that concerns me, from the standpoint of an organization that runs a nursing school, is that we had the highest number of graduates that we've had in our 100-year history, but not all of them found jobs. We had our lowest placement numbers in terms of employment. Some of our students who graduated last year accepted positions as unit secretaries despite being professional nurses just to get in the door.

Hospitals are not hiring because of the economy, but once health care reform takes place, hospitals will see an onslaught of people seeking services. They will need to turn on a dime to hire nurses to increase capacity, but won't be able to meet the demand because nurses either won't have been hired in time, or will have gone on to do something else. Because nurses have seen their hours reduced are a result of low volume, they've begun seeking secondary employment. And since we still won't be seeing an increase in reimbursement, hospitals and nurses will still be doing more with less. As for keeping veteran nurses, hospitals need to provide more equipment to decrease the strain on their bodies to provide an easier workload and create efficiencies; really, regardless of their ages.

See **LEADERS** On **Page 20**



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LEADERS From **Page 18**

There is a dichotomy in the workforce right now with different generations working together. Younger people want scheduling flexibility; for them, work/life balance is a priority. Baby boomers are committed to working their shifts and sometimes more. The younger generation is looking for conveniences like computers, which some in the older generation shy away from. This makes it hard to create efficiencies or a better infrastructure.

Another challenge facing nurses is higher acuity patients. The criteria a patient needs to meet for acute care is increasing as time goes on; patients who are in the hospital now are much higher acuity and need more care, though hospitals are getting less reimbursement. They have to manage resources to a tighter degree; however, this makes it very difficult to react quickly to changes in census.

One thing I would advocate to nurses is to develop more diversity in their skill sets so that they can be shared across different units. If they keep an open mind and diversify themselves, they will get more working hours, and it makes them more marketable. Unionization is another issue; nurses are having their hours reduced for volume but are still paying the same amount of union dues. What are they getting for it? It's a question they need to ask.

To a greater degree, nurses have become empowered to make decisions. While baby boomers tend to do what they have always done, which was often following orders, the younger generation wants to participate in decision making. If a hospital participates in this model, some baby boomers and managers may not be comfortable. It's hard to meet the diverse needs of different generations.



Louise Urban
Vice President and Chief Nursing Officer
Jefferson Regional Medical Center
President-elect, Southwestern Pennsylvania
Organization of Nurse Leaders

We're definitely finding ourselves in a unique situation, having to anticipate workforce challenges in relation to the number of nurses who are baby boomers. Their average age is probably 46 or 47, so we're looking toward a huge nursing shortage when boomers retire. The economy has changed the dynamics of the job market in the past year. There's very little turnover and very few vacancies because of the economic decline.

People who were planning to retire are holding on and waiting, and people who were part time chose to become full time, and some came back into the workforce. If we see an economic upswing, people planning to retire probably will retire, especially as baby boomers begin to face health challenges of their own.

As for health care reform, while I'm not sure exactly how it will impact nursing, I do think it will create unique opportunities. There will be different types of jobs in the marketplace, and we may be seeing different population of patients, or those who have not had preventative care in the past. This will provide a lot of educational opportunities and preventative health care opportunities, as well as home-care opportunities or jobs in alternate care settings outside of the hospital.

Nurses will also be faced with more constraints in acute care settings and long-term care settings, designed to reduce readmissions and lengths of stay. Sicker, more acutely ill patients will be treated in the hospital setting with moderate acuity patients in the home setting.

I see relationships between physicians and nurses becoming more integrated and collegial; we're now seeing more physician practices embracing advanced practice nurses, such as CRNPs. We all have the same goals--quality and safety.

Communication is the first thing to break down when you don't have a good relationship, and it is vital to patient safety and quality of care. A lack of communication can lead to failures in the system and bad outcomes, which is why a lot of emphasis needs to be placed on a healthy workplace environment.

As we try to continue to improve quality and safety where there are constraints and restrictions, it is incumbent upon us to find better, safer, more efficient ways to deliver the care we provide. It's not going to get any easier being a nurse working in the clinical world, but even while there are challenges, there are also opportunities.

I also believe that as nurses, we need to be advocates. There are so many opportunities to get involved in practices and legislation, and legislators want to hear what's on our minds. I see us as an important part of the process.

Ira Richmond

Associate Director for Patient Care Services

VA Pittsburgh Healthcare System

Board member, Southwestern Pennsylvania Organization of Nurse Leaders

Are there enough nurses in the workforce? Clearly there are not, considering that the average age of the nursing workforce is over 45. We know today that there are not enough individuals enrolled in nursing schools to meet the upcoming demand when these people retire. Now that health care reform has passed, there will be a huge demand, particularly in primary care. Having enough quality nurses to fill these roles will be a challenge.

In light of employment issues, one of the things most challenging for health care organizations and nursing executives is retaining nurses. The focus at our facility is on creating a work environment where nurses want to stay in the field for a longer period of time instead of retiring early or leaving the profession entirely, or migrating to another section of nursing, such as administration, where they can work Monday through Friday, 7:30 a.m. to 4 p.m. We need nurses at the bedside taking care of patients; to practice what they are trained to do. This is one of the most stressful areas of nursing, but also makes a difference in patient survivals and patient outcomes. We need to determine what it takes to make this a positive environment where nurses enjoy what they are doing and are satisfied with their work.

Evidence suggests that variables like innovative, flexible work schedules will help, but as those in the administrative ranks know, this usually means adding more staff, while needing to keep costs down. The challenge is to have a satisfied workforce while still providing safe staffing levels.

Another issue is that what motivates one group of people may not necessarily motivate others. We have a multigenerational workforce made up of baby boomers, Gen Xers and Millennials, and the challenge is to meet the needs of all three groups. Baby boomers' happiness may not necessarily be linked to pay, but it is what drives many Gen Xers and Millennials. We have to come up with a compensation and benefit package that benefits everyone.

Evidence does suggest that all three groups want a cohesive work environment where they feel they are working as part of a team and that their input is valued. Many facilities are implementing shared decision making or shared governance models where nurses have input on what's going on.

While health care reform is still in its infancy, I believe that nurses will play a huge role in this initiative. We know for a fact that we will have an influx of patients into the primary care system, and there is a known shortage of primary care physicians. Nurses are poised to take a prominent role in filling that gap, particularly nurse practitioners and advanced practice nurses.

As for physician/nurse relationships, I believe that they are improving, though there's still a lot of work to be done. There's been a perception that nurses are subordinate to physicians and are not considered to be on the health care team. I believe that that is starting to change in a positive way; physicians are beginning to value nurses' contributions. Neither discipline works in isolation; if they work as partners and respect what each other brings to the table, it will ultimately make a difference in patient outcomes. **T**

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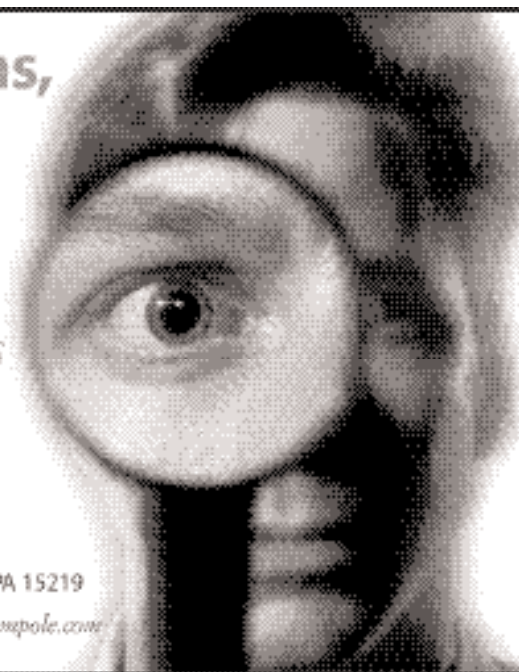
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From nurse to high-tech executive: How a nursing background helped entrepreneur make flawless career transition

By Daniel Casciato

From a young age, Brian Bricker of Pittsburgh was interested in how the human body worked. His association with the Boy Scouts and Explorer Scouts led him to becoming an EMT, volunteering in an ambulance, while he was still in high school.

Through that experience, he found that he greatly enjoyed caring for patients. After high school, he became a paramedic and saw the difference that quick and appropriate care makes in a critical situation. From there, he wanted to extend that experience and his education further and attended nursing school at Duquesne University.

After graduation, he worked for the Center for Organ Recovery and Education (CORE) as an organ procurement coordinator. He later took a position with HealthSouth as a Senior Rehabilitation Liaison, eventually becoming the director of Marketing Operations in an administrative position.

In addition to his love of nursing and the healthcare field, Bricker had an entrepreneurial side. As a nurse, he always explored other aspects of the field because he wanted to see what else he could learn and how it would apply to his previous experiences. At one point, he even became involved with investing real estate and started a side business.

"Although these ventures were not healthcare related, it brought out the entrepreneurial side of me that I decided to pursue," he says.

Ultimately, Bricker left the nursing profession to pursue other options, but he remained committed to the healthcare field. "It was more personal experience and personal interest that led me to do this," he says.

Today, he works for Wellspring Worldwide, a Pittsburgh-based software company with accounts all over the world. Its flagship product is used by universities and research institutions to manage the commercialization of their inventions or intellectual properties. As the company's vice president, Bricker works with these universities and their associated medical centers to develop software for healthcare. Wellspring also operates a foundation-funded program to help area entrepreneurs, which Bricker manages. The organization's Services for Entrepreneurship and Economic Development (SEED) Program provides business and technical assistance to individuals starting technology companies.

"We are especially interested in helping individuals that have innovative ideas

to change healthcare through IT," Bricker says. "It's a great program to really help get your ideas off the ground."

Spend just a few minutes with Bricker and you can tell how much he enjoys his new position.

"Right now we are helping to start four new companies through the SEED program while building our existing company, which has grown beyond the start-up stage into exciting new areas," he says.

"There's always something new. It's satisfying to help companies get their start and grow into successful business ventures and it's rewarding to contribute to the economic growth of Pittsburgh."

Bricker believes that technology will be important in shaping the future of healthcare, and he also believes that the innovations in healthcare IT should come from the individuals in the field who know and understand the problems.

"My background allows me to meet with a nurse or physician and understand their concept for improvement and create a solution from that idea," he says.

Bricker admits that a drastic career change like the one he did is not easy, but it's made easier if you can find support in your friends and family. His advice for nurses or others in the healthcare profession who are looking for a career change is to spend some time exploring careers that interest them and look at areas that they can best apply their skills.

"If you identify a career that you might like, proceed cautiously but deliberately," he says. "There will be a lot of people offering opinions and coming up with reasons why you can't do it. You need to decide if you're willing to put in the work and take the risk to prove them wrong."

If you have a healthcare IT idea that you would like to commercialize, the SEED program may be able to help. Contact Brian Bricker at brian.bricker@wellspring-worldwide.com or visit www.wellspringworldwide.com. †



Brian Bricker

New phone app helps people find a doctor or hospital

By Stephanie Bernaciak-Massaró



Ever been away from home and needed a doctor and you didn't know where to go? Now a list of doctors, hospitals, clinics and other health care services all over the country is available at your fingertips with the newest iPhone App, DocGPS.

The new DocGPS App for Apple Inc.'s popular mobile device enables users to tailor their search to their specific health plan and locate nearby doctors, clinics and hospitals within the UnitedHealthcare network using the GPS functionality of iPhone 3G and 3GS.

The App can make searches on 23 types of healthcare facilities and 58 types of physician specialties. After locating a doctor or hospital, the application can then show the office location on a map, provide detailed directions, and enable the user to call the medical professional or facility with a single tap on the search result.

DocGPS is ideal for individuals on the road who are not familiar with health-care providers in the area, such as families traveling on vacation or professionals on business trips. Patients can access UnitedHealthcare doctors and hospitals directly from their phone, eliminating the need to search unfamiliar places for an in network provider.

DocGPS also works with first-generation iPhones running 2.0 software or higher, enabling users to search UnitedHealthcare's health plan networks by zip code, or city and state. The application is available for download free of charge from the App Store on iPhone or online.

DocGPS puts a powerful tool in the hands of consumers so they can make more informed healthcare decisions whether they are at home, at work or on the run.

But will consumers actually use the technology? An October 2009 study by CTIA-The Wireless Association showed nearly eight in 10 Americans (78 percent) said they are interested in receiving health care services via their mobile devices. Nearly one in five (19 percent) of the people who took the CTIA survey would upgrade their existing wireless plan to receive medical services through their wireless device.


United Health Group is focusing on navigation as an area to improve the quality and effectiveness of health care for consumers. With its speed and efficiency

locating health care information, DocGPS has the potential to save people both time and money. For example, finding an in-network physician in an emergency situation may eliminate the need to relocate a patient in need of treatment.

United Health Group strives to deliver innovative technologies that make it easier for millions of Americans to access and understand healthcare. The development of DocGPS is part of UnitedHealthcare's continuing efforts to increase patient involvement in personal health choices.

Developers of this technology have high hopes for future applications. Many think innovative, interactive tools like DocGPS will revolutionize the way patients and doctors relate. According to the CTIA website, it may not be long before you look at your mobile phone and your doctor will ask you to open your mouth and say "Ahh." †

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



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Shared heartache forges lasting friendship

By Kathleen N. Bishop

Adversity can do one of two things to people: pull them together or rip them apart.

Stacy Lemmon of Latrobe and Brenda Toth of Greensburg know this first hand. As registered nurses for Excelsa Health, they met in 2004 and shared the weekend shift. They were friendly enough co-workers and talked occasionally outside of work, but the unthinkable was about to happen to both women, throwing their friendship together in a way they never would have imagined.

When Toth's son, Cameron, was two years old, their pediatrician noticed some developmental delays and referred them to the Westmorland Intermediate Unit for early intervention services. At 28 months, in 2006, Cameron was referred to the Child Development Unit (CDU) at Children's Hospital for further testing where he was diagnosed with Pervasive Developmental Disorder-Not Otherwise Specified, PDD-NOS, one of the many stops along the autism spectrum.



Cameron Toth and mom Brenda enjoy writing and doodling on his dry erase board.

"We knew something was different with Cameron prior to his diagnosis," Toth said. "We initially thought he was deaf because he would not respond to his name or make eye contact. When all the hearing tests came back normal, we thought he was developmentally delayed because he was so sick as a baby.

"Cameron never pointed to objects. He was a very quiet infant/toddler. He was content to play by himself and was able to entertain himself very nicely. We thought he was just going to be a laid-back child."

Then Cameron started displaying self-stimulating behaviors and would have tantrums when his routine was broken. He was non-verbal until he was 3 1/2 years old, which frustrated him and led to more tantrums.

When the Toth's received their diagnosis, they were devastated. "I cried for days. I didn't want anyone to know. I can clearly remember thinkin, 'How could this happen? What did I do wrong? Will he ever live a normal life? Will he have friends? Will he talk? Most of all, will he ever know how much I love him and will he be able to express his love for me?'," Toth said.

After the autism spectrum bomb was dropped, the Toths were handed a bulging packet of incomprehensible information, told to file for Medicaid, and sent on their way.

"I wish they would have provided us with a parent-to-parent (who had been through this) contact to help us navigate the system. We were so overwhelmed and I feel that would have been helpful," Toth explained.

Little did she know that a few years down the road she would provide just that help for someone who was about to become her best friend.

Lemmon also knew something was up with her son, Nate, born in 2005. "Nate always met his milestones, but in a different way. He was very verbal and intelligent, but had huge sensory issues," Lemmon said.

Lemmon confided in Toth about her concerns with her son, and, having been there already, Toth answered her questions and helped her find some answers. Nathan was diagnosed with Asperger's in 2008.

"I felt relief that finally someone named and validated my concerns, and at the same time I felt tremendous fear and sorrow. I knew Nate was very high functioning, but having worked with children on the spectrum, I knew the diagnosis was fluid and could change, he could improve or deteriorate," Lemmon said.

Together, Lemmon and Toth journeyed through the system, finding the right therapies and therapists, filing paperwork, working with school districts, everything all parents of autistic children must do, but often times alone.

"Brenda is my best friend. We have traveled this path together, first with


Cameron and now with both of our children. She makes me strong and understands my fears, anxieties and hopes like no one else can," Lemmon said.

Because of their sons, Toth and Lemmon as nurses now have a greater understanding of their patients and their families. They are able to translate their own experiences into those of others and this makes them more compassionate nurses.

"In the past, I found myself afraid of my patients who suffered from Alzheimer's or a stroke, because they could not communicate. Living daily with a child who is frustrated

because he lacks expressive language skills, I can now relate to my patients on their level with what they might be feeling. I provide a lot more positive encouragement to these patients and their families and I spend more time with them to allow them to express their feelings," Toth said.

Their experiences have also made them vigilant parents, standing up for the kids at every opportunity. "When your child is diagnosed with anything, you feel utterly alone," Lemmon said. "Parents need to know it's not the end, just the beginning. Dig your heels in and fight for what you think your child needs. You are their biggest advocate."

