

H Hospital News & More

Western Pennsylvania

The Region's Monthly Healthcare Newspaper

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Entrepreneur Stays Rooted in Pittsburgh to Help Region's Health Care Industry Grow

By Ann Dugan



He was a top sales executive. He was ready to move up in the company. He was offered a promotion in a new city, three different times. But he chose to stay in Pittsburgh.

Kevin Trout is one of the many entrepreneurs who help keep the western Pennsylvania economy growing and the region's health care industry thriving. After years of selling medical equipment for national manufacturers, he launched his own local company to help reduce the cost of health care for hospitals throughout the Pittsburgh area.

Kevin got started in the medical supply industry right out of college and built a strong track record in sales and marketing for several equipment manufacturers. He traveled around the country, managed expansive sales regions and moved steadily up the corporate ladder, but eventually realized reaching the next level in his career would mean relocating.

Pittsburgh was too dynamic, too rich in resources and opportunities and too much a part of Kevin's life for him to pick up and leave, so instead he broke away from his sales career and rooted himself even deeper in the local business community. Kevin founded Grandview Medical Resources, a specialized medical equipment supplier, in 1996 and the company hasn't stopped growing since.

See **ENTREPRENEUR** On **Page 54**

Is this Hospital Text Friendly? How SMS is Changing Healthcare Communications



By Robert Sanchez

Mobile technology is nothing new to the healthcare industry. For many years the standard mobile device for physicians was the one-way pager,

enabling them to be connected to their practices wherever they were. With the growth of technology, we began to see an increase in task specific, mobile medical devices, however these were often restricted to working only within the confines of a hospital or clinic.

Now, with the exponential advancement of smartphones and tablets, healthcare applications are beginning to emerge, but with stringent privacy concerns and strict HIPAA guidelines, these devices and applications have had rather slow uptake on the clinical side. Now, with the shortage of primary care doctors steadily growing, healthcare providers are looking for ways to uti-

lize mobile technology in order to increase efficiency, improve patient care and drive new business to their practices, while still respecting HIPAA compliance. Oddly enough, one of the technologies best suited to revolutionize mobile technology in healthcare is a "throw-back" to the original mobile devices in healthcare, that utilized the paging channel to send and now receive detailed information, but today, you and I refer to it as texting. SMS (Short Messaging Service) is available on EVERY cell phone in the world today and doesn't require any changes to the cell phone or the data plan.

From the sending of ePrescriptions and appointment reminders to providing diagnostic information, two-way SMS text messaging is gaining traction in healthcare. Today, we are seeing many examples of this technology being implemented in various vocations and fields. Recently programs for new mothers have launched, enabling them to text in to receive parenting tips on care for their newborns. Elsewhere, people can

See **SMS** On **Page 54**

The University of Pittsburgh School of Nursing Holds the 12th Annual Cameos of Caring® Awards Gala

On Saturday, November 6, 2010, the University of Pittsburgh School of Nursing will host the 12th Annual Cameos of Caring® Awards Gala. This year 60 nurses from 42 area health care facilities, nine schools of nursing, and one international facility will be honored.

Since 1999, the Cameos of Caring message has become a prominent voice on behalf of the nursing profession, reaching well beyond local boundaries. The Cameos of Caring Awards Program continues to fulfill its mission: to bring recognition to the individuals who define the profession and to promote nursing as a viable and rewarding career choice.

Over the past twelve years Cameos of Caring has honored 547 nurses, including this year's winners. The awardees have made significant contributions at work, in their communities, and beyond. One awardee went on a mission to help survivors of the earthquake in Haiti; another helped develop a childhood pain assessment tool; while another awardee donated a kidney. One awardee has served as a deputy coroner for over 20 years and was a first responder to the USAir flight 427 crash site in 1994; another changed a veteran's life with a pair of shoes and running gear.

They entered the profession from various circumstances, at different times, and for different reasons, but all the awardees found their calling in nursing. While some were inspired at a young age, others changed careers. Two of this year's awardees switched from office jobs in data entry and banking to become nurses and one is a former steelworker.

Although their stories are all different, the 2010 Cameos of Caring awardees share one thing in common – they each embody the spirit of nursing. Whether they are helping bring new lives into this world, tending for patients at the end of life, caring for our wounded warriors at home and abroad, or educating the next generation of nurses, they are all dedicated professionals who have set the standard for the profession.

Proceeds from the Gala benefit the Cameos of Caring Endowed Nursing Scholarship Fund at the University of Pittsburgh School of Nursing.

For more information, visit www.cameosofcaring.nursing.pitt.edu or call (412) 624-5328 or e-mail jmw100@pitt.edu

See pages 37-47 for Annual Recipients





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Survey Reveals that One-Quarter of Health Care Employers Use Social Media

By Daniel Casciato



A recent survey by CareerBuilder reports that 26% of health care organizations across the United States are using social media. 14% of those surveyed indicated that they are using social media to recruit potential employees or strengthen their employment brands. The survey was conducted among more than 250 health care employers between May 18 and June 3, 2010.

When it comes to managing social media strategy:

- 35% of health care employers report that their PR department handles social media outreach, followed by their marketing team (31%) and human resources (18%).
- 15% of health care employers have 1 to 3 people communicating on behalf of their organization, while 7% report that 4 to 5 people handle the work.
- 9% said that 6 or more people communicate for their company via social media.
- 69% said they didn't know.

“Over the last 18 months, health care organizations have experienced growth, and we continue to see open positions across all levels,” says Ben Jablow, managing director of MiracleWorkers.com, CareerBuilder’s health care jobs site. “More health care organizations need to harness the reach of social media to not only promote their organizations, but to help recruit top, skilled talent.”

On the worker side, health care employees report that they are turning to social media sites for more than connecting with friends. They’re also using social media to research organizations and jobs. Workers who come across health care organization pages on social media sites shared what they would most like to see, including:

- Job listings: 31%
- Q&A or fast facts about the organization: 24%
- Information about career paths within the organization: 19%
- Evidence that working at the organization is fun: 14%
- Employee testimonials: 18%
- Pictures of company events: 13%
- Video of new products/services: 8%
- Research or studies that the company has conducted: 8%
- Videos of a day on the job: 8%
- Organizational awards: 7%

On the flip side, health care workers also shared the biggest turnoffs when encountering an organization via social media, including communication reading like an ad (38%), failure to reply to questions (26%), failure to regularly post information (24%) and removing or filtering public comments (20%).