For more information on autism spectrum disorders, contact ABOARD, Advisory Board on Autism and Related Disorders, at 412-781-4116 or visit aboard.org. 



Nate Lemmon and sister Adison loving their dog, Chippy Chihuahua.

April is Autism Awareness Month

Autism spectrum disorders are more common in children than are some better known disorders such as diabetes, spinal bifida, or Down syndrome. One out of 110 births will result in a child with an autism spectrum disorder. Early intervention has a dramatic impact on reducing symptoms and increasing a child's ability to grow and learn new skills. It is estimated that **only 50 percent of children are diagnosed before kindergarten.**

POSSIBLE INDICATORS OF AUTISM SPECTRUM DISORDERS

- Does not babble, point, or make meaningful gestures by 1 year of age
- Does not speak one word by 16 months
- Does not combine two words by 2 years
- Does not respond to name
- Loses language or social skills

SOME OTHER INDICATORS

- Poor eye contact
- Doesn't seem to know how to play with toys
- Excessively lines up toys or other objects
- Is attached to one particular toy or object
- Doesn't smile
- At times seems to be hearing impaired

In 2008, Pennsylvania passed the PA Autism Insurance Act (Act 62), which expands insurance coverage for assessment and treatment of children under 21 years of age with an autism spectrum disorder. For more information on Act 62, log onto the PA Department of Welfare's website at www.dpw.state.pa.us/ServicesPrograms/autism/Act62/ or call the DPW's HelpLine at 1-800-692-7462.

Autism program focused on school-to-work transition expands with funding

By Karen Ferrick-Roman

A Duquesne University pilot program that improves school-to-work transitions for students with autism will be replicated, thanks to a \$25,000 grant from Autism Speaks, an autism advocacy organization.

Dr. Ann Huang, assistant professor in the Department of Counseling, Psychology and Special Education in Duquesne University's School of Education, received the community services grant to introduce a program that



Dr. Ann Huang

strengthens life and job skills for young adults with autism. The program will be replicated with five students, ages 16 to 21, at Wesley Spectrum Services.

With or without a recession, jobs are tough to come by for the 74,000-plus

America.

With funding from the Pennsylvania Department of Public Welfare and Duquesne University, Huang has developed a program that incorporates vocational assessment and training, work-related social skills training, life-skills building and employer and co-worker training to help high-functioning students with autism and Asperger's syndrome lead productive lives. Her pilot program, which focuses on individual strengths and interests, has been in place at the St. Anthony Secondary Program at Duquesne and at Spectrum Charter School since February 2008 with excellent results. Nineteen students received services for 18 months, and five students graduated, all of them succeeding in gaining part- or full-time jobs.

In most cases, social skills, not job skills, provide the biggest hurdles to employment for high-functioning students with autism. The students need to be taught ways of interacting that seem to come naturally to typical students.

"Social interaction on the job is the biggest issue," Huang explained. "If we are able to be supportive and offer training to the students and to the employer and other employees, we are able to help them better understand workers with autism."

For instance, children with autism often have sensory hypersensitivity to perfumes, soaps, lights, even warmth. "We teach them to communicate in a socially appropriate way in these types of situations," Huang said.

Huang will be working with teachers and administrators at Wesley Spectrum Services to establish the program, which will operate for a year.

For more information about autism, visit www.autismspeaks.org or www.autism-society.org. †

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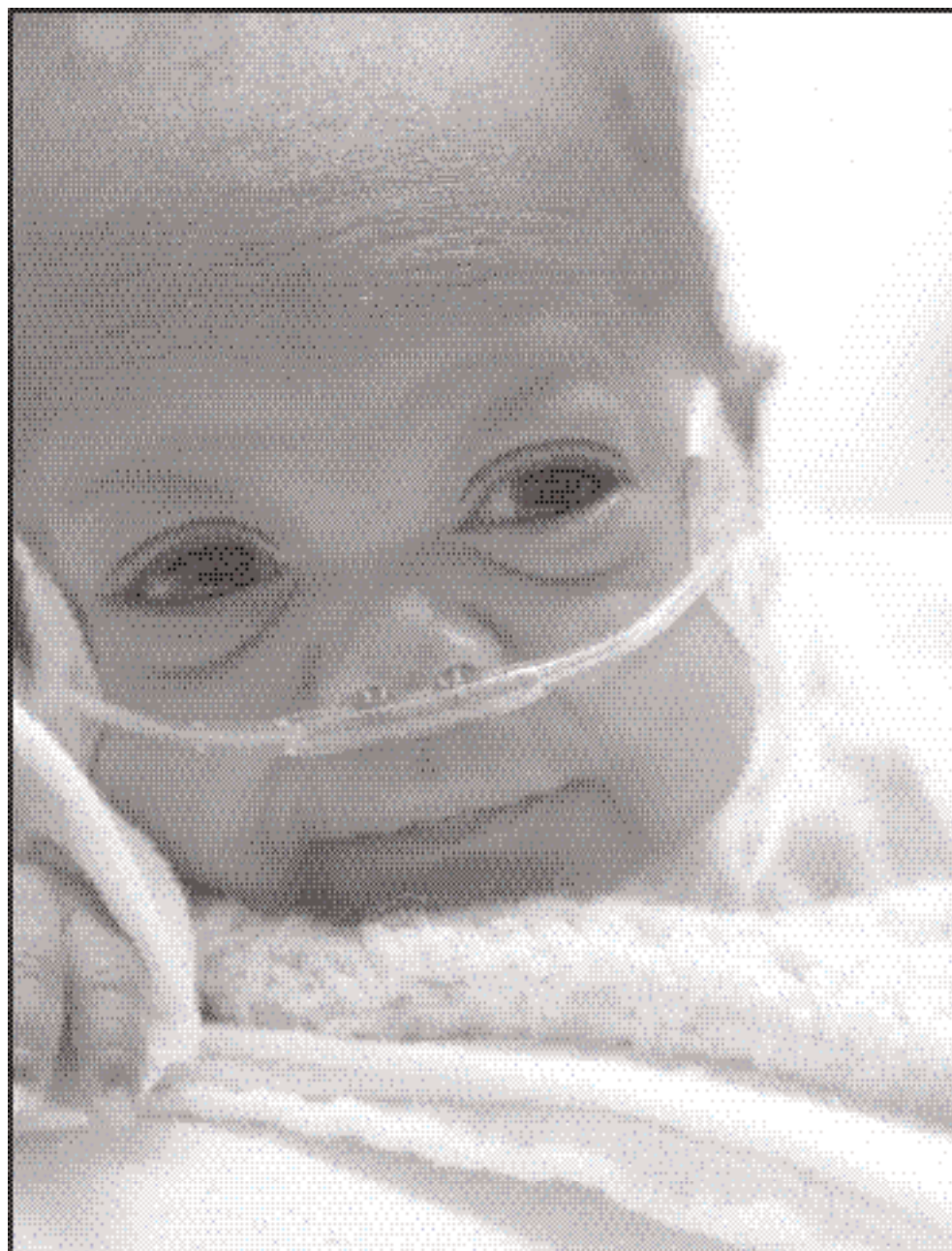
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Emergency departments strive to decrease holding times

By Laurie Bailey

According to the American College of Emergency Physicians, emergency room visits continue to rise. For a large segment of the population, they are the main source of health care, and the 65-and-over population is increasing.

Contributing to the overcrowded conditions, many patients, once they've been seen and treated, find themselves in "holding" or "boarding" while they are waiting to be admitted to unit floors. Emergency nurses are faced with the ongoing challenge of caring for their patients in the department while simultaneously tending to those in a boarding status. They assume the added responsibilities of ensuring these patients receive scheduled medications, treatments or required assessments.



Beverly Mueller

Patients in boarding are often the sickest patients in the department and may take up space in hallways and offices until admitted.

"It's a challenge when we are unable to move from emergency to inpatient in a timely manner," says Anita Hoover, an emergency nurse since 1980 at Excelsa Health in Greensburg.

Boarding is an issue that has been addressed at Excelsa Health for some time, explains Jeffrey Siegel, nurse manager of Westmoreland Emergency Department. Making improvements begins with careful communication between all units and examining how

patients are moved throughout the entire hospital, he says.

In fact, the Westmoreland Emergency Department has spent the past year documenting strategies for improving that communication as part of the Urgent Matters learning network. The department is one of six facilities in the country participating in the national initiative founded by the Robert Wood Johnson Foundation. The program promotes shared learning among hospitals to reduce emergency department overcrowding.

Westmoreland Emergency Department broke ground at the end of March on an expansion project that will further improve efficiency. The project, expected to take nine months, includes a 3,400-square-foot building addition, and renovation of existing 3,700 square feet. When complete, the department will be equipped to handle 60,000 visits annually.

Among the improvements, plans call for the addition of eight exam rooms, bringing the total to 41, and the placement of a 16-slice CT scanner in the department to enhance diagnostic testing. The waiting and registration areas also will be enlarged, says Siegel.

About two months ago, the hospital began using a "bed board" computer tracking system that has resulted in improved patient flow. Constantly on display in the hospital nursing administration office, the system provides all units with access to information, including which patients are waiting on rooms and those being discharged. Housekeeping is also alerted so that rooms are prepared in a timely manner.

"The bed board system pulled all the processes together and gives us a snapshot of what's going on," says Siegel.

"Many factors relate to the length of time in boarding," explains Colleen

Acri, the day shift charge nurse at St. Vincent Health Center in Erie. Beds may not be available in the unit where a patient needs to be admitted. If they are available, they may not be cleaned. A patient may need tests from a lab that is itself overcrowded.

St. Vincent Health Center, a 400-bed facility, has used the bed board system for the last few years to expedite the availability of beds. Through its own bed board, the emergency department can check the immediate availability of a

room. Additionally, twice daily, representatives from every hospital department meet for 15 minutes to identify bed availability and need. "If that means opening up another unit then we'll work on it at that time," says Acri.

St. Vincent Health Center is one of the few hospitals with a hands-off voice report system for non-critical care patients. The system alerts the nurse on the floor of a new patient via a recording console, eliminating emergency department waiting time on calls back from the floor. Twenty minutes later, the patient is sent from the emergency department to the floor.

"Critical care patients are admitted nurse to nurse," says Acri.

At Canonsburg General Hospital, a Total Quality Management Team comprised of representatives from every unit in the hospital – from housekeeping to radiology to management – addresses boarding time issues, explains Beverly Mueller, nurse director of Emergency Services at Canonsburg. The team is currently challenging itself to decrease the total length of time a patient spends in the emergency department by 30 minutes.

Part of that means decreasing the steps from disposition to admission. On March 22, the emergency department eliminated their initial contact with the admission office.

"The charge nurse in the emergency department calls the charge nurse on the floor. That person can give the bed assignment at that moment," says Mueller.

During the first week of this new process, average time spent in boarding decreased to 58 minutes, down from an average of 80 minutes. The median total length of stay in the department, from entrance to the hospital to arriving on the floor decreased from 240 minutes to 190 minutes.

"Remember, this is just a one-week period, and we hope to continue to improve the boarding time patients spend in the emergency department," Mueller said, adding, "We have seen a noticeable improvement because the entire hospital is working together to make this happen."

An Emergency Nurses Association position statement, "Holding patients in the Emergency Department" stresses, "Patients held in the emergency department must be provided the same level of care they would receive in inpatient units if their discharge from the emergency department is delayed."

For more information about Excelsa Health, visit www.excelsahealth.org or call, toll-free, 1-877-771-1234. Canonsburg General Hospital can be reached by calling 724-745-6100 or go to www.wpahs.org. St. Vincent Health Center can be reached by calling 814-452-5000 or go to www.saintvincenthealth.com. †



Jeffrey Siegel

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Nurses play major role in Jefferson Regional's Disaster Drill

By Candy Williams

As Registered Nurse Steven Goodes and Patient Care Technician Frank Zemba wheeled their patient on a gurney through the crowded hospital hallway, they knew how critical their role was in getting him out of harm's way quickly and safely.

An airplane had just crashed into the side of the hospital building, and the nursing administrative supervisor had just called a disaster Code D. First responders from neighboring communities already were starting to arrive as the medical professionals at Jefferson Regional Medical Center were springing into action.

Fortunately, the emergency was just a disaster drill and their patient was just a mannequin, but for more than 100 nurses and other staff members at the Jefferson Hills community hospital, it was serious business.

"Our nurses are trained to expect the unexpected, and this simulation drill is a good way to demonstrate their readiness skills in a high-risk emergency situation," said Louise Urban, vice president and chief nursing officers at Jefferson Regional. "From an administrative standpoint, we think it is very important to prepare our facility, patients and community in case a disaster should occur."

The exercise took place in a closed nursing unit, where the scenario involving the plane crash and a subsequent fire impacted several patient rooms. Twenty-eight patients had to be simulated evacuated to other facilities, some via new state-of-the-art evacuation equipment that helps move disabled persons from a multi-story building in an emergency. The medical center's manpower pool was activated during this disaster drill.

This was the first time that Jefferson Regional, located in Pittsburgh's South Hills, conducted an exercise of this extent, according to Del Olson, EMS manager and emergency preparedness coordinator.

"We've done smaller scale exercises, but this is the largest one we have done. We need to be prepared for different types of scenarios where the hospital will have to evacuate," Olson said.

Following the exercise, which took approximately two hours, Olson commended the staff for its dedication to the success of the event.

"Everyone from all departments and outside agencies worked together for a common goal," he said. "We learned many valuable lessons from this exercise that will help direct us in our planning activities for future events. Everyone took their



Evacuating a "patient" during the disaster drill are, from left, Frank Zemba, patient care technician; Steven Goodes, RN; and Michael Zellhart, RN.

assignments seriously and participated as if we had an actual emergency. The dedication from all staff members reinforced that Jefferson Regional Medical Center is prepared to assist not only our patients, but the communities we serve."

Responding to the mock emergency with staff and equipment were Jefferson Hills Police, Pleasant Hills Police, Jefferson and Pleasant Hills fire companies and Jefferson Hills Area EMS. There also were representatives from Allegheny County Emergency Services and Hospital Council of Western Pennsylvania. †

Candy Williams is corporate communications specialist at Jefferson Regional Medical Center. For more information on the center, visit www.jeffersonregional.com.



Staff members respond to a "patient" who went into cardiac arrest while being evacuated down a stairwell.

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Is the water safe, or will we double dip?

By Paul Brahim



Half empty or half full? Are our economic woes over or will we see a double-dip recession? While no one can be certain, things look a lot better than they did a year ago.

The US economy contracted by an estimated 2.4 percent for all of 2009, the worst single year of decline since 1946, but there was 5.6 percent growth in the fourth quarter. Although not improving dramatically, unemployment does not seem to be getting any worse.

Quoting Allan H. Meltzer, professor of economics at Carnegie Mellon University from his recent *Wall Street Journal* opinion piece: "My best guess is that the recovery will be a bumpy ride along a low-growth path. Recovery will be helped by lots of monetary stimulus and low inventories. Some calendar quarters will see healthy growth, but trend growth will be low because housing will remain weak, the cash for clunkers program borrowed sales from the future, and the Obama administration's economic program raises business costs and reduces profits."

But what does that mean to investors?

The broad bond market experienced a great year in 2009 with Barclays Capital US Aggregate Bond Index up 5.93 percent. The Barclays Capital Municipal Index was up 12.91 percent for the year, and the Merrill Lynch US High Yield Master II Trust Index was up 57.51 percent for the year, even as US Treasuries declined 3.7 percent. But historically low rates coupled with a high U.S. deficit may work against fixed income investors over the coming quarters. Studies by the International Monetary Fund and the Federal Reserve suggest that increases in budget deficits ultimately lead to higher interest rates. Countries with the highest current and projected deficits as a percentage of GDP will suffer the highest interest rate increases?—perhaps as much as 25 basis points per 1 percent increase in projected deficits five years forward. If these studies are accurate it does not bode well for treasuries.

The stock market had a very strong recovery from the March 9, 2009 bottom with the S&P 500 Index up 67.8 percent from this market low and up 26.46 per-



cent for the year. The Dow Jones Industrial Average had a slightly weaker performance for the year, but still managed to have a positive return of 22.68 percent. Foreign stocks outperformed domestic stocks for the year as the MSCI EAFE Index was up 31.78 percent. While these numbers are impressive it is important to remember that as of the end of 2009, the market was still 24.9 percent below the October 9, 2007 peak as measured by the S&P 500 Index.


There have been eight stock market recoveries after recessions since 1947. The average bull market in each of these recoveries lasted 68 months and returned 176 percent from the bottom, as compared to the current increase of +65 percent from March '09 through December '09. While past performance does not guarantee future results, the current bull run is still relatively young and gives us reason to believe that over the long term the market can move higher.