As this report demonstrates, more and more health care organizations are recognizing the power and reach of social media. How is your organization using



social media? We’d like to feature your story in future issues. Please email me at writer@danielcasciato.com for more information.

THIS MONTH’S TIP

Starting this month, we plan to end each column by offering additional tips and advice on maximizing your social media experience. This month we’ll show you how to take advantage of some free 3rd party Twitter applications to locate your target audience or just other interesting people to follow and engage with.

The most popular site is Twellow.com, which is described as the Yellow Pages of Twitter. Twellow.com allows you to search other users by categories, which are divided by personal interests as well as professional ones. Other popular tools you can also try include:

- TwitterSearch.com: Twitter’s own built in search engine which can be quite helpful in locating followers; just type in any search term and see who comes up; you can also used it to stay up-to-date with what people are saying about your organization
- Twitterfall.com allows you to search by keywords and hash tags (#)
- SocialMention.com is my personal favorite; it can search a wide range of social media sites, regular websites, news and almost all the Internet for certain keywords.
- TweepSearch.com can be slightly more useful than these other tools because it also searches out the profiles of people on Twitter.

So no matter if you are a medical office, hospital, or medical device manufacturer, to maximize the effectiveness of social media sites like Twitter, you want to reach your target audience. Using the above tools will help you reach them more effectively. †

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

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Aphasia Education and Awareness Training

By Ellayne S. Ganzfried



Imagine being unable to use or comprehend words and have difficulty speaking, reading and writing? This is the case for the more than 1 million Americans who have aphasia. Aphasia impairs a person's ability to process language, speak, and understand others. However, aphasia does not affect a person's intelligence. For people with aphasia it is the ability to access ideas and thoughts through language—not the ideas and thoughts themselves—that is disrupted. The most common cause of aphasia is a stroke; approximately 20% of the more than 750,000 Americans who suffer a stroke each year will experience aphasia. It can also result from head injury, brain tumor, or other neurological causes.

Aphasia affects about 1 in every 250 people. Despite these numbers, aphasia typically is not recognized or understood—even by some health professionals—compounding its devastating consequences. While aphasia is most common among older people, it can occur in people of all ages, races, nationalities, and gender.

There are many types of aphasia and symptoms can vary greatly but all people with aphasia have difficulty communicating. People can continue to improve over years. Improvement is a process that involves helping the individual and family understand the nature of aphasia and learning new strategies to communicate. Speech-language Pathologists can evaluate and recommend the type of speech therapy that would be most beneficial.

People with aphasia often feel isolated, helpless and lonely, which can lead to depression. They should remain engaged in regular activities and be encouraged to communicate in whatever way they can.

Be patient and understating and try a few commonsense strategies from the National Aphasia Association:

1. Have the person's attention before you speak.
2. Minimize or eliminate background noise (TV, radio, other people).
3. Keep your voice at a normal level.
4. Keep communication simple but adult.
5. Give the person time to speak; avoid finishing person's thoughts
6. Communicate with drawings, gestures, writing and facial expressions.
7. Confirm that you're communicating successfully with yes and no questions.
8. Praise all attempts to speak and downplay any errors.

9. Engage in normal activities whenever possible.
10. Encourage independence; avoid being overprotective.

When people first encounter a person with aphasia they often think that the person has a diminished mental capacity, is drunk, or under the influence of other drugs. It's easy to see how this can adversely impact a person with aphasia if they are pulled over for a routine traffic check, or if they are trying to communicate in an emergency situation with police, firefighters, or emergency medical technicians.

One of the primary ways the National Aphasia Association (NAA) advocates for persons with aphasia is by educating the community in aphasia awareness. The Christopher and Dana Reeve Foundation provided the NAA with a grant to pilot a training program directed at training first responders to understand aphasia and learn how to communicate with persons who have aphasia. Going into its third year, this program is growing rapidly throughout the United States in large part because people from all walks of life and experience are volunteering to become aphasia awareness trainers. What started out as a program specifically focused on first responders has now achieved a more global audience. Training is now being given to retailers, hospitals, nursing homes, colleges, and community organizations. The NAA training program is adaptable to differing audiences. As the training programs expand, people with aphasia want to help train the targeted communities. This adds a new dimension to the training and often assists the person with aphasia in their rehabilitation.

Trainers are supplied with all the tools for training. The hallmark of the program is a sticker that persons with aphasia are encouraged to use in their home/car and is becoming a nationally recognized symbol. The materials are engaging, simple, and yet convey a powerful message.

To learn more about aphasia and/or aphasia awareness training programs, visit www.aphasia.org.

The National Aphasia Association's (NAA) is a consumer-focused not for profit founded in 1987 as the 1st national organization dedicated to advocating on behalf of persons with aphasia and their families. Its mission is to assist both survivors and caregivers with support and guidance, to raise awareness of aphasia, and help people with aphasia to reconnect with each other and the community. The NAA provides information about aphasia and resources for living with aphasia, including a national listing of support groups, newsletter, conferences and other programs. †

Ellayne S. Ganzfried, M.S., CCC-SLP is an ASHA Fellow and the Executive Director of the National Aphasia Association.

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Soldiers Coming Home are at Risk for Homelessness

As our armed forces return home from Iraq, Americans expect to see these Soldiers greeted with tearful hugs of jubilation. It is hard to imagine these returning service members will be at risk for homelessness. Secretary of Veteran Affairs Eric Shinseki has made Veteran homelessness a priority of his administration and committed the VA to end Veteran homelessness in five years. Roughly 1 in 5 homeless adults are Veterans and Iraq and Afghanistan Veterans are finding themselves categorized as homeless faster than Veterans of previous wars.