A further reason to be optimistic, but cautious, about the stock market is the tremendous amount of cash that is on the sidelines right now and, which if invested, would help to move the market higher. According to recent Federal Reserve Bank data, there is currently \$9.668 trillion dollars of money that is "parked" in money market funds, savings deposits, CD's, and retirement accounts.

Half empty or half full?

We believe that the glass is half full and that despite pockets of economic weakness the economy will grow about 3 percent in 2010 and 2011. We believe that the "easy money" has been made in bonds and that credit research and active portfolio management will be the key to extracting further gains in the fixed income markets. Stocks have the potential to move higher this year, as long as companies continue to increase earnings and consumers believe that conditions will continue to improve. †

Paul Brahim, CFP® AIFA®, is managing director, BPU Investment Management, Inc. He can be contacted at pbraham@bpuinvestments.com.



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Windber CEO's nursing roots anchor her in leadership role

Barbara Cliff, PhD, FACHE, president and CEO of Windber Medical Center, started her career in health care as a registered nurse over 30 years ago. During these years, she has spent more than five years at the COO or CEO levels and was in nursing leadership roles almost the entire time since becoming an RN. Cliff has always had a penchant for direct interaction with her patients, but always believed she could serve them better from the administrative level.



HN: What drove you to go into health care?

BC: I was around it my whole life. My mom is an RN, so I was exposed to nursing as a career option for as long as I can remember. At that point in time, females generally went into nursing or teaching. There weren't a lot of other options. I was also a little bit older when I went into nursing. It wasn't what I did right out of high school and I believe that I was a little more self-directed.

HN: What drove you to follow a career path that led you to administrative roles in health care?

BC: I not only wanted to be a nurse and take care of patients, but I also wanted to help other people to take care of patients. But I am still a nurse. It's what guides my administrative role and keeps me focused on the business side of patient care.

HN: Did you plan right from the start of your career that you would shoot for administrative roles in health care?

BC: It just happened very, very naturally. I graduated with an associate's degree from nursing school and I went back to school when I had achieved head nurse status to get my bachelor's degree in nursing. I knew the bachelor's degree would better position me to continue moving forward. From there, I finished a lot of leadership programs and earned a master's degree in healthcare administration and then just for fun, I got another master's degree in public administration. From there, I got a doctorate in interdisciplinary health sciences where the core belief is that it doesn't matter what discipline you're in, you need to work together for the good of health care practice, education and research. It doesn't matter if you're a nurse or a social worker, there should be less definitive dividing lines between them. So

even in my schooling, nursing was always at the core of what I studied but it was from a broader perspective.

HN: What are the greatest challenges you have faced transitioning into administrative roles?

BC: I see two challenges. First, one of the greatest needs with my position as a CEO, because my background is so healthcare focused, I need a very strong CFO. Although I have a very good understanding of finance, it's not one of my core competencies. Here, I am very fortunate because I do have the strongest CFO (Linda Fanale) with whom I have ever worked. She absolutely understands that finance supports the business of patient care. A lot of people don't get that. A lot of people think finance drives it.

Another of the biggest challenges I face on a daily basis is really limiting myself to the focused role of a CEO. Because I have performed so many functions within a hospital and I do have such a comfort level doing so many things, I have a thorough understanding of most of the departments that report to me. So one of the biggest challenges to me is to try not to do it all myself. I'm not talking about having a problem with delegating, and certainly I have the highest level of confidence in all of our people. But because I have a comfort in just about everything and I really enjoy what I do, I want to do everything. The trick for me is keeping myself focused on guiding our hospital because I have such a vision for where we're going and am eager to continue on the journey. **T**

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How do you know when to call hospice?

By Vanessa Orr

Dealing with a terminal illness is excruciating; not just for the person who has the disease, but for loved ones and family members who must make difficult decisions regarding that person's care. When should a person move from hope for treatment to hope for a peaceful departure? At what point should a family member or physician bring up the idea of hospice to a person who has been battling for months, or even years, to live?

When my mother was diagnosed with colon cancer, and later, inflammatory breast cancer, she chose to fight. Her doctors fought along with her, offering every kind of treatment available including some clinical trials. Despite all of their best efforts, her body finally gave out, approximately five years after her struggle began. And although we were privileged to have the help of hospice at the end, I still wonder whether we made the right decision to call them when we did—whether we should have contacted them earlier, or if mentioning the idea to my mother would have somehow taken away her hope for recovery and the strength of will that kept her with us for so long.



Sue Kristine

Every day, families with chronically or terminally ill loved ones face this decision. Are you taking hope away by introducing the idea of hospice, or are you offering a safe haven for when the struggle gets too hard? It's not a conversation that is easy for any family to have; and in fact, it's sometimes so difficult that physicians avoid discussing it with patients until all hope is gone. Still, it's one of the most important discussions that families can have to ensure that their loved ones, and those who care for them, have the support they need at the end.

"It's often difficult for families to change their focus from treatment for a cure to treatment for comfort," explained Sue Kristine, clinical director, Good Samaritan Hospice. "Many families wait for

the physician to prompt them, but this may not happen."

Because physicians are focused on the treatment options available to control a disease process and improving the situation through the treatment mode, they often don't think of what happens when these options don't work. "Sometimes they are waiting for patients and families to say, 'Okay, we've tried everything. Now I need you to explain the other options available to me,'" said Kristine.

Families may not be aware of the option of palliative care, which provides symptom management even as patients are seeking treatment for a cure. "Palliative care is designed for patients who are not doing well, such as a person with renal failure, who has a lot of symptoms but still wants to seek dialysis," explained Kristine. "At the point when that person decided that he or she doesn't want to undergo dialysis any more, or is tired of additional treatments, or the side effects are more than they want to endure, they may want to consider hospice.

"Hospice is not necessarily about the end of life, but about the quality of life," she added. "We want to make every day count so that the individual can have the best days he or she can without treatment."

According to Karen S. Rose, vice president of operations, Family Hospice and Palliative Care, instead of taking away hope, hospice can help patients redefine hope by enabling them to decide how they will spend their last days. "Hospice is actually a life-affirming experience that validates how important this time of life is," she said. "Patients and families learn to embrace the departure as well as the arrival with reverence and preparation. A lot of unexpected treasures happen at this time as individuals begin to understand that the circle of life includes death."

While it is often hard to broach the subject, Rose suggests that families, caregivers and physicians look for opportunities that open the door. "When a health care provider has a conversation about the nature of a patient's prognosis, it's a nat-

ural opportunity to introduce the idea of palliative care and hospice," she said. "They can differentiate between the idea of treatment for cure, and what options are available when cure is no longer an option. It's important for patients to know that they will not be abandoned; that they will still have a plan of care, but that it will just focus on different goals.

"Anytime a patient talks about his or her hopes and fears is also a good time to raise the subject," she added. "Certainly urgent or life-threatening events can spur the conversation as can readmissions to the hospital for progressive serious illnesses."

Momentum is growing on a national level for an initiative, Physicians Orders for Life Sustaining Treatment (POLST), which is a document that provides a roadmap for a patient's care and opportunities for conversations. "The document addresses interventions and what to do in the case of terminal or end-stage disease," said Rose. "Patients sign it before their illnesses reach a crisis stage, so that they remain in charge. It's a great communication tool that reflects a patient's wants and wishes."

Individuals and families who are unfamiliar with all that hospice offers can call the organizations to find out more. "Our support is all inclusive—not just for the patient, but for the families as well," said Kristine. "We act as patients' advocates and caregivers so that the burden is taken off of their families; this allows them to just spend time with the patient, and to be as involved in their loved one's care as they want to be."

For more information about palliative care and hospice, call Good Samaritan Hospice at 724-933-8888 or visit www.good-samaritanhospice.org. For information on Family Hospice and Palliative Care, call 412-572-8821 or visit www.familyhospice.com. †



Karen S. Rose

Sexual Assault Response Team, SRMC and Greene County Community join to help survivors

According to the Pennsylvania Coalition Against Rape (PCAR), the actual number of rapes and assaults occurring in Pennsylvania is unknown because many victims do not report the assaults to law enforcement officials. Southwest Regional Medical Center and other local organizations are teaming up to help combat sexual assault in Greene County, and also provide an avenue for sexual assault survivors to receive the care they need.

Southwest Regional recently implemented a Sexual Assault Nurse Examiner (SANE) program to help victims of sexual assault obtain confidential, timely and comprehensive care. To ensure the best outcome for victims beyond the care they receive at SRMC, a Sexual Assault Response Team (SART) is needed. Research shows that SART-represented victims have more positive criminal justice outcomes and better care than any can accomplish in isolation.

There are four certified sexual assault nurse examiners at Southwest Regional Medical Center who deliver expert care under the guidance of SANE Program Director Kelly Fath, RN.

The SART is a way for county organizations to collaborate and provide the appropriate care for survivors of sexual assault. "The program provides victim-centered response that will improve care. It provides survivors with what they need to move forward," said Barbara Sheaffer, medical advocacy coordinator for PCAR.

A planning meeting will be held in May and SART training this summer. According to Sheaffer, the long-term result of the program is reducing the number of sexual assaults in the county.

SART's success depends largely on the collaboration of all the agencies involved. According to Willson, the team is designed to help survivors of sexual assault from start to finish and provide them with the care, support and resources they need to get through this life-altering ordeal and move on with their lives.

"Every agency involved benefits from the mission of this team because we're all on the same page – we want to provide the best care possible for the survivors." "Nobody walks alone; we walk together as a team," emphasized Fath.

The groups emphasize that publicizing the program is key, so that survivors can get the help they need to recover and move forward.

The STARS hotline is available 24/7 by calling 888-480-7283. To contact a SANE at Southwest Regional, call 724-627-2606. †

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Washington Hospital's Thomas saying good-bye with gratitude, firm legacy

By Ron Paglia

Forty years is a long time for anything. Just ask Telford W. Thomas.

"As the saying goes, it seems like only yesterday that it began and now it is coming to an end," Thomas, president and chief executive officer of The Washington Hospital, said of his distinguished career at one of western Pennsylvania's premier health systems.

That legacy of achievement and commitment will end May 31 when Thomas retires. "I knew it was time to step down and turn the reins over to someone with more energy, with new ideas," Thomas, who recently blew out 66 candles on his birthday cake, said with a smile. "I've always been someone who likes to finish what he starts but I couldn't see that happening with some of the things on the drawing board here. We're looking at four or five years for completion of those projects and I just couldn't see myself continuing that much longer.



"Change is a constant in healthcare," he said. "There are challenges in the systematic delivery of care and services. I've enjoyed every minute of every day here. You can't match the work and the satisfaction of being part of a team creating better lives for people by curing their illnesses and healing their wounds. You never get bored in this job or in this profession. There's something new every day."

Thomas, whose formal career at The Washington Hospital began as an administrative assistant in 1971, will leave with the gratitude of those with whom he worked.

"Throughout his career at The Washington Hospital, Telford has displayed caring and leadership," said Wendy Cameron, chair of the hospital's board of trustees. "He has continually succeeded in delivering outstanding, world-class care for the residents of Washington and surrounding communities."

Gary Weinstein, executive vice president at the hospital, who will succeed Thomas as president and CEO, offered similar sentiments. "While Mr. Thomas would be quick to give credit to the Board of Trustees and many others for the accomplishments during his tenure here, his vision and persistence are written all over them," Weinstein said. "He has positioned The Washington Hospital to move forward as a strong, independent regional health system."

Thomas, who built the medical facility into an independent regional hospital, began his career at The Washington Hospital in the mid-1960s. He first worked as a technician in the hospital's laboratory on weekends and evenings as he completed his B.A. at Washington & Jefferson College, living in a dormitory space on the hospital's seventh floor. He earned a Master of Hospital Administration degree from Virginia Commonwealth University in Richmond in 1969.

Thomas served in the U.S. Army Transportation Corps from 1969-1971. As a first lieutenant, he was a convoy commander and company commander in Long Binh, Vietnam (1970-71) and was awarded a Bronze Star.

He returned to The Washington Hospital in 1971 as an administrative assistant and subsequently served as assistant vice president, vice president and executive vice president before being appointed president and CEO in 1992.

Thomas has overseen much of the growth of the hospital during his tenure but is hard-pressed to choose one achievement over the others. "Gosh, there are so many things that have happened," he said. "I have appreciated being a part of it, but you must understand that it has not been a one-man show. There are so many people who must share in the credit of our accomplishments – physicians, employees, board members, volunteers. They are the people who displayed the

willingness and ability to embrace a well-rounded approach to fulfilling our goals and ideals."

In doing so, Thomas emphasized, the emphasis has always been on "meeting the needs of our patients and our community."

"The majority of our patients are elderly and we have directed our efforts to providing quality services and personnel so they don't have to go to Pittsburgh for their treatment and care," he said. "That hasn't always been easy, particularly in difficult economic times, but I feel we have balanced everything well – that is, adding technology and services and remaining financially responsible and viable."

The Washington Hospital, which was founded in 1897, has 274 beds, a 16-bassinet nursery and an eight-bed inpatient residential hospice. It has a medical staff of more than 350 primary care and specialty physicians providing a full range of medical and surgical care. It is the only hospital in Washington County that offers inpatient obstetrics services and some 1,200 babies are born there each year.

With more than 1,900 employees, The Washington Hospital also has a major impact on the economic well-being of its community and the region and is the largest employer in Washington County.

Although the city of Washington and immediate surrounding communities are the hospital's primary service area, patients also come from the Mon Valley area of Washington County as well as Greene and Fayette counties.

They do so, Thomas said, because of the quality services offered at the hospital. These include but are not limited to complete cardiac care at the Heart, Lung and Vascular Center, a new Center for Orthopedics and Neurosciences, obstetrics/gynecology, occupational medicine, children's therapy, an acute rehab unit, outpatient services, radiation therapy, a psychiatric unit and a state-of-the-art Emergency Department, Critical Care Unit and Surgical Services Center. Educational programs and the Wilfred R. Cameron Wellness Center also offer unique services.

Thomas said he never envisioned the advancement of technology, treatments and patient care when he began his career. "Absolutely not," he said. "I can't imagine anyone forty years ago predicting what has evolved."

He said dramatic changes in outpatient services have been "astounding." "Look at cataract surgery," he said. "Years ago, before all of the new technology, someone having cataracts removed was hospitalized for one or two weeks, confined to bed with sandbags on either side of their head to prevent them from moving. Today, you're in for the surgery in the morning and discharged to go home in the afternoon. There also have been tremendous advancements in diagnostics to make it quicker to assess the treatments a patient needs. In the future, more procedures will probably be moving to an outpatient setting or will have shorter inpatient stays."

Like his counterparts in health care, Thomas sees many challenges to hospitals and health systems in their efforts to purchase new equipment and technology. "Inadequate" Medicare and Medicaid reimbursements are at the top of that list.

"The main problem is payment responsibility; that is, who pays for what," he said. "Since the inception of Medicare in 1965, we have become more and more dependent on the federal and state governments for reimbursements."

He noted that more than 60 percent of the patient population in the region are Medicare recipients, and that figure is expected to continue climbing as the Baby Boomers get older and live longer because of changes in their lifestyles and enhanced services that will keep them healthier.

"(Health care) is no different than any other business," he said. "If you are getting a return of only 76-cents on every dollar you spend you are going to have problems. If reimbursements are out of line – that is, not adequate – you're going to suffer. It's a serious and ongoing challenge to maintaining a (financial) balance."

Investment in cutting-edge technology also is important in recruiting physicians, Thomas said. Both factors drive patient volumes, which have increased at The Washington Hospital.

"You always want to bring quality physicians on board," he said. "So you must try to provide them with the equipment and technology they utilized in their schooling, to create an atmosphere conducive for them to offer their patients quality diagnostics and treatments."

Those efforts aren't limited to recruiting physicians, Thomas added.

"Because they are highly trained and there is such high-tech equipment available today, recruitment of other health care workers becomes a serious issue," he said. "These people want to continue working with the most modern, cutting-edge technology and you have to pay well to get them to come to your hospital. Our mission is to provide the best care and best technology to the people we serve and (patient) volumes demand that we meet that responsibility...in the most cost-efficient manner possible. It becomes a very delicate balance."

See **THOMAS** On **Page 54**

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Education Update

LECOM's Burns will lead national society



Kimberly Burns, R.Ph., J.D., associate professor in the Department of Pharmaceutical Sciences at the Lake Erie College of Osteopathic Medicine School of Pharmacy, was recently inducted as president of the American Society of Pharmacy Law (ASPL). She previously served a one-year term as president-elect.

Burns became a member of ASPL in 2002 after joining LECOM. Since then, she has attended their annual meetings in conjunction with the American Pharmacists Association. She began as a committee member for the Educational and Scholarship Committee in 2006, and since then was elected to the ASPL Board in 2008, and then as president in 2009. In

addition to her two years as president-elect and president, she also will serve one year as the organization's past president.