Dan Slack, VA Butler Healthcare Homeless Veterans Coordinator

According to a U.S. Interagency Council on the Homeless (USICH) report, 23 percent of the homeless in America are Veterans. The National Coalition for Homeless Veterans estimates that “107,000 Veterans are homeless on any given night.”

While not as visible as the sign holders on heating grates in downtown New York and Chicago; homeless Veterans in Western Pennsylvania are out there and need help. They make do with their surroundings by creating “shanty towns” in the woods or relying on the kindness of others.

“You can see the homeless in downtown Pittsburgh. The rural homeless are hidden and invisible,” said Janine Kennedy, Director of Butler County’s Community Action and Development. “If you look, there is evidence of shanty towns in Butler.”

“We are seeing an increase in returning Iraq and Afghanistan Veterans, especially women,” said Dan Slack, Homeless Coordinator for VA Butler Healthcare. “This year I have worked with about ten women Veterans. That’s more than I have dealt with over the past ten years combined.”

With an increasing number of Veterans leaving the military and current economic conditions, the homeless problem is getting worse. There are not enough local resources to support the requests for assistance.

A 2009 USICH study concluded more than two-thirds of all shelters were located in larger cities. That leaves fewer resources for rural America that often has an “out of sight, out of mind” attitude.

“A lot of our Veteran Homeless are either living in the woods away from the population,” said Slack, “or they are ‘couch-hopping’.”

Couch-hopping (sleeping as a temporary guest from home-to-home) provides temporary relief for the evening, but it is only a short reprieve from the reality that Veterans still are not independently living.

“The reality is,” said Slack, “couch hoppers wear out their welcome fast, and exhaust their network of friends just as quickly.” Eventually, fewer options remain until the Veterans start seeking to create their own outdoor shelters.

According to Slack, Veteran homelessness is mostly the result of three major factors: mental health, finances and substance abuse. “Usually the Veterans I am dealing with are struggling with all three,” said Slack. “If you are fighting demons in your head the rest of life can be overwhelming.”

See **COMING HOME** On **Page 7**

COMING HOME From Page 6

One factor leading to the Veteran homeless problem is the strain of military service. The Department of Veteran Affairs is seeing high rates of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI) and military sexual trauma (MST). The increase may also be associated with repeated deployments. According to the USICH, so many tours into combat may "contribute to issues with social relationships, controlling temper or create barriers to employment and stable relationships ... a majority of homeless Veterans are single; social isolation is associated with higher risks of homelessness."

The strain of military service is not the only cause for Veteran homelessness though. Other factors may include

a shortage of affordable housing, earning a livable income, limited access to health care, and a lack of support networks. All of these issues are made more difficult by the disassociation created by multiple deployments overseas. Recent VA data indicates male Veterans are 1.3 times more likely to become homeless than non-Veterans; and female Veterans are 3.6 times more likely.

"There are more Veterans showing up in my office who don't have drug issues, mental issues or military trauma," said Slack. "They are just hit hard by the economy and they don't have any resources. Some of these Veterans are even working but just can't cover the bills."

VA Butler Healthcare coordinates and supports various local, state and federal organizations to help Veterans return to independent living. There are Veteran-specific

HUD programs, transitional living facilities, and vocational retraining opportunities. The biggest challenge is getting the Veterans to the VA.

"We want to see an end to homelessness," said Slack. "The hard part is getting them to accept our help, but we are making progress." †

VA Butler Healthcare is the provider of choice for over 17,000 veterans throughout Armstrong, Butler, Clarion, Lawrence and Mercer counties; and parts of Ohio. With over 600 employees, VA Butler Healthcare provides primary care, specialty care, mental health and social supports services to our nation's veterans. For information about VA Butler Healthcare programs and services, log on to <http://www.butler.va.gov>.

The VA Is Working To End Veteran Homelessness

Secretary of Veteran Affairs Eric Shinseki has pledged to end Veteran homelessness in five years. Roughly 23 percent of all homeless adults are Veterans.

"Most of the homeless Veterans I see have the same issues," said Peter Loeb. "The majority have post-traumatic stress disorder (PTSD) or difficulty dealing with their health or mental issues."

Peter is a certified recovery specialist and homeless peer support employee at VA Butler Healthcare. He understands the difficulties homeless veterans face firsthand. After nearly twenty-four years of dealing with depression, addiction and homelessness, Peter was able to get help through the VA.

"I got out of the Navy in 1976 and moved to California," said Peter. "I was using alcohol and drugs to self-medicate my depression."

In an attempt to run away from a methamphetamine addiction, he returned to his hometown of Butler. After running out of hospitality from friends and family, he found himself living in the woods behind Butler County Community College for two months.



Homeless veteran sitting in his camp.

"There are a lot of these homeless communities in Butler," said Peter.

Eventually, he was arrested for various alcohol related incidents and found himself in jail. It was there that a parole officer suggested he try the Domiciliary Residential Rehabilitation and Treatment (DRRTP) program at VA Butler Healthcare.

"The trouble is that when you have a problem everyone sees it but you," said Peter. With more than 18 months sober and lots of support from the VA, Peter has transformed his life. He is building bridges with his family, helping other homeless Veterans and taking care of his health.

"The VA saved my life," said Peter. "Luckily homelessness is a priority for the VA so our Veterans don't have to struggle with the life I did."

"Historically, most of our homeless Veterans were Vietnam Era Vets who were struggling with behavioral health and drug issues," said Dan Slack, Homeless Coordinator for VA Butler Healthcare. "The new Veteran homeless are suffering from a lot of the same issues, including PTSD; and now the economy is playing a part too. Some of our homeless Veterans are working hard but just can't make it."

Robert Shoop has almost never been without a job. The 54 year old Butler-native has worked as a truck driver, mushroom farmer, tank mechanic, and air conditioning unit installer for a contractor. He successfully ended years of alcohol abuse on his own. For the past ten years, Robert Shoop has also been struggling with chronic homelessness.

"I didn't have a home, but I always found a place to stay," said Robert. The Army Veteran struggled daily to earn enough money to pay his child support and support

himself. As a self-confessed "couch hopper," he said it was easy when he was drinking.

"When you are drinking, you can always find friends. Misery loves company," said Robert. "The problem is the next morning, your problems are still there and your 'so called' friends aren't."