The ASPL is an organization of pharmacists, attorneys, pharmacist-attorneys and students of pharmacy or law who are interested in the law as it applies to pharmacy, and its mission is to "educate the pharmacist-attorneys, pharmacists, attorneys and other interested parties on legal issues that affect pharmacy." †

LECOM's D'Amico is Item Writer of the Year



The National Board of Osteopathic Medical Examiners (NBOME), Inc., has recognized **Carmine D'Amico, D.O.**, LECOM Clinical Associate Professor of Internal Medicine/Cardiology, as NBOME 2009 Item Writer of the Year for COMLEX-USA Level 2-Cognitive Evaluation. Dr. D'Amico was selected for this honor from a field of more than 200 individuals who contributed items for the COMLEX-USA Level 2-CE.

The COMLEX-USA series is designed to assess the osteopathic medical knowledge and clinical skills considered essential for osteopathic generalist physicians to practice medicine without supervision. COMLEX-USA is construct-

ed in the context of medical problem-solving, which involves clinical presentations and physician tasks. †

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Conemaugh School of Nursing receives award for aiding local family



(Left to Right) Mark Dellett, RN, BSN, SNAP Advisor with Amanda Ream, Jamie Eckenrod and Rebecca Dumm, all senior Conemaugh School of Nursing students.

The Conemaugh School of Nursing's Chapter of the Student Nurses' Association received the 2009 Student Nurses' Association of Pennsylvania (SNAP) Community Health Project Award for assisting a local family struggling with a debilitating disease.

Jamie Eckenrod, a Conemaugh School of Nursing student and president of the Conemaugh Chapter of the Student Nurses' Association of Pennsylvania, headed up the fundraising project after learning about 15-year-old Jessica Ambroe of Johnstown, who suffers from an extremely rare and fatal neurodegenerative epilepsy called Lafora Disease. Jessica's mother, Michele, is a 2005 graduate of Conemaugh SON.

Eckenrod and her classmates initiated community awareness efforts and raised \$1,500 for the Ambroe family to go toward Lafora Disease research.

"We were all so touched by Jessica's story that we wanted to support their amazing family," Eckenrod said. "As a community service organization at Conemaugh SON, we wanted to create local awareness about Lafora Disease, so we decided to hold a bake sale at Richland Fire Hall during Thunder in the Valley, where we raised funds while also passing out informational flyers on Lafora Disease."

According to SNAP, the goal of the Community Health Project Award is to encourage the development and implementation of nursing-related community service projects.

For more information about Conemaugh School of Nursing, visit www.conemaugh.org or call 814-534-9844. †

Salvatore J. and Sara A. Valenty Nursing Scholarship presented to first recipient

Miners Medical Center board member **Sam Valenty** honored his late wife, Sara, with the presentation of the first annual Salvatore J. and Sara A. Valenty Nursing Scholarship.

Valenty created the scholarship to honor his late wife and to recognize the excellent nursing care she received during her illness.

"The nursing service at Miners and Memorial was so extraordinary, I gained a newfound respect for the profession of nursing," says Valenty, who served as a member on the Miners Medical Center Board of Trustees since 1994, in addition to a short stint in the early 1980s. "I was with her every day, and the nurses were just so good to her, I wanted to do something for them."

The Salvatore J. and Sara A. Valenty Nursing Scholarship was established with a \$25,000 donation to the Conemaugh Health Foundation. Each March, \$1,000 will be given to a Northern Cambria resident attending the Conemaugh School of Nursing. This year's recipient is Melissa Phillips of Northern Cambria. †

Education Update

Erie pharmacy student receives national leadership award

Rodney Turner, a second-year pharmacy student at the Lake Erie College of Osteopathic Medicine, recently received the 2010 American Society of Health-System Pharmacists (ASHP) Student Leadership Award. Of the more than 13,000 pharmacy students in the U.S., only 12 are awarded this special distinction each year.

The ASHP Student Leadership Award recognizes students with an interest in pharmacy practice in health systems who have demonstrated leadership ability. It also recognizes and celebrates the contributions of students who represent the very best attributes and accomplishments of ASHP student members.

In addition to receiving an award plaque, Turner also receives a \$2,500 cash award provided by the ASHP Research and Education Foundation through the Walter Jones Memorial Pharmacy Student Financial Aid Fund.

Turner is president of the LECOM chapter of the Student Society of Health-System Pharmacists (SSHP), the student organization of the ASHP. He presided over the chapter when it was recognized by the ASHP with a national award in November 2009. The award acknowledges the organizational success of the LECOM chapter on a local and national level, and it affords the school's chapter official recognition by the ASHP. In December 2009, LECOM's SSHP chapter collected 555 pounds of canned food as part of a month-long food drive at the college. †

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LECOM has already met that call to action with quality medical education at an affordable price, a three-year Primary Care Scholars Pathway, and a student-centered curriculum including Problem-Based Learning.

The Best Medical Colleges listing from US News & World Report ranks LECOM fifth in the nation for graduating primary care physicians. Using Problem-Based Learning, LECOM at Seton Hill provides an opportunity to train the primary care physicians needed for southwestern Pennsylvania.

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Westmoreland's ER expansion begins

Excelsa Health's long anticipated expansion of the Westmoreland Hospital Emergency Department is under way. The project, expected to take nine months, includes a 3,400-square-foot building addition, and renovation of another 3,700 square feet. When complete, the department will be equipped better to handle 60,000 visits annually.

Among the improvements, plans call for the addition of eight exam rooms for a total of 41 and the placement of a 16-slice CT scanner in the department to enhance diagnostic testing. The waiting and registration areas also will be enlarged.

Included in the project is a new 29-space patient parking lot.

The recent opening of an urgent care center at Excelsa Health's Jeannette campus is another opportunity to improve access to care. Individuals who may have utilized Westmoreland's emergency department for non-life threatening conditions now have another option less than four miles away. The timing of our emergency department expansion dovetails with the opening of QuikCare at Jeannette. **T**

New & Notable



Sure to bring smiles to small patients' faces, representatives from local Daisy Troop 40909 donated several stuffed animals to Memorial Medical Center's Pediatrics Department.

Pictured: Sharon Burkett, Troop Leader; Troop members Rachel Christner and Taylor Burkett; and Grace Emert, RN, Woman/Child Services, Memorial Medical Center

New device at Mon Valley allows for portable sleep studies

Sleep apnea, when the flow of air becomes obstructed during sleep, is a growing problem, according to Surinder K. Aneja, M.D., who heads the sleep lab at Monongahela Valley Hospital. He adds that 90 percent of those who suffer from it have never been diagnosed. Until now, treatment has often involved an overnight session at the hospital sleep lab, but a new, easier, lower-cost method that allows for in-home monitoring is being offered.

The sleep lab at MVH has been in existence for eight years. To determine just what is causing restless

sleep, a patient needs to spend the night in the lab, hooked up to electronic monitoring equipment, and with a respiratory therapist specially trained and certified in Polysomnographic Technology (the study of sleep disorders) there for the entire period.

Recently, the hospital added an in-home monitoring system. It not only makes it far easier for the patient, but the cost is about half of conducting the initial study in the hospital lab.

Dr. Aneja says the two portable units will help expand and speed treatment, but they are not a total

answer in themselves.

Following the sleep study, Dr. Aneja scores the results and makes recommendations to the patient's primary care physician. Recommendations may include weight loss, use of a Nasal Continuous Positive Airway Pressure (CPAP) device, medication, sleep pattern changes, dental appliances or surgery.

An individual's primary care physician or specialist must refer him or her to the Sleep Program at Monongahela Valley Hospital and an appointment will be scheduled for the polysomnogram. **T**

Katich new GM of VITAS Hospice

Mark Katich, of Cranberry Township, has been promoted to General Manager for VITAS Innovative Hospice Care® of Pittsburgh. Katich brings hospice, healthcare and marketing leadership experience to his new role.

Katich manages all aspects of VITAS' Pittsburgh program, overseeing program operations, developing business opportunities, hiring and mentoring new staff, and representing VITAS throughout the community. The program serves patients with life-limiting illnesses and their families in Western Pennsylvania.

Katich joined VITAS in 2007 as director of market development. During this time, he developed partnerships and contractual relationships with physicians, long-term care facilities and health plans to increase the awareness and availability of hospice services to patients and their families

in Western Pennsylvania.

Prior to joining VITAS, Katich served as regional sales manager for home infusion therapy provider Chartwell Pennsylvania, where he also served as senior district manager. He is a member of the board of directors of Every Child, Inc., which serves birth, foster and adoptive families and children with special needs from Allegheny County and surrounding counties in Southwestern Pennsylvania.

Katich received a bachelor's degree from Robert Morris University.

VITAS Innovative Hospice Care®, a pioneer and leader in the hospice movement since 1978, is one of the nation's largest providers of end-of-life care. Headquartered in Miami, Florida, VITAS (pronounced VEE-tahs) operates 45 hospice programs in 16 states. Visit www.vitas.com. **T**



BRMC has new digital mammography unit

Bradford Regional Medical Center has installed a new full-field digital mammography unit that provides the clearest diagnostic images available today in just a fourth of the time. The Senographe Essential from GE Healthcare is the newest mammography unit available, offering optimal image quality and increased first-time accuracy, multiple images of the breast with 20 percent less radiation exposure than from a conventional mammography unit.

Additionally, BRMC will provide stereotactic biopsies, a less-invasive procedure performed in the mammography suite. It involves a very small and precise incision that's done with the guidance of the new unit's digital images, which are larger and easier to interpret.

The unit's ergonomic design makes it more comfortable for women of any size to undergo testing.

For more information visit www.brmc.com. **T**

Indiana Regional, Cura Hospitality introduce local foods, personalized dining

Indiana Regional Medical Center, nationally ranked as one of the top "100 Best Companies to Work For" according to recent studies conducted by FORTUNE and Modern Healthcare magazines, has partnered with Cura Hospitality, a leading specialist in healthcare and acute care dining, to provide a fresh new approach to food services. Cura will focus on greater patient satisfaction, while delivering an exceptional, local dining experience for hospital guests and staff.

Cura offers healthier dining options by combining a farm-fresh approach to food preparation that supports local agriculture through FarmSource, a Cura program that features partnerships with over 100 farms, grower cooperatives and producers of

food throughout western Pennsylvania, while providing clinical expertise that speeds the healing process

Cura management will meet regularly with hospital clinical staff to design menus that will help speed the healing process for patients using food rather than supplements. Cura dietitians will assist in identifying nutritionally at-risk patients and recommend pro-active nutrition care plans to help keep them nourished.

Through personalized room service, patients will have their dining orders taken in person, with the assistance of a skilled dining assistant focusing on each patient's specific health and dietary needs as and preferences. **T**

State board approves Pitt-Johnstown Nursing

New & Notable

The Pennsylvania State Board of Nursing approved The University of Pittsburgh at Johnstown to begin offering a Bachelor of Science in Nursing (BSN). The campus will enroll its first cohort of nursing students this fall, with admission beginning immediately.

The new BSN degree will enable Pitt-Johnstown to meet the state's need for more healthcare workers while strengthening the healthcare workforce in the region.

The BSN degree will be accredited by the Commission on Collegiate Nursing Education (CCNE) through the University of Pittsburgh School of Nursing, ranked seventh overall in the 2008 US News & World Report's

rankings of America's Best Graduate Schools. Additionally, the School of Nursing ranks fifth, nationally, in receiving National Institute of Health research dollars. The program will build upon the School of Nursing's solid quality while offering the benefits of a smaller campus, and will include a unique capstone that focuses on rural health issues. The strong quality of the program is reflected in a 95 percent BSN Licensure (National Council Licensure Examination) pass rate.

The Pitt-Johnstown program will combine clinical practice with traditional nursing theory and values that emphasize holistic patient care. Students in the pro-

gram will develop a strong theoretical base of biological and behavioral sciences with a foundation in the liberal arts, providing them with the skills and experience necessary for careers in today's nursing profession. The new BSN will be administered through the Division of Nursing and Health Sciences, which is led by Chairperson Dr. Janet Grady.

Plans are underway to begin construction of 20,000 sq. ft. Nursing and Health Sciences Building to feature classrooms, state-of-the-art laboratories and offices. The project received \$4 million from Governor Edward G. Rendell as part of the Commonwealth's "Put Pennsylvania to Work" initiative. †

Kane McKeesport strives to keep residents at home

The John J. Kane Regional Center in McKeesport, UPMC McKeesport Hospital, UPMC Jefferson Regional Home Health and Family Home Health Services in collaboration with Medicare and Medicaid Services and Quality Insights of Pennsylvania are participating in the Care Transition Project.

The goal of the project is to improve the quality of care for Medicare beneficiaries by reducing re-hospitalization. Fourteen states are participating in Care Transition.

The McKeesport cluster has been working to increase communication by developing universal transfer forms that can be used from setting to setting, thus producing continuity of care. This was developed and has assisted all disciplines.

The Kane McKeesport Regional Center began a new step in April with Transition Coaching upon

discharge of a Medicare resident within 30 days of admission. Quality Insights believes this is the first skilled nursing home to adopt this concept. The original program was developed by Dr. Eric Coleman, MD, MPH, of the University of Colorado in Denver.

Peggy Wetzel, deputy director of Kane Regional Centers, feels that the skilled facilities may have a better opportunity to make a difference since they have developed a relationship with the resident and know their needs. The resident will be more comfortable having a member of the Kane's team come into their home and assist them with a transition that will empower them to take responsibility for their health, thus meeting their goal of staying home.

The principal goals of the Transition Coach is to improve care transition by providing resident with

tools and support that will promote knowledge and self-management of their transition as they leave the nursing home to return to their home.

The Kane Coach follows Dr. Coleman's four conceptual areas known as the "Pillars."

- *Medication Self-Management*
- *Use of a Patient-Centered Record*
- *Primary Care and Specialist Follow-up*
- *Knowledge of Red Flags* (signs and symptoms of Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Pneumonia, Diabetes, Acute Heart Attack and End-of-Life Renal Disease)

For more information contact Peggy Wetzel at 412-422-6077 or pwetzel@county.allegheny.pa.us, or the coaches Christina Schaefer and William Lalonde at 412-422-6023 or wlalonde@allegheny-county.us. †




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Mercy Parish Nurse, Health ministry feted for addressing unmet needs

The American Cancer Society, Pennsylvania Division and the Greater Pittsburgh Chapter of the Oncology Nursing Society recently recognized the Mercy Parish Nurse and Health Ministry Program, part of the Pittsburgh Mercy Health System, with a Mission Impact Silver Award for being an "advocate for services that address unmet needs."

The Mercy Parish Nurse and Health Ministry Program was established in 1991 by the Sisters of Mercy and Pittsburgh Mercy Health System. As an educational partner of the International Parish Nurse Resource Center, the Mercy Parish Nurse and Health Ministry Program assists churches in starting volunteer health ministry programs that will thrive and serve the congregation. As a regional resource center for parish nurses and health ministers, the program provides consultation, support and mentoring, ideas and materials for health ministry, information about community resources, and continuing education. In addition to sponsoring an annual symposium, the program also sponsors several Parish Nurse Basic Preparation Courses annually and conducts health ministry workshops.

The Mercy Parish Nurse and Health Ministry Program recently collaborated with the American Cancer Society and the Oncology Nursing Society to present an educational program titled "Breaking down Barriers to Early Detection of Breast Cancer." The event provided parish nurses with the latest information on the diagnosis and treatment of breast cancer, as well as with educational materials to encourage women in their parishes to receive yearly mammograms. **T**

New & Notable

TowerMetriX has new software for Healthcare Staff Performance Standards

TowerMetriX, Inc. recently announced its release of landmark software designed to instantly assist organizations with their management, communication and decision-making processes of their most valuable asset, their people.

For Healthcare organizations, TowerMetriX enables facilities to implement, measure and document compliance with the staff performance standards of the Joint Commission, Medicare and other accrediting bodies.

The TowerMetriX system includes: goals; licenses and certifications; education; reviews and dashboard. It integrates the latest in technology designed to offer convenience while saving organizations time and money, including:

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- automatic email alerts of up-coming dates, scheduled courses and expired staff licenses
- integrated document imaging enables digital attachments of licenses, certificates, letters of praise, photos and more.

Visit www.towermetrix.com. **T**

Charles Cole Memorial expands counseling services

Charles Cole Memorial Hospital is now offering counseling services in Coudersport and Port Allegany, in collaboration with Dickinson Mental Health Center, Inc.

Jennifer Morrison, licensed clinical social worker, will provide behavioral health services to children, adolescents, adults and families. She has extensive

experience in inpatient and outpatient behavioral health settings including the diagnosis and treatment of depression, anxiety, parenting and family issues, grief and loss, and attention deficit/hyperactivity disorders.

Morrison earned a bachelor's degree at the University of Pittsburgh at Bradford and a master's degree at Case Western Reserve University. Before joining Dick-

inson's staff, she worked as a care manager at UPMC's Community Care Behavioral Health, Port Psychological Services, and Charles Cole.

Medical providers may refer patients to office locations in Port Allegany or Coudersport by calling Coudersport Pediatrics at 814-274-9198 or Port Allegany Pediatrics at 814-642-7205. **T**

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PRIM&R, Pitt: "Building trust between minorities and researchers"

PRIM&R is working with the University of Pittsburgh on a research grant designed to overcome barriers to greater participation by African Americans, Hispanics and other minority populations in public health and medical research, including clinical trials. The \$3.96 million grant was awarded to the University's Graduate School of Public Health (GSPH) by the National Center on Minority Health and Health Disparities, a part of the National Institutes of Health (NIH).

The principal investigators on the project are Sandra Crouse Quinn, PhD, associate dean at the University of Pittsburgh for student affairs and education and associate professor, and Stephen B. Thomas, PhD, associate dean for diversity and professor. Co-investigators come from Pitt's GSPH, School of Medicine, and Center for Bioethics and Health Law.

The representation of racial and ethnic minority populations in public health and biomedical research still lags behind that of whites, and has been identified by the NIH as a serious problem. Over the past 15 years, Drs. Thomas and Quinn have documented multiple factors that influence the participation of minorities, including lack of access to research, lack of knowledge about the research process, and distrust of researchers.

Using qualitative and quantitative methods, the investigators will examine the attitudes, knowledge, and behaviors of researchers; identify best practices in community engagement; determine the level of knowledge about research, informed consent, and willingness to participate in research among a national random sample of minorities; develop, pilot test, and revise a curriculum, "Building Trust," for minority communities; and develop and implement multiple trainings aimed at enhancing the capacity of researchers and IRB members to support recruitment and engagement with minority communities.

The primary goal of the project is to produce effective tools and a national infrastructure of educational initiatives to determine the extent to which they contribute to the increase in minority participation in NIH-sponsored research. PRIM&R is proud to participate in this effort.

As a major sub-awardee to the grant, PRIM&R will be involved in the development and coordination of various educational programs over a two-year period that began in November 2009, including a series of three webinars to be presented in July 2010, January 2011 and May 2011. In addition, PRIM&R will help the university publicize, distribute and track a survey for IRB professionals about minority recruitment. **T**

Foundation Radiology appoints Skelton CEO

Foundation Radiology Group (FRG), a premier provider of high-quality diagnostic imaging services, headquartered in Pittsburgh, recently appointed **Tom Skelton** as Chief Executive Officer.

Skelton brings over 25 years of experience within the healthcare industry to his new role as CEO of FRG. Most recently, he served as president of Technology Services at MED3000, a Pittsburgh-based provider of healthcare management and technology services. Prior to his work with MED3000, Skelton was founder and CEO of Confluence Medical Systems, a consulting firm created to help accelerate

the effective use of information technology in healthcare. For seven years Skelton served as CEO of Misys Healthcare Systems, a global, \$560m+ organization providing technology services to physicians, hospitals, and home healthcare agencies. He served as senior vice president of Operations for Elcomp Systems, a Pittsburgh-based startup.

A Pittsburgh native, Skelton graduated from Robert Morris University, earning a degree in Business Administration, with a focus on Computer Information Systems. For more information on FRG, visit www.frg-rad.com. **T**

Atoona nurse educator appointed to state nurses association

Helen Seidel, R.N., MSN, a nurse educator in the Education department at Altoona Regional Health System, has been appointed to serve on the Continuing Education Reviewer Unit of the Pennsylvania State Nurses Association.

This is a voluntary position and a two-year appointment that was approved by the association's president and board of directors. As a member of the reviewer unit, Seidel will review submissions of educational presentations for continuing education credits. Seidel lives in Altoona, which is part of District 5 of the Pennsylvania Nurses Association. **T**

Healthcare Professionals in the News

Local nurse receives 2010 Ruby Jones Hero Award

The Hospice and Palliative Nurses Association (HPNA) named **Natalie Casey**, RN, of Pittsburgh, the 2010 recipient of the Ruby Jones Nursing Hero Award. The award distinguishes a nursing colleague who has gone well beyond the "usual and expected" requirements with patients and/or those who care for patients through some other humanitarian nursing response.

Casey worked for 61 years as an RN, including the last 42 at UPMC Passavant. Until suffering from cardiac arrest in February, Casey, 83, worked a six-hour shift, five days a week, sitting with patients and helping them with their needs, and conversing, which she believes is a critical part of nursing.

After graduating Allegheny High School 1945, Casey joined the Cadet Nurse Corps, part of the homeland World War II effort. She trained and became an RN at St. John's Hospital in Pittsburgh, and worked at Bellevue Suburban, St. Clair and UPMC Passavant hospitals.

With decades of nursing experience and personal attentiveness to her patients, Casey has found that the greatest medicine doesn't come from a pill or a bottle. "I found out that if I took a genuine interest in my patients, it took their minds off what they were in the hospital for," she says. "Nursing isn't just delivering medicine and changing bandages. If you listen to somebody, it's surprising how much their outlook can change." **T**

HealthSouth director is Urban Empowerment Awardee



Dr. Shelana Gibbs-McElvy, medical director at HealthSouth of Sewickly, recently was named one of five 2010 Urban Empowerment Awardees by the Urban League Young Professional of Greater Pittsburgh. Gibbs-McElvy was chosen for her superior commitment to the region in the area of Health and Quality of Life.

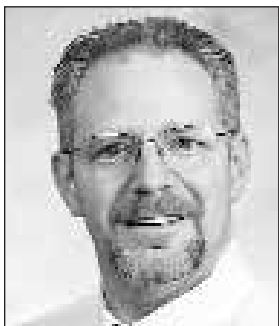
Gibbs-McElvy has dedicated her life to community service. She has led a group of girls, "Girls Achieving Tomorrow Today (GATT)", which is a summer reading group to expose African-American girls to reading, culture and vocabulary, gives "Doctor in the House" presentations at churches on health issues, and is a Stroke Ambassador through the Ameri-

can Stroke Association. She also visits local community centers educating mainly the elderly on their patient's bill of rights.

A native of Beaver Falls, she completed a BS/MD program through Kent State University for her undergraduate degree and Northeastern Ohio Universities College of Medicine for her Medical Doctorate. She completed her residency in Physical Medicine and Rehabilitation at St. Francis Medical Center in Pittsburgh, where during her last year she served as chief resident. She is on staff at UPMC-Mercy, UPMC-St. Margaret, St. Clair, West Penn, Mon Valley, and Washington hospitals, Medical Center of Beaver, and multiple nursing homes in Allegheny, Beaver, and Washington counties.

She lives in the Pittsburgh area with her husband, Jason, and her 10-year-old twins, Jayana and Joshua. **TT**

Radiologist joins Charles Cole



Paul Shaderowsky, MD, a radiologist with the Foundation Radiology Group, recently joined the medical staff at Charles Cole Memorial Hospital as the hospital's full time, permanent radiologist.

He earned a medical degree at UMD – New Jersey Medical School and a residency at Monmouth Medical Center. He previously served as a radiologist at CCMH, Marian Community Hospital and Endless Mountains Health System. He is also a certified clinical densitometrist and a member of the American College of Radiology, Radiologic Society of North America, Society of Clinical Densitometry and Southern

Medical Society.

Foundation Radiology Group became the hospital's exclusive provider of radiological services in 2008. Based in Pittsburgh, they provide service to CCMH 24/7, 365 days per year. For more information, visit www.frg-rad.com. **T**

Knauff to lead Southwestern Nursing Center

The Southwestern Group, Ltd. in Pleasant Hills welcomes **Angela Vernacchio-Knauff** RN, NHA as administrator for the Southwestern Skilled Nursing Center.

Knauff brings a wealth of experience to the Southwestern family, with over 16 years in long-term care. Throughout her career, she has accumulated extensive knowledge in practical care giving and rehabilitation. A South Hills native, Ms. Knauff is a member of the National Association of Directors of Nursing, and actively participates in political action committees with the specific goal of preserving and improving quality of life for residents of long term care facilities. Ms. Knauff received her nursing education from the Mercy Hospital School of Nursing. **T**



WPAHS surgeon honored for work with kidney patients

West Penn Allegheny Health System vascular surgeon **Dean Healy**, MD, has been selected by the National Kidney Foundation as a 2010 "Gift of Life" awardee, presented to individuals who epitomize the profound commitment that is essential to providing the greatest quality of life for chronic kidney disease patients and their families.

Healy is chief of the Division of Vascular Surgery at The Western Pennsylvania Hospital, attending surgeon at Allegheny General Hospital's Division of Vascular Surgery and associate professor, Drexel University College of Medicine. He is a fellow of the American College of Surgeons and the Society for Vascular Surgery. He has authored numerous book chapters and journal

publications, and lectured widely on vascular disease. Healy is a graduate of Whittier College and Vanderbilt University School of Medicine. He completed a residency in general surgery at Vanderbilt University Affiliated Hospitals, a research fellowship at Nashville Veterans Administration and a clinical fellowship in vascular surgery at the University of Washington. **T**

VA honors two outstanding physicians



Dr. Alaa Shalaby

VA Pittsburgh Healthcare System (VAPHS) has named two physicians — **Dr. Alaa Shalaby**, a cardiologist, and **Dr. Mohan Ramkumar**, a nephrologist — outstanding physicians of the year, in part for their steadfast dedication to excellence in patient care and for their outstanding contributions to education, performance improvement and innovations in health care.

Dr. Shalaby, VAPHS's director of cardiac electrophysiology services, has played a central role in improving the healthcare system's cardiac catheterization

lab, and he recently performed its first biventricular defibrillator implant. The cardiologist also helped develop Pennsylvania's Hansen Sensei Robotic Atrial Fibrillation Ablation Program, and he has earned a spot in medicine's history books by completing the state's first-ever Hansen Sensei Robotic atrial fibrillation ablation.

Fellow honoree Dr. Ramkumar, director of the VAPHS kidney transplant program, is an equally distinguished clinical leader and innovator. The nephrologist has played a critical role in enhancing procedures and protocols for the health care system's kidney transplant program. Dr. Ramkumar engages in all aspects of transplant care at VAPHS, and he dedicates significant time to explaining all phases of the transplant process to Veteran patients and their family members. †



Dr. Mohan Ramkumar

Healthcare Professionals in the News

UPMC Shadyside earns national recognition for nursing excellence

UPMC Shadyside has earned Magnet designation for excellence in nursing by the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®. Only six percent of hospitals nationwide have been granted Magnet status, one of the highest achievements an organization can obtain in professional nursing. UPMC St. Margaret achieved Magnet status in 2009.

Magnet candidates must undergo a rigorous and lengthy application and evaluation process that includes extensive interviews and review of all aspects of nursing services. To earn Magnet status, hospitals must clearly demonstrate a commitment to excellence on all levels of nursing practice and adhere to national standards for organization and delivery of nursing services. Magnet hospitals are recognized for building and supporting a continuous culture of transformational leadership, structural empowerment, exemplary evidence-based practice, advanced training, new knowledge application and innovations with measurable outcomes proving quality patient care. The designation is valid for four years, during which time the ANCC monitors the hospital to ensure that high patient care standards remain intact. The ANCC is the largest and most prominent nursing credentialing organization in the United States. †

Lin joins Altoona Regional staff



Daniel Y. Lin

Daniel Y. Lin, M.D., Ph.D., has joined the Altoona Regional Health System Medical Staff. He practices with Lexington Hospitalists, Inc. at Altoona Regional Health System, Altoona Hospital Campus.

Dr. Lin received his medical degree from Fujian Medical College, China, and did his internship at Martin Luther King Jr. Medical Center in Los Angeles. He did his residency training at Altoona Family Physicians Family Medicine Residency Program at Altoona Regional and in Fujian Provincial Hospital, China.

Dr. Lin earned his Ph.D. in biochemistry from Oulu University, Finland, in 2001. He had post-doctoral fellowship training in nephrology at Beth Israel Deaconess Medical Center and Massachusetts General Hospital, Harvard Medical School, Boston, from 2002-06. He is board-eligible in Family Medicine. †

Maroon named to National Fitness Hall of Fame

Joseph C. Maroon, MD, a renowned UPMC neurosurgeon, recently was inducted into the National Fitness Hall of Fame. The National Fitness Hall of Fame and Museum was founded in Chicago in 2005 to honor those who have made exceptional contributions to physical fitness and sports medicine in the United States. Previous honorees include Dr. Kenneth Cooper, founder of the aerobics movement; Gov. Arnold Schwarzenegger; Jack LaLane, physical fitness pioneer; Bill Pearl, former Mr. Universe, Jane Fonda, actress and fitness promoter, and many more.

Maroon is the longtime team neurosurgeon for the Pittsburgh Steelers and is recognized as a nationally leading expert in the diagnosis and treatment of sports-related head and spine injuries. In the early 1990s he co-developed the first, most widely used and most scientifically validated computerized concussion evaluation system, which has become a world-wide standard tool used in comprehensive clinical management of sports-related concussions for athletes of all ages.

A lifelong athlete and fitness enthusiast, Dr. Maroon has completed more than 70 triathlons, six of which were Ironman distances (2.4 mile swim, 112 mile bike and 26.2 mile run). He last completed the Hawaiian Ironman in 2008 in Kona, Hawaii, and has qualified again for the 2010 Hawaiian Ironman.

Dr. Maroon is professor of neurosurgery and vice chairman of the Department of Neurosurgery at the University of Pittsburgh School of Medicine. He also maintains a neurosurgical practice at UPMC Presbyterian and UPMC Passavant hospitals. †

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University of Pittsburgh
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PARO – Therapeutic Robots come to the U.S.

By Kathleen Ganster

The small animal wiggled and made noises as it was stroked. An elderly resident at Vincentian Home held the animal in her lap, petting its head as she said, "I love you. You are such a good girl." The animal purred again.



Sr. Karen Kilerecki, CSFN, pastoral care associate at Vincentian Home and Theresa Webber, resident, enjoy interacting with PARO.

The site of a pet therapy? No, it was the start of a new study using therapeutic robots called PAROs. The "small animal" is actually one of these robots, fashioned to look like a baby harp seal.

Vincentian Collaborative System recently purchased eight PARO robots to be used within the four long-term care facilities in the system. Funded by a \$48,000 grant – the robots are \$6,000 each, according to Akiteru Tsuji, president of PARO Robots U.S., Inc. – the robots will be used in a six-month study to measure their impact on residents' mood and behavior. Vincentian has had a test PARO on loan from the company since April of last year.

The PAROs have five sensors: tactile, light, audio, temperature and posture so that they can measure their environment. When touched, it knows from the tactile sensor. The audio sensor allows it to recognize the direction of voice and it can even learn to recognize a certain name and type of behavior. According to Tsuji, the robots are handcrafted in Japan. "Each face is trimmed by hand to make sure they each have their own unique look." The animals are made from antibiotic fur, which is easily cleaned. The robots run on a rechargeable battery, which needs to be changed once a year.

Why baby seals? "We wanted an animal that people are unfamiliar with so they don't have any preconceived ideas," said Tsuji. The robots have been used by the Japanese and Europeans since 2003, but Vincentian's purchase is the largest single purchase in the U.S. Other U.S. facilities have PAROs on loan and some have made single purchases.

The study will be conducted through regular quarterly assessments of the patients during a six-month period according to Louanne Plank, Quality Risk Director. "We want to see how the residents interact with them." The study will measure five symptoms: depression, weight loss, communication, anxiety and mood and behavior. The study will focus on, but not be limited to, patients with dementia and Alzheimer's.

According to Tsuji, clinical studies completed in other countries have shown that PARO had reduced symptoms such as depression, agitation, depression and anxiety. Studies have also shown patients using PARO have often shown improved communications skills. "There are currently 100 in use in Denmark. They have just kicked off a project and will purchase 1,000. They hope to have one in every elderly care institution by 2011." PARO has been approved as a medical device by the FDA, according to Tsuji.

Marleen Dean, activity director at Vincentian, admitted to being a skeptic when the idea of hosting PARO was introduced. "I never would have believed that it would work. I thought it was just a computerized toy, but I wouldn't be lying if I called it a miracle," she said. Dean said that when they began using PARO, there were real differences in patients' behavior. "When some of our residents are agitated or out-of-sorts, we use him and he centers them. They are comforted and become more alert and can communicate better."

Like Dean, the staff and residents refer to the test PARO as a "him" and have named it "PARO." Now that they have three more robots, they will have to come up with more names. "We call one Lilly already so I guess it is a she," said Dean.

Vincentian resident Theresa Webber held one of the PARO robots on her lap. "I think he is really cute," she said as she stroked his head and talked to him. "You are pretty, aren't you? I love you."

Tsuji said that PAROs have also been used in settings and studies with autistic children and many families in Japan also have PAROs as substitutes for family pets.