In 2009, the downturn in the economy left him jobless and homeless again; he asked his family for some assistance so he could move back to Butler.

"One thing about drinking is that you lose a lot of family," said Robert, "but as hard as it was, I asked my brother for help and he did. Then he called Dan Slack at the VA, because he knew I was going to be homeless up here too."

Slack was able to sign Robert into the VA system, which he had never used before. "Everyone was nice and they took great care of me," said Robert. "I now have temporary housing and am participating in [compensated work therapy]. I am even interviewing for some jobs."

VA Butler Healthcare coordinates and supports various local, state and federal organizations to help Veterans return to independent living. There are Veteran-specific HUD programs, transitional living facilities, vocational retraining opportunities and more.

If you know of a Veteran who is homeless, or at a risk of becoming homeless, contact Dan Slack at 724-285-2439 or Dan.Slack@va.gov. More information on the Veteran Homeless program can be found at <http://www.butler.va.gov/services/Homeless.asp>. †

VA Butler Healthcare is the provider of choice for over 17,000 veterans throughout Armstrong, Butler, Clarion, Lawrence and Mercer counties; and parts of Ohio. With over 600 employees, VA Butler Healthcare provides primary care, specialty care, mental health and social supports services to our nation's veterans. For information about VA Butler Healthcare programs and services, log on to <http://www.butler>.



Peter Loeb

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Life Sciences Job Market in 2010: Current Trends and Future Outlook in Pennsylvania and New Jersey

The following piece was originally published in *Ashton Tweed Connection*, August 2010, and reprinted with permission.

What are the current trends and future outlook for the life sciences job market in Pennsylvania and New Jersey? That's what we asked two industry leaders who have their "fingers on the pulse" of the local life sciences market — Debbie Hart, President of BioNJ, and Christopher Molineaux, President of Pennsylvania Bio. Here they share observations and insight about the markets their organizations serve.

SIGNIFICANT CHANGE IS HAPPENING IN THE LIFE SCIENCES JOB MARKET

There's no doubt about it — the life sciences marketplace has been going through a significant change in the last few years. To describe this change, Pennsylvania Bio's Molineaux began by breaking down the life sciences market into two general categories:



Debbie Hart,
President of BioNJ

1. Small and mid-size start-up companies in the early stages of the life cycle.

The growth of this sector is robust in Pennsylvania, says Molineaux. There are currently lots of opportunities in most career areas in these emerging companies — including technical talent, regulatory, R&D, business development and marketing — and the growth is ongoing.

2. Mature global pharmaceutical companies.

The "big pharma model" is experiencing the most dramatic change, Molineaux observes, especially in the last 18 to 24 months. As pharmaceutical pipelines have dried up, there's been a general contraction of this sector of the industry, resulting in layoffs of hundreds of employees in Pennsylvania.

Until recently, Molineaux describes, the "big pharma model" was a fully integrated company — from research and development through the commercialization of the product. The traditional pharmaceutical company had all employees in-house, including sales, clinical research, human resources, regulatory, public relations, and commu-

nications. As a new life sciences model evolves, he predicts this will no longer be the case. Instead, there will be more outsourcing to smaller, functional-specific companies.

BioNJ's Hart describes a similar pattern in New Jersey. While there are layoffs occurring in big pharma, the biotech sector continues to grow and add more jobs. As we reported in last month's *Ashton Tweed Connection* feature, preliminary results from a BioNJ survey showed that the number of biotech firms is continuing to increase. Today there are over 300 biotech companies in New Jersey — up from 238 biotech firms in 2008, and only about 80 in 1998. In addition, a majority of the survey respondents (78%) said they were planning to hire more staff next year.

CHALLENGES AND OPPORTUNITIES FOR LIFE SCIENCES PROFESSIONALS TODAY

As a result of this shift in the life sciences job market, there's a significant amount of talent currently unemployed in both Pennsylvania and New Jersey. "The question is, how quickly and effectively will those displaced people become part of the huge opportunity that the new life sciences model is seeing?" asks Molineaux.

Meeting the challenge of the new life sciences industry model of today requires more of an entrepreneurial spirit, he asserts. In other words, displaced employees need to be identifying and delivering a value proposition to address the needs of the new model. So as pharmaceutical companies contract, for example, we're seeing more clinical research organizations popping up to answer these firms' needs on an outsourced basis. In addition, consultants will likely be needed to help the pharmaceutical firms manage newly outsourced jobs. It's a matter of finding — or creating — that new organization or job opportunity.

"I've heard the cliché: 'When California has a layoff, they see business plans. When New Jersey has a layoff, we see resumes,'" says Hart. "But that's changing. Now we're seeing more business plans." Increasing numbers of people who have been laid off from the large pharmaceutical firms, she explains, are setting up their own consultancies and R&D companies in New Jersey. "If there's a silver lining in this current marketplace," Hart adds. "This is it." She sees this trend as a good thing for New Jersey — both increasing motivation levels, as well as the creation of more opportunities for people to find new jobs within the state.

INTERIM HIRING — A LIFE SCIENCES INDUSTRY TREND

Interim hiring — the placement of highly qualified professionals to fill companies' needs for fixed duration projects — is another growing trend in both Pennsylvania and New Jersey. Molineaux predicts interim hiring will continue to be a trend in the future, as well, especially for functions that are transferrable from one company to another, such as finance and regulatory.

"We definitely have seen an increase in interim placements," says Hart. "It's a great way for companies to bring in highly talented people. It also provides opportunity for people to build their resumes," she adds, "as well as to break into a company that may potentially be the source of their next full-time position."

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To Gain EMR Acceptance, Lead Rather Than Direct

By Patti Styles and Praveen Chopra



Patti Styles



Praveen Chopra

Anyone who has ever lived through an electronic medical record (EMR) implementation – whether in a private practice, outpatient clinic or hospital – will tell you that it is extremely complex. Hospitals across the country have learned through trial and error and watching others’ mistakes that there are various best practices all implementations should include. However, one that’s often overlooked – or minimized – is the engagement of staff and leadership at all levels.

When people are engaged, they are mentally and operationally prepared to accept the new systems you’re about to hand over to them. They take ownership of the change and no longer view implementations as something that the IT department is “doing” to them. Instead, they take an active part in ensuring the launch’s success. Leaders and staff analyze what the changes will mean for their areas and try to identify where operational or technical problems may arise so they can fix them before the launch. Leaders also leverage their early adopters and help those who are resistant to overcome their concerns.

This spring, Children’s Healthcare of Atlanta took a big step toward integrating patient care with the way we do business by implementing our scheduling, registration, and hospital and professional billing functions with our existing EMR system. The rollout impacted more than 6,000 staff members who were spread among two hospitals, 15 neighborhood locations and our Office Park.

We knew departments had to be fully prepared and take every precaution to ensure all employees directly and indirectly affected understood what changes were coming and where to go for support. As with all large-scale organizational changes, we used a carefully orchestrated combination of training and communication methods to disseminate this information. However, to really get staff and leaders to take ownership of the transformation, we took our engagement efforts a step further. Some included:

- Establishing a **guiding team** of key leaders from medical staff, operations, quality, human resources and IT to provide direction, remove barriers, allocate resources and monitor progress.
- Distributing an **operational preparedness survey** to leaders whose areas would be impacted. We designed the questions in such a way that the survey would reveal how prepared departments were, but also raise the anxiety level of those who were not fully taking ownership of the changes their areas were about to undergo. We then scheduled **operational alignment meetings** with leaders to ensure they had the appropriate awareness level and a plan for how to address gaps or potential challenges.
- Preparing **super users** to not just be technical experts for their departments, but also champions of the transition.
- Extensively **evaluating the physician practices outside our walls** to determine how each would be impacted. We communicated to each group about the changes they could expect and how to address them.
- Producing a **short video** that provided a humorous snapshot of how the upcoming implementations would affect staff. We showed the video in key leadership meetings and encouraged attendees to show it to their staff. To better ensure that the video sparked a meaningful discussion about how the implementations would impact them specifically, we also created a **Q&A toolkit** to help leaders start productive dialogue

with their staff.

- Encouraging departments to discuss the formal training they’d received and **tailor what they’d learned** to fit their department’s processes and workflows.
 - Developing **feature stories** for our intranet home page that, in addition to communicating project milestones, highlighted how various departments were preparing for the upcoming implementations. For instance, we incorporated examples of how Surgical Services staff came in on the weekend to run through various scenarios in the EMR system’s test environment and how Sports Medicine removed clinicians’ ability to schedule their own patients three months before the implementation so it was one less change to adjust to on launch day.
 - Scheduling a **road show** in which we visited clinical and clinical support departments to explain the upcoming changes and encourage them to think about the questions they should be asking (and addressing, if necessary) to better position themselves for success.
 - Crafting **weekly e-mails** to leaders in the weeks leading up to the implementations to drive department and leader engagement and accountability.
- These types of activities build a strong partnership and shared sense of ownership when issues arise. Such relationships emphasize solutions and enable us to overcome obstacles more quickly and efficiently. With change as complex and widespread as an EMR implementation, we think engagement at this level is essential. †

Patti Styles is the Internal Communications Manager and Praveen Chopra is the Chief Information and Supply Chain Officer for Children’s Healthcare of Atlanta, a not-for-profit organization committed to enhancing the lives of children through excellence in patient care, research and education.



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Patients as hand-wash police? You're kidding, right?

By Dell Richards



Since I began working with the issue of hand-hygiene, I have become extremely conscious of whether people wash their hands—or not.

So much so, I recently asked a shopper at the food co-op who was pawing through strawberries trying to find just the right ones for her basket if she'd washed her hands. You can guess what happened. (She was not amused.)

The Centers for Disease Control and Prevention recently launched a campaign to get patients to ask doctors and nurses in hospitals to wash their hands. A campaign video currently is being played on closed circuit TV in patient rooms,

lobbies and ER waiting rooms. The video has the patient asking the healthcare professional to wash their hands, whether they already have washed them or not, so that the patient can witness it.

As a public relations professional, I have many issues with this approach to hand-washing compliance as a way of decreasing healthcare-associated infections. Not only is the idea of washing twice time-consuming, but the campaign could have the opposite effect.

Why would a healthcare professional wash up prior to seeing a patient only to wash again when the patient asks? They wouldn't. And if the patient doesn't ask, they might not wash at all.

In fact, the approach is completely backward in nearly every imaginable way.

Patients are in hospitals because they are unable to care for themselves. Because they give healthcare professionals the power of life and death over them, they are not in a position to order anyone order around, despite what the campaign suggests.

When I asked the shopper if she washed her hands, she got extremely offended, as you would expect. Admittedly, I was a stranger, not exactly an analogous situation. But as member-owners of this small food co-op, we tend to be very involved, making our voices heard on a very detailed level.

Nonetheless, offending a healthcare professional is exactly the opposite of what a patient wants.

Being cared for by someone you trust is part of the healing process. As such, placing the burden of monitoring hand-wash compliance on patients is counter-productive. Anyone who is that vulnerable should not be held responsible for the actions of others, even when it comes to their own safety.

If this idea were implemented, where would it stop?

Should the patient's advocate be a medical practitioner who quizzes the doctor's

knowledge of medicine? Should the patient demand to see a surgical procedure before he or she has one to be certain the doctor can prove he or she knows how to do it?

To set up an adversarial relationship is in no one's interest, especially not the hospital.

Do hospital administrators really want patients asking why hand-hygiene is such an important issue?

Once the doctor leaves the room, do executives really want nurses explaining that nearly two million people in the U.S. acquire healthcare-associated infections each year and more than 100,000 die of them annually?

I don't think so. Hospitals already have enough lawsuits without handing out ammunition.

As I talked to the strawberry "paw-er", it struck me that everyone groped the fruit. Even me. Touching the produce to make sure it's ripe is what you do. I only singled this woman out because her behavior was more egregious than usual.

Not surprisingly, a random survey of 277 physicians and nurses found that two-thirds of them had a negative response to the idea of patient involvement in hand-hygiene compliance, as presented by Yves Longtin, M.D., of Geneva University Hospital at the 50th Interscience Conference on Antimicrobial Agents and Chemotherapy this past September.