For more information on PARO visit www.parorobots.com. †

Excelsa Health nurses extend their expertise to help patients internationally

By Amanda Dabbs

Like most nurses, Connie Moore and Marcee Radakovich love to share medical expertise and help patients, but for them, the desire extends internationally. Moore, RN, MSN, a surgical nurse manager for Excelsa Health's Latrobe Hospital, just returned from a rescue mission trip to Haiti, where she provided medical care to 53 orphans as they traveled to the United States. Moore has also ventured to Jamaica and Cambodia to help patients in need.

Radakovich, RN, BSN, MS, director of nursing at Excelsa Health's Westmoreland Hospital and a doctoral student at Carlow University, recently served as a medical consultant in Botswana, helping to facilitate the opening of Bokamoso Private Hospital, a not-for-profit organization whose goal is to "bring a future of good health to thousands of people in the southern Africa region." Prior to Botswana, Radakovich served as clinical administrator of the University of Pittsburgh Medical Center Health System's Overseas Division in which she implemented and managed the day-to-day operations of the Instituto Mediterraneo, a 20-bed multi-organ transplant hospital facility in Palermo, Italy.

Both nurses thrive on a challenge and view their international nursing work as an opportunity to give back to their profession. "I feel I have a gift that I have been blessed with that I can share with others who are less fortunate," says Moore, who faced her biggest challenge in Cambodia, one of the poorest countries in Southeast Asia. There she often struggled with the feeling of not being able to do enough. "At the end of clinic days, the lines were just as long as when you started. You begin early in the day and go until sundown and you still cannot possibly treat everyone that comes," she says. Nevertheless, her hope was restored each day when she saw gratitude in the eyes of those she helped.

Radakovich's interests in cultural competence and the delivery of health care in different parts of the world inspired her to pursue nursing on an international level. "I've discovered that cultures, values, beliefs and traditions all influence the delivery of patient care. That's why it is always important to be respectful and aware of these influences when treating patients and working with staff," she explains.

Without hesitation, both Moore and Radakovich say that their choice to enter

nursing was something they were always meant to do. "I can honestly say that I never thought of being anything but a nurse," says Moore. It's something Radakovich has dreamed of doing since she was a little girl. "Nursing is all about relationships and I've always enjoyed interacting with people and caring for them."



Connie Moore, surgical nurse manager for Latrobe Hospital (pictured standing in blue scrubs), is working in a "makeshift" pharmacy in Cambodia.

Following in her mother's footsteps, Moore's daughter Jennifer, a nurse in the Critical Care Unit at Allegheny General Hospital and a graduate nursing student at Carlow University, has become involved with international medical mission work. She joined her mother on trips to Cambodia and Haiti and also took a short-term trip to Brazil where she floated down the Amazon River on a hospital boat, stopping at villages to provide health care to people in need. "It is so rewarding to see my daughter carry on a passion for mission work and love for nursing," says Moore. Both Excelsa Health nurses continue to serve the international medical community in various capacities. Radakovich provides guidance to the colleagues she met in Botswana and Italy while Moore has another medical mission trip planned for Haiti in January 2011.

For healthcare professionals who are interested in international medical work, Radakovich and Moore recommend contacting local volunteer organizations, churches and nursing honor societies such as Sigma Theta Tau (www.nursingsociety.org).

"There are many churches and organizations in this region that do medical mission trips each year," says Moore. "These opportunities are not always overseas but can be right here in the United States." †

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Hospice nurses have expertise, compassion – and wings

By Rafael J. Sciuolo

How often have we heard that one individual can make a difference? It's something we witness on so many levels, day after day. That couldn't be truer about nurses.

Hospice utilizes a team approach to care that includes doctors, nurses, social workers, home health aides, spiritual care specialists, physical therapists and volunteers. Each discipline plays a vital role in patient and family care. Each helps ensure that patients are treated with dignity, made comfortable and have every opportunity to make the most of life.

At Family Hospice and Palliative Care, we feel we are blessed to have the best in the business, on all levels. Our staff's approach to patient and family is dedicated to providing quality, compassionate care that enhances lives.

Last month, I noted some of the extraordinary measures taken by our nurses during the big snow storm. With special attention being paid (deservedly so) to nurses this month, we salute our hospice nurses, who make a difference on a daily basis.

To pay proper tribute, I am presenting this column with the help of patient family members and caregivers who have so kindly corresponded with us about the care they received from Family Hospice nurses.

"Thank you to our hospice nurses. While one was calling the doctor, the other was attending to my sister-in-law. I will always remember the nurse holding my sister-in-law's hand and talking to her. You make me proud to be a nurse."

- Sister-in-law of patient

"I appreciate everything your nurses did for my husband. I don't think I'll ever forget a single one of you. Thank all of your angels for taking care of my husband."

- Wife of patient

"Steve and Debbie were the attending nurses. Both have been wonderful and never hesitated to make an additional visit or change, if the need arose."

- Son of patient

Although some of the actions taken by our nurses may seem simple, or rou-

Making the Most of Life

tine, it never ceases to amaze what a profound difference they make in the lives of patients' families.

"Our home hospice nurse was always helpful. No question was ever unanswered. She provided comfort to everyone while she was on-duty."

- Wife of patient

"The Family Hospice nurse was better with my sister than I was, they bonded immediately!"

- Sister of patient

"Our nurse was a godsend. He was excellent – he listened, he explained, he cared! How I needed that reassurance that I was doing all I could for Mom. He explained what to expect. I don't know what I would have done without his help."

- Daughter of patient



While admiring their work, we also present opportunities for our nurses (and other disciplines) to seek professional growth. Recently, Family Hospice presented a pastoral care conference titled "Spiritual Care at the End of Life: Beyond Bedside Prayers." The presentation offered continuing education credits for RNs and social workers, educating them on the full spectrum of spiritual care and how to develop a collaborative approach among disciplines.

Whether performing their daily tasks, or advancing their education, nurses are, as one letter writer appropriately said, "angels."

To make a difference in someone's life is a privilege. Our nurses remind us that, despite this age of fast technology and virtual realities, old-fashioned care makes a difference every day – and is still what matters most. †

Rafael J. Sciuolo, MA, LCSW, MS, is president and CEO of Family Hospice and Palliative Care and past chair, National Hospice and Palliative Care Organization. He may be reached at rsciuolo@familyhospice.com or 412-572-8800. Family Hospice and Palliative Care serves 11 counties in Western Pennsylvania.

Obama Administration changes tactics on immigration crackdowns

By Joel Pfeffer



The Department of Homeland Security has changed what it is doing to stem the tide of illegal workers in America. The Bush administration favored workplace raids and arrest and deportation of illegal workers. The Obama administration intends to reduce the rate of illegal immigration by forcing employers to more carefully screen new employees' I-9 documents and dismiss unauthorized workers.

The U.S. Immigration and Customs Enforcement (ICE) is authorized to review Employment Eligibility Verification Form I-9, a document designed to confirm that each new employee is authorized to work in the United States. In the course of completing the I-9, employers must examine identity and employment authorization documents, such as a U.S. passport or a permanent resident card. The employer must keep the I-9 on file for three years after the employee starts or, if the employee leaves before the three years is up, an additional year after employment ends. Failure by the employer to complete I-9 forms and have them on file can lead to penalties and possible criminal investigation.

Hospital administrators should take note of changes in I-9 reviews, especially if, like many health care facilities, theirs is hiring large numbers of international physicians and other healthcare professionals.

In a single week in July 2009, ICE announced that it had informed 652 employers that it was conducting an audit of their I-9 forms, more I-9 audits than ICE did in all of 2008.

In August, the Department of Homeland Security published proposed rules

that would hold an employer liable for "knowingly" hiring an unauthorized alien through constructive knowledge, including for example, failing to fill out an I-9 or assisting the worker in obtaining legal status in the United States.

Another enforcement tool to confirm that workers are eligible to work in the U.S. is the Social Security Administration (SSA) "no match" letter. Employers are required to report the earnings of each worker to the SSA. When the combination of employee name and social security number on an earning report does not match SSA records, the SSA sends a letter that informs the employer of the mismatch. These letters can also be the basis for an ICE investigation of the employer.

Another effort to control illegal documentation includes a Department of Homeland Security mandate that all government contractors employ E-Verify, an automated Internet-based system for employers to run employment authorization checks against Department of Homeland Security and Social Security System databases. As a participant in E-Verify, employers are required to verify all newly hired employees, both U.S. citizens and non-citizens using E-verify.

The Department of Homeland Security wants to change the practices of American employers with improved verification, enforcement of civil penalties and community outreach. In light of these efforts, human resource managers at hospitals and other businesses must be fully knowledgeable of employer responsibilities for identity document review, verification and recordkeeping to protect the legal interests of their companies. †

Joel Pfeffer, partner at Meyer, Unkovic & Scott LLP, can be reached at jp@mus-law.com or 412-456-2877.

Wetzel County has expanded ER

Wetzel County Hospital New Martinsville, WV recently expanded its Emergency Department from 1,750 square feet to 6,300 square feet. It has its own entrance and large waiting area; reception desk; trauma room; cardiac room; gynecology room; orthopedic/suture room; isolation room; decontamination room; three triage rooms; four treatment rooms; physician office; medication room; clean and soiled utility rooms; private patient bathrooms; and coffee bar.



Other features include a decontamination area; public and staff bathrooms, staff break room, a family room for counseling or bereavement; large nursing station; upgraded ambulance bay and an office for hospital security staff that is located to control after-hours access to the hospital.

The hospital's mobile M.R.I. trailer area has also been relocated and now includes the areas first enhanced open M.R.I. service. Final improvements to the hospital's helipad area, as well as in the construction of a helicopter hanger and crew quarters are being made to accommodate the areas first hospital based 24-hour per day emergency helicopter service, a joint venture with Air Evac Lifeteam.

The West Virginia Department of Health and Human Services recently re-designated Wetzel County Hospital as a Level IV Trauma Center. Wetzel County Hospital is the only trauma-designated facility in Wetzel County and one of only 13 hospitals in West Virginia to receive a full three-year designation. To earn the designation, the hospital must have the necessary equipment and resources for trauma cases. Hospital staff must constantly review trauma cases, which enables staff to provide care based on the best practices of trauma centers across the country.

Also, the hospital must staff radiology, lab, surgery and other departments to immediately treat trauma patients. Doctors and nurses must pass advanced trauma classes to provide patients with the latest procedures. All Emergency Department nursing staff at Wetzel County Hospital are credentialed in Advanced Cardiac Life Support (ACLS); Pediatric Advanced Life Support (PALS); Neonatal Advanced Life Support (NRP); and advanced Trauma Nurse Core Course (TNCC).

Partial funding for the emergency department project came through a Grant from the United States Department of Health and Human Resources, Health Resources and Services Administration, in the amount of \$853,062 secured with the assistance of United States Senator Robert C. Byrd. The balance of the funding came from the refinancing of Wetzel County Hospital's long-term bonds by Wesbanco Bank along with the cooperation and assistance of the Wetzel County Commission and Wetzel County Building Commission.

The project was designed by Kreps and Zachwieja Architects from Charleston West Virginia. R.C. Construction of Charleston, West Virginia is the general contractor.

For more information, visit www.wetzelcountyhospital.com. ↑



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2010 Healthcare Facilities Symposium & Expo brings together entire design team

In today's changing healthcare industry, facilities will have more of an impact on the delivery of healthcare. The Healthcare Facilities Symposium & Expo is where all design team members, whether involved in a renovation or new build, come together to learn, network and discover new products. The 23rd annual Healthcare Facilities Symposium & Expo returns to Chicago September 14-16. HFSE is the original event that brings together the entire team who designs, plans, constructs and manages healthcare facilities. HFSE focuses on how the physical space directly impacts staff, patients and families and the delivery of healthcare. Ideas, practices, products and solutions will be exchanged, explored and discovered to improve current healthcare facilities and plan the facilities of tomorrow.

Participants can attend more than 70 educational sessions on a myriad of topics presented by leading architects, planners, contractors, engineers, designers, healthcare administrators and facility managers. More than 200 companies will display their latest products and services on the tradeshow floor.

The 2010 Symposium Speaker Roster is made up of the upper echelon of thought leaders, trend setters and industry authorities. More than 70 percent of this year's sessions include a speaker from a hospital or healthcare center discussing their projects, lessons they've learned and the impact space has had on their facilities.

Attendees can stop by the Learning Lounge for brief informational presentations throughout the day, attend book signings, chat with a speaker in the Ask the Speaker Booth, and see what happens when great minds and industry leaders work together at The Care Studio Project™ and conference exhibit created by the LongWave Group™.

The Care Studio Project™ and conference exhibit created by the LongWave Group™ will provide an interactive experience where the industry's thoughtful questions are vital inputs to the process of innovating towards the ideal future state, characterized by dramatic improvements. Together, participants will discover and identify synergies that will inspire business and help deliver the best solutions to key problems faced in healthcare.

The closing session will be a followup to last year's highly regarded *Project Restart? When to Say When in the New Economic Marketplace*. This panel discussion will focus on the delay of projects as a result of the market downturn. Just as many hospitals and health systems put projects on hold during a tumultuous economic marketplace in 2008-2009, some of these same projects are back online as the capital market starts to flow and investment portfolios start to recover. The session will explore several key factors and a returning panel of diverse industry experts will weigh in on their experiences and knowledge of the marketplace and the capacity for project a restart.

While spending just three days at the event, attendees can earn more than 17.5 continuing education credits from the American Institute of Architects (AIA), International Facility Management Association (IFMA) and IDCEC. Attendees can earn all 8 (or more) of your Health, Safety and Welfare AIA (HSW) credits for the year at HFSE.

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WPAH's Olivia feted by Modern Healthcare magazine

West Penn Allegheny Health System President and Chief Executive Officer Christopher T. Olivia, MD, has been recognized as one of the nation's 50 most powerful physician executives by *Modern Healthcare* (www.modernhealthcare.com) and *Modern Physician* magazines.

More than 11,000 physicians were nominated for this elite recognition and nearly 70,000 votes were cast to determine the sixth annual ranking of the 50 top physician executives.

Olivia joined WPAHS in 2008 and has made remarkable progress in turning around the Pittsburgh-based six hospital healthcare system. In March, West Penn Allegheny reported its third straight quarter with a net profit and its fiscal year performance is close to a \$90 million improvement since Olivia's arrival.

The system's positive financial trajectory has coincided with a bold strategic plan that includes hospital reorganizations, service integration and recruitment of top administrative and medical staff leaders.

Prior to joining WPAHS, Olivia served as president and CEO of Cooper Health System, southern New Jersey's only academic tertiary medical center. At Cooper, he helped turn an organization that was close bankruptcy into one of the state's leading and most successful healthcare providers.

Under his administration, Cooper's revenue more than doubled and patient volume increased by more than 60 percent. He also led the Cooper University Hospital to the number one ranking in market share for hospitals in southern New Jersey.

Olivia earned his undergraduate degree at the Pennsylvania State University and his medical degree with honors and academic distinction from Hahnemann Medical School. He served an internship at Columbia University's Morristown Memorial Hospital Program where he was Intern of the Year. He completed ophthalmology residency at the University of Buffalo, State University of New York, and also earned an MBA from the Wharton School at the University of Pennsylvania.

Olivia serves on the board of directors of several prominent organizations, including the Hospital & Health System Association of Pennsylvania, the Allegheny Conference on Community Development and the downtown-based Foundation Radiology Group. †

Mon Valley senior VP of nursing named Athena finalist

Mary Lou Murt, RN, senior vice president of nursing at Monongahela Valley Hospital, is one of five finalists for the 2010 Washington County Athena Award, given annually to an individual who has achieved a high level of professional excellence, assisted women to develop their full potential and whose body of work as made a significant impact on Washington County.



Murt joined Monongahela Valley in 1970 and has served as staff nurse in ICU, in-service instructor, assistant director of nursing education, assistant director of nursing and, since 1995, as assistant vice president of nursing, the position she held prior to her recent promotion to senior vice president of nursing.

Now living in Belle Vernon with her husband, Thomas, Murt grew up in Monessen, where she recalls receiving strong encouragement to pursue her dreams from her parents, John and Evelyn Malinchak. "When I was very young, I saw the respect nurses in my community received from the community," she said. "I knew I wanted to be like them because I've always liked people and thought nothing could be better than helping individuals improve their health."

A graduate of the Lillian S. Kaufmann School of Nursing at Montifiore Hospital in Pittsburgh, Murt also holds a Bachelor of Science degree in nursing from California University of Pennsylvania.

Murt has been a leader of and participant in numerous education programs for the public and hospital staff, support groups, wellness screenings, and education and health care activities for students in area school districts. She has worked with Hospital Council of Western Pennsylvania and with state agencies to coordinate and present conferences for young people pursuing information about careers in healthcare.

Murt has been actively involved with many professional and community organizations including, but not limited to, the American Cancer Society and the American Heart Association. She serves on the Board of Directors of the Washington County Unit of the American Cancer Society, the Western Pennsylvania Chapter of the American Heart Association and the Washington County Emergency Medical Services Council.