The survey found that:

- Nearly half said they would feel humiliated if they had to admit to poor hand-hygiene.
- More than a third said they wouldn't wear badges encouraging patients to ask about the subject, and,
- Nearly a third said they wouldn't appreciate patient reminders.

Neither would I and neither did the other shopper.

Luckily, she worked with "special need" children and was intensely aware of the importance of hand-hygiene. She assured me that she had washed her hands. I left it at that. I did not ask her to prove it.

As someone who has experienced this campaign scenario firsthand—albeit in a different context—I can assure you that making the patient the "hand-wash police" is the worst possible response to this important issue.

And, when there are simple, effective, unobtrusive, unbiased ways to monitor hand-washing, it also is completely unnecessary. †

Dell Richards is the owner of Dell Richards Publicity, a Sacramento public relations firm that specializes in healthcare and healthcare-related issues. Dell Richards can be reached at (916) 455-4790 or dell@dellrichards.com.

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A Unique Opportunity to Help Your Patients with Asthma

By John Chamberlin

Since 2007, The University of Pittsburgh's Asthma Institute has been working to improve the lives of patients with asthma as well as understand, scientifically, asthma and allergy related diseases. The Institute, Directed by Dr. Sally Wenzel, sees patients of all ages from geographical points as far as 3,000 miles from Pittsburgh.

Dr. Sally first came to the University of Pittsburgh in 2006 to start the Institute. In 2007, the staff size was 8. In three years, the Asthma Institute has grown to 15 employees. The program currently sees approximately 400 patients per month under various clinical programs and research projects.

The target audience for the Asthma Institute is all patients with asthma, pediatric and adult. There are at least 6 different research studies currently being coordinated at the Institute including:

- Baseline asthma testing
- Studies of severe pediatric and adult asthma
- Studies of treatments aimed at a cell type that is high in asthma (an "eosinophil").

Planned studies will include:

- Evaluation of the role of Vitamin D deficiency and supplementation in asthma
- The use of antibiotics to prevent exacerbations of asthma in infants

The National Institutes of Health (NIH) supports the Severe Asthma Research Program (SARP) which is one of the current studies taking place at the Asthma Institute. SARP is the world's most comprehensive study of adult and pediatric patients with severe asthma. Through this study, The University of Pittsburgh's Asthma Institute is linked to 3 other leading university centers to form a network which is dedicated to understanding asthma and improving asthma treatment. To date, over 1500 asthma patients and healthy individuals have participated in SARP and have contributed to a broad recognition that asthma is likely not a single disease, all of which should be treated the same, but rather a group of diseases that can look similar but be caused by different things. These studies are generating treatment trials which target the specific factors contributing to each individual person's asthma.

The SARP program's purpose is not to investigate new treatments for asthma. Its main focus is to gather data from patients with asthma including answers to simple questions, to perform lung function, allergy and blood testing, as well as

genetic and lung inflammation testing. This information, gathered over a series of 4-6 visits, is uploaded to the centralized database coordinated by the NIH. General patient qualifications for the SARP study include:

- Diagnosed with asthma by a physician
- Require high or continuous doses of asthma medications, such as Advair, Symbicort, Prednisone or Medrol
- Still have asthma symptoms on a regular basis
- Have had frequent or severe exacerbations of asthma (requiring prednisone, ER visits, hospitalizations)
- Not currently smoking and have smoked less than 5-10 years total
- Between the ages of 6 yrs and 75 yrs of age
- *Although patients do have to be evaluated and treated in the Asthma Institute's Oakland office, those patients that are eligible, are compensated for their time spent participating in the study, parking fees as well as are often eligible for partial or full medication subsidies.*

The Asthma Institute also specializes in general treatment of asthma, as well as particularly in asthma that is difficult to treat, either in children or adults. The Difficult Asthma clinic uses state of the art evaluation and treatment approaches to personalize the evaluation, understanding and treatment of each patient. Most of their difficult asthma patients improve substantially following evaluation in our clinics.

According to Laila Moore, Outreach Coordinator and Research Recruiter, when patients are referred by their Primary Care Physicians (PCP), the Asthma Institute works hard to keep the PCP up to date with the patient's treatment. In addition, the staff encourages the study patients to continue seeing their PCP for ongoing healthcare needs.

For information on the University of Pittsburgh's Asthma Institute or Dr. Sally Wenzel, go to www.asthmainstitute.pitt.edu. Dr. Wenzel and members of the Asthma Institute staff are also able to provide more information in person by speaking at your club or community function.

If you are interested in a speaker, outreach activity or referring a patient to the Asthma Institute, please contact Laila Moore by calling 412-864-2046 or 866-804-5278. Additionally you can email Ms. Moore, moorela@upmc.edu.



Dr. Sally Wenzel

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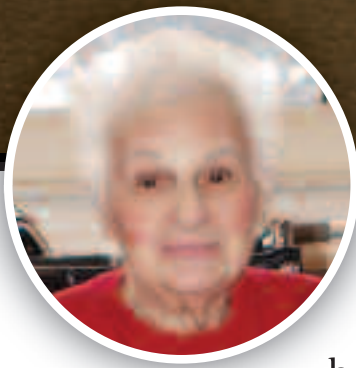
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“After my hospital stay, I was admitted to The Commons at Squirrel Hill. I was determined to get better, and the physical therapy staff encouraged me all the way.

They even made it fun! I was one of the first patients to use the rehab gym’s new GameBike, an exercise bike with a video console.

“Three months after being wheeled into The Commons, I came home. The staff arranged for a visiting nurse and rehab services to help me continue to get stronger at home. The rehab program at The Commons helped me get my life back.”

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We’re Perfecting the Art of Superior Care.

Patient-Centered Approach a Key to Care at Joyce Murtha Breast Care Center

By Shawn Piatek

October was a very special time at Windber Medical Center's Joyce Murtha Breast Care Center (JMBCC).