Reflecting on her nomination for a leadership award, Murt credits Monongahela Valley Hospital and the environment nurtured there by MVH president and CEO Louis J. Panza, Jr. who, Murt said, "encourages others to think independently and creatively." †

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"Toddler" healthcare companies may wobble, but lead way to economic growth

By Ann Dugan



If the ancient prophet Isaiah were talking about the American economy, instead of saying "a child shall lead them," he would have said, "Toddler companies shall lead them."

A toddler is a child around one year of age who is learning to walk. A toddler company is a business that is beyond a startup, but still relatively young. The toddler business, typically small or mid-sized, has survived the first three years (during which a third of all start-ups fail), and has usually managed to establish a small toehold in its marketplace or to develop a proprietary product.

There are many toddler companies in the Western Pennsylvania healthcare sector, including new physicians' practices, health insurance brokerages, medical technology developers and medical suppliers. The region is also home to many young businesses still growing and working to find their niche that could potentially reach out to the healthcare industry and provide innovative products and services. Evergreen Cooperative, a LEED-certified "green" laundry service that reduces energy and water consumption while eliminating toxins and hazardous wastes, exemplifies the ability of companies to connect with businesses outside of their sector.

One more thing about toddler companies: A recent study by the Kauffman Foundation revealed that businesses aged one to five years add two-thirds of all the net new jobs to the economy. In other words, toddler companies are the main engines of job growth.

Yet by the fifth year, the chances are only 50-50 that a business will still be around, and these numbers have stayed the same for decades. It seems almost paradoxical that the very segment of the economy—businesses from one to five years of age—that create the most net jobs should also be the sector that sees the most business failures.

Entrepreneurs in the health care industry face especially tough odds against launching a lasting business in the current economy. In addition to the challenges of a deep recession, the costs of medical care and services have risen to crippling heights and the entire health care system is in the process of reform.

The question is, then, why do some toddler businesses fail while others become job-creation machines? It's a question I have pondered for more than 25 years as a consultant to entrepreneurs, the last 15 as the founder of Pitt's Institute for Entrepreneurial Excellence.

My own observations have led me to believe that the entrepreneurs and business owners whose companies continue to grow share three characteristics that are missing in the entrepreneurs and companies that either stagnate or wither.

For one thing, entrepreneurs who get to the next level are great at playing poker. They recognize and play their cards well. Those cards consist of the marketplace they are serving, the cost structure where they operate, transportation to markets and the availability and cost of labor. But beyond these business concerns are the "opportunity cards" that change always seems to extend to the visionary business leader. For example, several Institute member companies are taking advantage of the opportunity that the current search for natural gas in the Marcellus Shale presents by selling products and services to the companies doing the drilling.

Another characteristic shared by most of the entrepreneurs who keep growing and therefore adding jobs is that none have a problem creating independence in the governance of the company. All fill their board of directors not just with family and friends, but also with other business leaders and community leaders who can bring both a special expertise and an independence of thought to conversations about important company decisions.

The third and final characteristic I see in the entrepreneurs whose toddler companies grow into something much bigger is that they have access to and take advantage of business networks that provide both business and business leads. Western Pennsylvania entrepreneurs have always had a leg up on other regions because of our many business associations, each filling a different business niche; our great research universities; the spirit of community involvement that sees extraordinary participation by businesses on the boards of civic and charitable organizations; and the fact that we serve as a regional hub for high-level professional service firms with extensive networks of clients and contacts.

Just as a toddler reaches out when learning to walk, all three of these characteristics represent a reaching out: to other people, to other ideas, and to the community. It seems that entrepreneurs who reach the next level have an extraordinary ability to transcend the initial vision that impelled them to start their business and learn from other people and from the business environment. As much as we can help small businesses grow with tax incentives and government aid, whether a toddler business stays in the crawl phase or develops its job creating legs depends for the most part on the entrepreneur leading the business. †

Ann Dugan, founder and chief executive officer of the Institute for Entrepreneurial Excellence can be reached at adugan@katz.pitt.edu.

Carlow's Boyer says nurses should provide unbiased info on stem cell retrieval and banking

By Ryan Minoski

At the frontline of today's medical research stands the controversial topic of stem cell retrieval and banking.

Whether hailed as miracle, or shunned as immoral, Americans hold strong opinions on the stem cell debate. Many, however, base their views on limited information—a fact that Dr. Vivian Boyer hopes to change.

At a biomedical ethics conference hosted by Carlow University April 9, Dr. Boyer, an assistant professor in the School of Nursing, spoke of nursing's role in educating parents on stem cell retrieval and banking. A key point of the presentation was "discussing and defining how nurses can maintain ethical practice while providing unbiased information to the parents so that they can form an educated decision," said Dr. Boyer.

The chief obstacle encountered in the medical world when discussing stem cell retrieval at the time of childbirth is the uninformed parent. "Lack of knowledge leads to patient bias," Dr. Boyer explained. Basing decisions on partial facts or misinformation, parents become unjustly opposed to the notion of stem cell research. As a result, "many choose to resist further education regarding stem cell retrieval," said Dr. Boyer.

At present, clarity on the subject has not increased. "The recent political election issues encouraged even greater misconception," said Dr. Boyer. Nurses hold a solution to this problem, however.

"As nurses, we can inform, teach, and educate parents regarding stem cell retrieval and banking," said Dr. Boyer, who feels that spreading knowledge through printed material, as well as verbal reinforcement, is essential. "Ongoing education will be necessary since the field of stem cell research is rapidly growing, changing and expanding," said Dr. Boyer. The process will be a challenge, however.

Ethical debates and common misconceptions surround the stem cell subject. It has been argued that "no ethical principles or standards exist to govern the use of fetal tissue," said Dr. Boyer. Furthermore, some fear that stem cells will be collected for unapproved research or medical uses, Dr. Boyer said.

Despite the controversial nature of stem cell retrieval, a number of companies offer to extract and store the cells. "There will be situations when parents will see the absolute benefit of storing stem cells, i.e. strong family history of Alzheimer's, or cancer," said Dr. Boyer. However, she continued, "those families with a negative history of disease may find the retrieval, storage, and associated costs unnecessary or unreasonable." Ultimately, the decision must be made by the parents.

"As nurses, it is our role to provide the proper education to aid families in making the decision that best suits their needs," said Dr. Boyer, who feels that with a greater understanding of the topic, "there will be an increase in the number of parents who choose to retrieve and either store or donate stem cells."

Much research must be done to unlock the hidden, versatile nature of these cells, yet it is speculated that their potential health benefits abound. For instance, "it may become possible to generate healthy heart muscle cells in the laboratory and transplant those cells into patients with chronic heart disease," Dr. Boyer said. Preliminary research is currently underway and the subject is actively under investigation.

The findings of this research, as well as an enhanced comprehension of normal cell development, "will allow us to understand and perhaps correct the errors that cause serious medical conditions," said Dr. Boyer. The outcome of this research and its consequences cannot be foretold, yet what is obvious is that "as science and technology continue to advance, so do ethical viewpoints surrounding these developments," she said. "It is important to educate and explore the issues, scientifically and ethically" as the future unfolds. †

Vivian Boyer, DNP, assistant professor in Carlow University's School of Nursing, can be reached at 412-578-6276 or vjboyer@carlow.edu.



Award-winning healthcare IT firm continues to WOW Clients

By Daniel Casciato

One of the most important information technology (IT) issues that hospitals face today is updating their legacy systems and infrastructure in a cost-effective manner.

"IT Systems must have state-of-the-art technology to run and support the latest healthcare applications such as electronic medical records and practice management software," says Subhash Chander, president of the Pittsburgh-based WOW Global Corporation, an award-winning Healthcare IT company that provides Healthcare IT consulting, Healthcare IT products and Business Processing Outsourcing (BPO) solutions to physician practices, hospitals, and healthcare organizations nationwide.

Dan Mattson, vice president of Sales & Operations for the company, agrees, and adds, "There are a lot of new regulations and technology such as ICD10 and HIPAA 5010 that will require software, hardware and infrastructure upgrades. WOW Global works with clients to develop a strategy, implement, and provide technical support."

Since its inception in 2002, WOW Global has had tremendous growth and in the past been ranked the number one fastest growing company in Western Pennsylvania. With a national presence in 35 states, the organization has deployed more than 2,500 consultants on over 350 projects. In the next year, it plans to open up additional sales and delivery offices in the West Coast, Middle East and Europe to support those markets.

WOW Global's strengths include EMR/EHR implementation and support services, EDI and XML integration, medical billing and claims processing and, HIPAA privacy and security compliance. It has been recognized by Forbes Magazine, Pittsburgh Business Times and other regional and national organizations for its continued excellence. The secret to success is rather simple.

"We have an excellent IT background," says Chander. "We are able to understand our clients' needs very well and deliver products on time and on budget. We offer a wide range of healthcare services and can provide coverage around the world. We help companies reduce their back office costs and have cost effective tech support services. Cost reductions of up to 40 percent have been realized"

As a full service Healthcare IT company, WOW Global specializes in all phases of IT selection, implementation, and support for healthcare organizations.

"We leverage our healthcare IT experience and certified partnerships with several nationally known and leading EMR solution companies to provide a complete solution to our clients," says Chander. "We don't just sell a product and walk away. We work closely with our clients to fully understand their requirements and suggest

a robust solution that will fit their needs. We then provide services including implementation, custom configuration and data conversion."

A crucial part of its service is the initial training and after sales support, according to Mattson.

"We have talked to many providers that have purchased an IT solution for their hospital or practice and are not able to productively use the solution," he says. "This is where our attention to training and post-implementation support is crucial. We are a local company and can help answer any question or resolve problems in person or over the phone."

Chander has seen the healthcare IT industry expand greatly in the past decade. The availability of broadband services has allowed providers to securely access information inside or outside the office. The expansion of broadband services is one of the factors that has fueled the expansion of certified Electronic Medical Record software companies.

"These solutions have evolved over the last decade into proven technologies that are embraced by physicians and hospitals and result in better patient care," he says.

Today, advances in Healthcare IT have enabled providers to become more efficient and allow the provider to focus on patient care.

"Solutions such as electronic medical records, voice recognition, eligibility verification, electronic claims, code finding software and many others have become crucial components of the healthcare process," says Mattson.

As far as the future of IT in healthcare goes, both Chander and Mattson sees one of the trends being the proper capture of information during a physician and patient encounter as an important part of the healthcare process.

"This can include bedside order entry and direct capture of a patient's vitals," says Chander. "A lack of information or inaccurate data affects the level of patient care and has a direct influence on the financial reimbursement. EMR solutions can be used to improve the collection and collation of this information."

Additionally, Mattson adds that upgrading from ICD9 to ICD10 and the introduction and implementation of HIPAA 5010 will be a challenge, "but the end result will be more accurate coding information and better reimbursements. Patient portals and interaction with patients prior to a visit will also make the encounter much more productive."

As far as its own future, Chander is confident that WOW Global is well-positioned to continue its growth.

"We are fueled for international growth and will continue to expand," he says. "We are actively looking at additional product development and healthcare technology company acquisitions."

For more information on WOW Global, visit www.wowglobal.com. ↑



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Loving Care celebrates first anniversary

Loving Care Agency of Pittsburgh, a branch of a national home care agency, celebrated its first year in Pittsburgh on March 14. Under the leadership of Branch Director Sue Roselle, Loving Care Agency of Pittsburgh has demonstrated remarkable growth in the year following the acquisition of the Green Tree office of Gentiva Health Services. During its first year in operation, 42 new patients have been admitted to care with an increase of over 30 percent in the number of service hours provided.

Bob Creamer, CEO and president of Loving Care Agency, headquartered in Ridgefield Park, New Jersey, commented, "We are very pleased with the tremendous progress and growth in our two newest Pennsylvania locations, Pittsburgh and State College. Added to our other nine branches throughout Pennsylvania, we are now clearly the one of the top pediatric providers in that state."

Specializing in extended hour home care, Loving Care Agency of Pittsburgh provides skilled nursing and home health aide services within the six counties of Southwestern Pennsylvania to children and adults. ↑

Blending your EHR with the right medical transcription solution

By Barbara Wood



A patient's care can often be a long and complex history, full of details based on clinical examinations, ancillary test results, and expert medical opinions, some in template format, but most in narrative format. Some refer to this accumulation of data and narrative as the patient's "Health Story."¹ Over the years, the documentation of this "story" has progressed through many stages, from handwritten to typewritten, and now electronic/digital documentation. From the beginning of time, industry advancement has been driven by technology, and the health-care industry is no exception.

With the passing of the American Recovery and Reinvestment Act (ARRA), the government is providing billions of dollars as incentive to adopt the meaningful use of certified electronic health records (EHR). This incentive is undoubtedly creating a flurry of activity in ascertaining which EHR to purchase and how to implement it. Despite the legislative and fiscal obligations to adopt EHRs, technology should be embraced when it adds value, such as improving the speed or access to data, reducing costs, improving quality or decision making, and convenience.

There are times when a patient's story can best be told only through a healthcare provider's spoken word. For physicians, every minute counts, and template-based documentation can have the unintended consequence of lowering physician productivity. A study done by the AC Group has shown that it

requires 140 minutes more per day to document in an EHR. The monetary cost to a clinician with average earnings of \$100 per hour would be approximately \$180 per day or approximately \$4000 per month. The following chart illustrates a comparison of documentation costs between a transcribed note and a structured data note in an EHR.² Clearly, a physician's

time is better spent seeing patients, allowing the physician to do what they do best – rendering patient care. This not only benefits patients with more physician attention, it also benefits the practice with more revenue, reducing the practice's documentation cost in the process.

See **EHR** On **Page 45**

Transcribed Note				
	Time	Physician Cost ¹ (per minute)	Transcription Cost ² (per minute)	Total Cost
Dictate note	1 min	\$2.70		\$2.70
Transcribe and edit note	4 min		\$0.40	\$1.60
Total	5 min			\$4.30
¹ MGMA Dashboard, \$340,000 collections for IM professional charges ² Outsourced transcription at 16 cents per 65-character line				
Structured Data Note				
	Time	Physician Cost ¹ (per minute)	Transcription Cost (per minute)	Total Cost
Data entry	5 min	\$2.70		\$13.50

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Pittsburgh, Pennsylvania 15238-3115

Pediatric Alliance offers software solutions to practice problems

By Gary Janchenko

In 2000 Pediatric Alliance, P.C. purchased MicroMD as a solution to their practice management needs. Within a few years, the company began to look for an electronic health record solution to supplement the software. After many years and countless meetings with a variety of vendors NextGen was purchased because of its promise to interface with MicroMD. Today, Pediatric Alliance operates 10 divisions and 14 offices throughout the greater Pittsburgh area, all live on EPM and EHR by NextGen.

NextGen's EPM software contains a number of useful and mildly customizable reports that satisfied the business' needs for just about a year. Soon the providers and administrators found themselves asking more of the reporting but the "hard coded" reports were not scalable to meet the interworks and conventions of pediatric medicine. CEO Jim Troup suggested adopting a software solution called Crystal Reports and the development of a department charged with supporting the company's reporting and data mining needs. The foundation of his decision was based on his success with an enterprise system used by his former employer. With

the approval of the Board of Directors, Troup hired a Crystal Reports Developer and trained another employee from within the company on the widely used and often misunderstood software package. "Having a person dedicated to the understanding of our data and becoming an expert in using Crystal Reports has been the key to our success," recalls Jim; he was right.

The Business Intelligence Department of Pediatric Alliance now provides supplemental reporting to the EPM software much to the delight of the administrators, providers and staff. Where offices once had trouble finding and contacting patients who were overdue for annual checkups became second nature with the additional implementation of a web-based auto-dialer system. With the CDC recalled the H1N1 vaccine, the BI department was able to react instantly utilizing the data from NextGen to gather and analyze the lot numbers assigned to the recall. Within hours of the recall, Pediatric Alliance was sending out emails to the patients letting them know the status of the recall and the steps they would need to take. With a few successes under their belt, Pediatric Alliance soon realized that other practices using the NextGen product could benefit by using this solution. A business plan was developed and approved by the Board of Directors and Business Intelligence by Pediatric Alliance was introduced to the market place in January 2010.

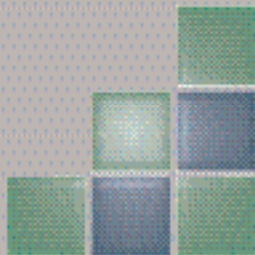
Business Intelligence by Pediatric Alliance almost immediately began collaborating with Adagio Health, a local healthcare company, helping them find a better way to create state-mandated and financial reports. BI makes it their business to understand the nearly 4,000 tables in the NextGen database and will create custom reports to meet the demand of the ever-changing health care field. Curious about how they handle customer service? That's as easy as picking up the phone or sending then an email and responses are always immediate. They can VPN to your servers and work remotely or they can come to your practice or administration site and work there. If you are thinking of using your own reporting solution or if you are stuck on something, they can by meeting with your in-house developers to understand where to find and interpret the data you need. Business Intelligence by Pediatric Alliance provides customizable reporting to meet your organizations needs and offers a real return on investment to your NextGen EHR/EPM.