Not only was October designated as National Breast Cancer Awareness Month, it was also Patient-Centered Care Awareness Month for Planetree. Windber Medical Center is one of 10 Planetree designated hospital's in the world, a testament to the hospital's commitment to top-quality patient care.

Those two observances are emblematic of the services provided at JMBCC. Not only does the center feature the most cutting-edge in breast imaging technology and techniques, those services are delivered with careful attention to detail and compassion to ensure the highest possible level of care to all of its patients.

The technological advantages and spirit of caring at JMBCC are coupled with the highly competent skills of Dianna Craig, MD, FACS, a board-certified surgeon specializing in breast diseases whose office is on site, giving JMBCC a distinct advantage over other facilities in the region.

"My mammogram was so gentle compared to those I've had at other facilities," said Kathleen Moschella, a patient from Altoona. "Dr. Craig explained where she had found a lump and told me a biopsy was required. I was so glad to have everything done in one day, and I didn't need to wait forever for an appointment."

Fear of discomfort during a mammogram has been known to prevent some

women from having regular mammograms. JMBCC is a "Softer Mammogram Provider," utilizing a breast cushion which results in a more comfortable mammogram for most women without affecting the quality of the images obtained. It also provides a warmer surface for the exam.

"I had no discomfort while having my breasts squeezed by the machine. It didn't hurt at all," said Sandra Kalanish, a patient from Central City. "The waiting room is very well equipped with things to read, and I enjoyed being able to have coffee or tea."

JMBCC exemplifies the principles of Planetree in all of its patient interactions. Delivering bad news to a patient is a reality in medicine, but the staff at the JMBCC always goes the extra mile for its patients, treating them like family.

"Dr. Craig is friendly, kind and direct," said Betsy Hurst, a patient from Holidaysburg. "When she came into the room to tell me my diagnosis, she told me I had breast cancer and how we are going to deal with it."

"I was naturally in a bit of a fog but the staff explained everything and provided me with written information I needed to know and what would happen next. I was also given the results of my tests so I could go home and understand everything better. I received the name of a woman from my area that went through breast cancer who I could talk to. I've now returned the favor and mentor others. I consider everyone at the JMBCC my friend."

Windber Medical Center is committed to patient-centered care which is evident at its Joyce Murtha Breast Care Center where patient-centered care is the core of the high quality care that is delivered to all of its patients.

For more information, visit www.windbercare.org.



Dianna Craig

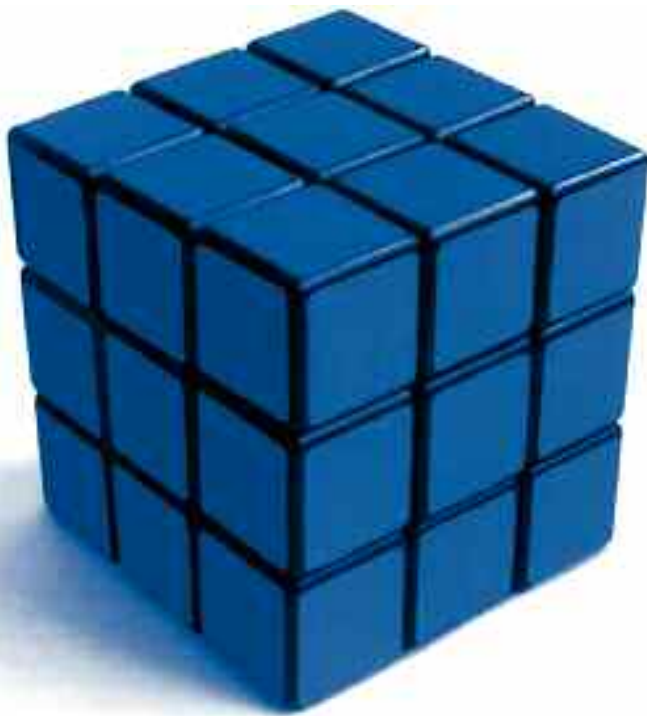


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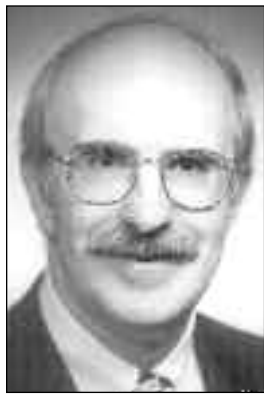
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New Health Care Reform Law is Changing the Rules For Employers



By Joseph Vater

Health care reform is now in action. The first changes called for in the Patient Protection and Affordable Care Act of 2010 are starting to kick in, and employers and employees will soon feel the impact on their health insurance plans.

Over the next seven years, the Affordable Care Act will revise and rewrite the rules guiding how insurers, providers, individuals and employers manage health care and health insurance benefits. The federal law will create new programs, modify health plans, set and remove limitations on coverage and mandate many other changes affecting both the companies that offer health benefits and the workers enrolled in employer-sponsored health plans.

Though some of the new law's provisions won't be in action for years to come, four key changes to health insurance benefits for many companies and their workers are set to take effect in the near future:

1. Small employers have the option to offer a new "Simple Cafeteria Plan."
2. Over-the-counter medications are no longer qualified medical expenses without a prescription.
3. Employees face an increased penalty for using health reimbursement arrangements and other consumer-directed accounts for non-qualified medical expenses.
4. Employers must report the cost of health benefits on employee W-2 forms.

SIMPLE CAFETERIA PLAN

In 2011, a Simple Cafeteria Plan will be available for employers with less than 100 employees. The new plan gives smaller companies the opportunity to offer a cafeteria plan, which allows employees to pick and choose benefits and may include a tax-free HRA or FSA for medical expenses. Assuming that employer's plans meet eligibility, participation and contribution requirements, certain nondiscrimination requirements of the Internal Revenue Code that call for the same coverage for every employee will not apply. This exemption lessens the administrative burden of offering cafeteria plans and may make such a plan more attractive to an eligible small employer.

NO REIMBURSEMENTS FOR NONPRESCRIPTION DRUGS

In addition to upping the penalty for using HRA funds to pay for non-qualified medical expenses, the Affordable Care Act will tighten up the list of qualified expenses. Under the new law, employees can no longer use tax-free savings from their HRAs or FSAs to pay for over-the-counter medications. All nonprescription medications will be considered a non-qualified out-of-pocket expense.