To find out how Business Intelligence by Pediatric Alliance can help your practice contact Gary Janchenko at intelligence@pediatricalliance.com or 412-400-6626, or visit www.pediatricalliance.com. †

Business Intelligence by Pediatric Alliance

Business Intelligence 1100 Washington Ave., Suite 215, Carnegie, PA 15106
P: 412.278.5100 x112 Email: intelligence@pediatricalliance.com

Business Intelligence by Pediatric Alliance consults with clients to enhance their understanding of the nearly 4,000 tables of the NextGen EPM/NextGen EMR SQL database. We work directly with you to build custom reports. Contact us today and find out how we can partner with you to achieve your practices reporting goals.



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EHR From Page 43

Adopting several means of documentation and data capture would allow a physician or hospital to meet the criteria for meaningful use, including utilization of the dictation-transcription process to feed structured narrative reports and discrete data elements through data tagging into the EHR. By acknowledging the dictation-transcription process as one of the methods to capture health information, physicians will be more likely to embrace the push for greater EHR adoption.

The goal should be blending the EHR with a dictation-transcription solution that gives a cost effective way to tell the patient's entire story. So, what do you look for when researching a dictation-transcription solution?

ONE HAS TO CONSIDER MANY FACTORS.

1. Technology: The transcription industry over the last decade has gone through tremendous technological change. The speech recognition engines now in use can have a huge impact on producing the discrete data derived from narrative reports, now called "narradata." 3

2. Editing/Report finalization: After a dictation is run through a speech recognition engine, you have to decide whether back-end editing (done by internal transcriptionists or a transcription service) or front-end editing (done by the dictator) provides the best work flow for your particular situation.

3. Interfacing: After these reports are electronically signed by the dictator, they should be uploaded into an EHR using HL7 clinical document architecture that promotes the use of data mining tools for health information exchange, core measure reporting, medical coding for reimbursement, and clinical decision support systems. Your chosen transcription provider should be well versed in HL7 interfacing.

4. Cost: Do you have the budget for this initiative? Cost amounts to more than just the cost of the software and ancillary service. As shown above, there is an "opportunity cost" of the physician forfeiting additional patient billing in favor of documenting his or her own visits in an EHR.

5. Quality and turnaround time (TAT): These are factors that are paramount in any medical documentation. TAT requirements are getting shorter and shorter. Medical information is only valuable if it is accurate and in the hands of healthcare providers when and where they need it.

6. Portability and security: Now more than ever, portability and security must be addressed. The walls of healthcare have expanded to include a multitude of satellite facilities and healthcare providers on the move. Devices that handle voice

input have to accommodate the mobility needed by today's healthcare provider. Also, all technology involved with the dictation-transcription solution, from voice input to document delivery must be HIPAA and HITECH compliant.

Ultimately, the blending of a dictation-enabled EHR and the right medical transcription solution gives healthcare providers the best of both worlds, the use of template-driven documentation when it would be the most efficient and appropriate, and the use of narrative dictation and transcription to enable the capture of unique details for a more complete picture of the patient's health story. ↑

Barbara Wood, RHIA is the project manager, privacy officer, and Health Information Management Industry liaison for EHRscribe, Inc., a medical transcription service company based in Pittsburgh, PA. She can be reached at 412-963-9007 x130 or bwood@ehrscribe.com.

1 – www.healthstory.com

2 –Anderson, Mark R. "Digital Medical Office of the Future." October 14, 2009.

3 – Journal of AHIMA. "Transcription and EHRs." February 2010.

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ccehsconfmgmt201@upmc.edu

Fourth Annual Stroke Survivor and Caregiver Symposium

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

ARRA Workshop: Demonstrating Organizational Success

Hyatt Regency, Atlanta, GA
May 10-11
www.ahima.org/events

Voice Therapy: A Comprehensive Approach

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

Nursing Grand Rounds, Caring for Me: Grief Relief for Professional Caregivers

The Children's Home of Pittsburgh & Lemieux Family Center
May 13
ncaravella@chomepgh.org

Gateway Rehab Thank You Conference

100 Moffett Run Road, Center Township, PA
May 14
www.gatewayrehab.org or 412-604-8900, ext. 1193

17th Annual Nursing Horizons Conference

University Club
May 14
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Brain Injury Conference

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

23rd Annual Family Hospice & Palliative Care Golf Benefit

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

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Donna Kosmack (877) 711-5700 ext. 7285 or amerinet.events@amerinet-gpo.com

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www.pamsonline.org

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412-604-8900, ext. 1193 or www.gatewayrehab.org

An Introduction to Dialectical Behavior Therapy (DBT) for Substance Use Disorder

May 21
Squirrel Hill Professional Suites
412-604-8900, ext. 1193 or visit www.gatewayrehab.org

Sub Acute Care

May 21
debbie1141@hotmail.com www.wphfma.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

Cedars Community Hospice Annual Golf Outing

Donegal Highlands Golf Course
June 4
412-373-3900 or email bills@cedarsofmonroeville.com

Principles and Practice of Gamma Knife Radiosurgery

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

25th Annual Golf Fundrive – Ohio Valley General Hospital

Allegheny Country Club
June 14
412-777-6359 www.ohiovalleyhospital.org

10th Annual Golf for Goodwill

Treesdale Golf & Country Club
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412-390-2396 for email jean.nelsonims@goodwillswpa.org

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AHIMA Summer Meetings

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July 16 Summer Team Talks
July 17-18 CSA Leadership Conference
July 18 Coding Roundtable
www.ahima.org

AHRMM10 Annual Conference & Exhibition

Denver Convention Center, Denver, CO
August 1-4
<https://register.rcsreg.com>

The Hospice and Palliative Nurses Association, HPNA 2010 Clinical Practice Forum, Breathing Easier: Palliative Care and Advanced Pulmonary Disease

Minneapolis, MN
September 17-18
www.hpna.org or 412-787-9301

National Business Coalition on Health conference, Health Care Reform: Employer Leadership in the New Decade

JW Marriott-Washington, DC
Nov 14-16
Contact Alyssa Ketterer, aketterer@nbch.org, 202-775-9300x25

To list an event or meeting, contact Jen Kissel at jenkissel@verizon.net.

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Fax: 412-920-2740
www.lovingcareagency.com

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7 successful strategies for creating a Facebook page that will attract thousands



By Daniel Casciato

One common question clients ask me is whether they should create a personal account (Profile) or a Page on Facebook.

I often suggest both.

Friends and family members can connect with you through your Profile. You can share photos and videos with them as well as update everyone on what's going on in your life.

But if you have your own business or your healthcare organization wants an additional way to leverage social media, a Page is the way to go.

I recently helped the Pittsburgh chapter of the Food Allergy & Anaphylaxis Network (FAAN) launch a social media campaign for its Food Allergy Walk in September. We started both a Twitter account (twitter.com/FoodAllergyWalk) and a Facebook Page (search for Food Allergy Walk).

A Facebook Page allows organizations to showcase their events and interact with individuals who become their fans or followers. What's great about a Page is that these followers are inviting you to market to them and share information. It's what noted business author Seth Godin calls "Permission-based Marketing."

According to Facebook, a Page can be enhanced with applications that help organizations better communicate with and engage their followers, and capture new audiences virally through their followers' recommendations to their friends. For example, the Food Allergy Walk Page has sections for photos and videos, as well as a calendar to let people know when the event is and a discussion board for people to comment about the walk or even post relevant news about food allergies. Unlike a Profile, a Page is not subject to a fan limit and can automatically accept fan requests.

To start a Page, log into Facebook and visit www.facebook.com/pages/create.php. Once you set up your Page, here are seven ways to ensure its success.

Publish it. Make sure your Page is publicly indexed and searchable. This will get your Page indexed by search engines, like Google, which will drive organic search traffic to your Page. On your Page, go to "Edit Page" and then "Settings" and set it to "Publish."

Link to other social media platforms: As I recommended with your status



updates in a previous column, make sure you connect with all of your social media applications. Your Web site's home page, Twitter account, LinkedIn Profile, and other Web-based outlets that you use in your marketing initiatives should drive people back to your Facebook Page. Connecting with these other platforms helps you to quickly build a large following.

Get your members to participate: Give your fans some reason to participate and get involved. Hold a contest or give a freebie away. Do it weekly and watch your numbers increase.

Think relationships first, business second: If you all you do is promote your products and services, people will leave your page. Take off your marketing cap and be more social. Chat with your followers. Answer their questions. Spending time with them is a critical component of building your customer service, customer experience, and brand loyalty.

Be a resource. Offer practical, valuable tips and ideas. Post the latest news about your organization as well as links to articles or other sites that might be of use to your fans. In Facebook, like Twitter, your followers can share this information with their friends on their Profile pages.

A picture's worth a thousand followers: I know you love your logo and probably spent thousands of dollars creating it, but many organizations slap their logo on the Facebook Page where the basic logo is displayed. Be a little more original. Use that section of the page to show a more engaging photo. This is the first thing people see when they come to your page and see displayed on a friend's Facebook news feed. You'll get more attention if you have an interesting photo versus your logo.

Update your Page: Don't create a static page and never update it. As easy as it is to become a fan of an organization's page, it's just as easy to un-follow. Treat your Page like your blog. If your content is outdated and stale, people will stop visiting. Create fresh content at least several times a week. By doing so, you're helping to spark conversations on your Page. †

Daniel Casciato is a full-time freelance writer. In addition to writing for Western PA Hospital News, he's also a social media coach. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).





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THOMAS From **Page 29**

Marketing all the quality services and staff they have also is a necessity, one that also erodes financial stability, he said. "You have to get the message out to the people, no question about it," he said. "You have to market all of the good things you have and do and the cost of doing that can run high if you want it to be effective. Health care is a very competitive business and it's imperative that you market yourself if you want to play on an even field. And once you get that new equipment, you have to be sure it's going to be used appropriately and effectively."

Thomas, a leader and member of numerous professional and community organizations over the years looks forward to spending more time with his family, playing golf and traveling.

"I have three grandchildren, the oldest of whom is nine," he said. "I want to enjoy watching them grow up. This (job) is very demanding and I've missed a lot of those opportunities. It's time to relax."

As he prepares to do that, Thomas reaffirms his beliefs about possible solutions to the health care crisis and possible reform in the United States health system. These include such factors as rising costs for goods and services, shrinking reimbursements, and Charity Care (via treating patients who are uninsured or under-insured).

"Health care impacts every business, every community, every individual in this country," he said. "But costs are, and will continue to be a major issue. People are willing to pay for their health care but they expect quality services. I think it's up to hospitals and physicians, as well as consumers, to share the responsibility of trying to keep costs at an acceptable level. We have to emphasize more preventive measures and people have to accept the responsibility of doing things to change their lifestyles and become and stay healthier. We all need to be on the same team, each dependent on the other."

For more information on Washington Hospital, contact Jamie Ivanac at Jivanac@washingtonhospital.org or visit www.washingtonhospital.org. †

Thomas leaves his mark in Washington County

The Washington Hospital stands as a testimonial to Telford W. Thomas and his distinguished career as one of the region's foremost healthcare leaders over the past 40 years.

The Washington Hospital has undergone myriad transformations and transitions during its 113-year history – changes in terms of bricks and mortar as well as technology and services.

Many of the major advancements and enhancements evolved during the tenure of Telford W. Thomas.

During his tenure as a vice president, Thomas supervised nearly every hospital department. Over the years, he has assisted with and overseen the planning and implementation of numerous building projects and service lines.

Some projects included a new wing for radiology, nutritional services, outpatient department, physical therapy, and emergency department expansion; conversion from manual to computerized clinical documentation system; and the establishment of an occupational medicine center to provide work related medical care to more than 200 area employers; and establishment of cardiac catheterization and open heart surgery programs.

Other major construction projects ranged from the Neighbor Health Center for outpatient imaging, ambulatory surgery and family medicine residency program; a new E?wing for cancer center, operating rooms and intensive care unit; merger with Hospice Care, Inc. and construction of the Donnell House, the first residential hospice in Western Pennsylvania; the Wilfred R. Cameron Wellness Center, the first hospital-based wellness center in the region; and most recently, the \$69 million expansion that included the new Surgical Services Center of Excellence, the Ralph B. and Carol J. Andy Critical Care Center and the Dr. E. Ronald and Constance Salvitti Center for Emergency Care -- the largest expansion in the hospital's history.

Under Thomas's direction, the hospital built an outpatient facility in Waynesburg for outpatient lab/imaging and physician offices; expanded its family medicine residency from two offices to four, adding new offices in Cecil and Canonsburg; formed a partnership with the Teen Outreach program, a national model program to reduce teen pregnancy in Washington, Greene and Fayette counties; and collaborated with UPMC Senior Living to establish 82 unit assisted living facility, Strabane Woods, and 125 unit independent living facility, Strabane Trails Village, in Washington. †

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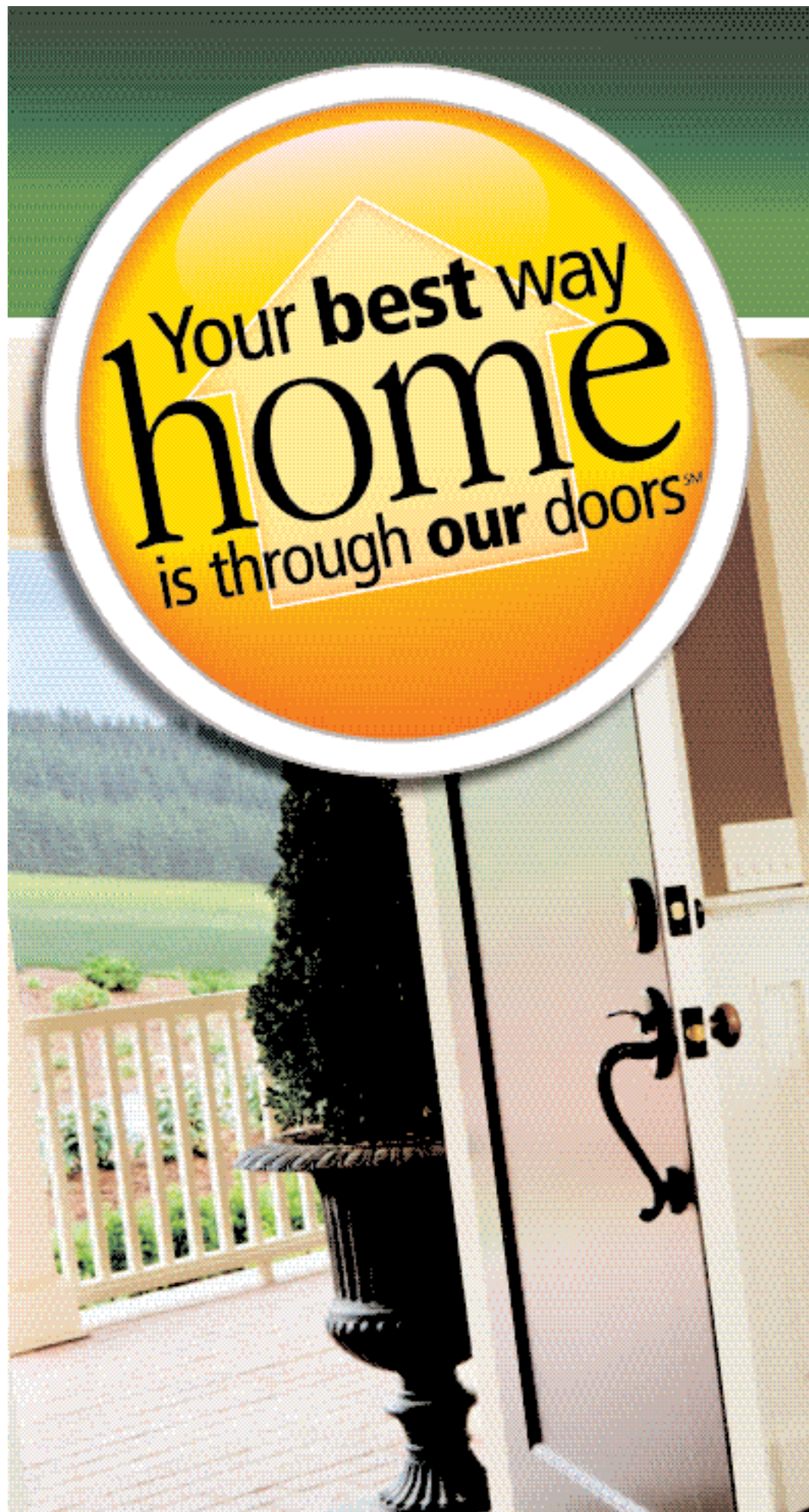
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