INCREASED PENALTY FOR NONQUALIFIED EXPENSES

The Affordable Care Act doubled the penalty for employees who use HRA funds to pay for non-qualified medical expenses. Consumer-directed plans like HRAs allow employees to pay for a wide range of medical expenses not covered by traditional health plans, as long as they're listed as "qualified" by the Internal Revenue Service (IRS). But employees will also now face a 20 percent excise tax on any expenses the IRS designates as non-qualified, such as gym memberships, cosmetic procedures and nutritional supplements.

HEALTH COVERAGE COSTS ON W-2 FORMS

Recently postponed from 2011 to January 2012, employers will have to calculate the cost of health coverage for individual employees and report that cost on each employee's W-2 tax form. The new rule applies to any employer-sponsored health plan, including health savings accounts (HSA), health flexible spending accounts (FSA) and health reimbursement arrangements (HRA), whether the company or the employee covers the cost of coverage. Though the IRS pushed back the original start date for the reporting requirement until 2012, employers will need to prepare to take on the responsibility of calculating costs for every employee and incorporating the information into their records for the 2011 tax year.

It might not be until 2018 that the Affordable Care Act is in full effect, but employers need to pay attention now for new rules and requirements affecting the health benefits they offer their workers. Companies of all sizes, in all industries offering employer-sponsored health plans could feel the impact of health care reform in the near future. It's every employer's responsibility to keep their employees informed of changes to health insurance plans and make sure their business is in compliance with all federal employment laws.

To contact Joseph Vater, of Meyer, Unkovic & Scott LLP, email jav@muslaw.com.



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Could We Be Doing It Better?

By Nick Jacobs



Several months ago, I met a white haired gentleman of average stature at a meeting. When I asked him what he did, he replied, "I'm a patient advocate." "So am I," I replied, "I even wrote a book, 'Taking the Hell out of Healthcare' about it." "Yes," he said, but I found a way to make a living from doing this." His name is Harry and he is an actuary. In those ying and yang posters, that would put us at opposite ends of the proverbial left brain/right brain sphere. He had analyzed health care records for about thirty years and could prove what we all know, that between 5 and 7% of our employees use up about 80% of our healthcare dollars. That, my friends, is NOT rocket science or brain surgery. All you need to do is hang around some sick people for awhile, and you'll realize that "our system" is set up to keep doing things to them over and over again. Usually, its not to help them eliminate the problem, but to maintain their life in a chronically challenged situation.

So, I asked him what he does, and he indicated that he hires nurses, pays doctors and employs "MANAGED CARE'S GREATEST HITS." Now every health insurance company in the world will claim the same thing, but everyone who has ever been turned down for anything by any health insurance company knows that 1.) the bottom line reason was usually THEIR bottom line, or 2.) it's a nurse against your doc, and your doc has not employed all of the verbal and intellectual tricks to convince him or her to allow you to have the test or take the drug that he thinks you need.

Harry went on to explain that these 5 percenters usually have anywhere from nine to fifteen docs with whom they interact on a yearly basis, and, not co-incidentally, these physicians usually don't do a great deal of interacting with each other, hence the need for patient advocates. This is where Harry's nurses come into the picture. He assigns a nurse to each high risk patient, allows the patient to pick their "favorite quarterback doc," and then pays that physician to help hold down the duplication of unnecessary tests. Makes sense, huh? I can just hear my Internal Medicine physician saying, "Nick, you don't need those 13 other chest x-rays this month, the first one will do fine for all of us."

Interestingly enough, this system WORKS, and it works pretty darn well because it's NOT about saving money for the insurance company; it's not about

depriving the patient of needed tests; it's not about controlling the patient or preventing him or her from having what they need, but it is about eliminating the unnecessary tests, meds, and procedures. Harry had letter after letter from grateful patients, families, and employers thanking his people for helping them navigate their way through the maize of this very complex, sometimes disconnected, procedure oriented system.

The other interesting thing is that Harry likes to go to a town and start first with the hospitals because their employees are the most comfortable with using EVERYTHING and have the easiest access to the most doctors. It's a great way to prove the system works. From that point on, he then works to bring all of the major employers into the fold, and ties them into the primary hospitals. It's something that only an actuarial could have accomplished because, as Harry readily states, "It's taken me about 30 years to perfect this system." The patient is protected from being over tested in an indiscriminate manner; the hospitals or businesses save a considerable amount of money and usually have limited increases in their annual healthcare costs, and the savings are cumulative over the years. So why not try something that will improve the employee morale, patient satisfaction, and quality. †

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, "Taking the Hell out of Healthcare" and the humor book, "You Hold Em. I'll Bite Em." Read his blog at healinghospitals.com.




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Electronic Health Records: Opportunity's Knocking

By **Gray Tuttle, James Schafer,**
and **Joseph P. Heider**

Last year's *American Recovery and Reinvestment Act* set aside \$19 billion to advance the adoption of Electronic Health Records (EHR) among qualified providers. The plan intends to underwrite half of the nation's qualified medical providers \$44,000 each over five years to implement EHR if they qualify under the Medicare program or up to \$66,000 under Medicaid.

The federal government's goal under its Health Information Technology for Economic and Clinical Health Act (HITECH) is to jumpstart EHR adoption in medical practices. One reason is to improve patient safety and patient service. Studies point to thousands of deaths each year that can be attributed to contraindications of medication alone. Good EHR systems can help eliminate these kinds of medical errors by prompting a doctor with an alert if a medication is contraindicated for a particular patient.

Another reason to boost EHR is that full implementation can save billions of dollars each year in costs to the Medicare program.

Providers will likely have to satisfy at least two requirements to be eligible for these stimulus funds:

1. Any electronic health record system used by a medical provider has to be certified. Right now, the predominant certification body is the Certification Commission for Healthcare Information Technology, or CCHIT. It's almost certain, though, that other certifying bodies will be approved for use in tandem with these stimulus funds for EHR.

2. The second step will include meeting HITECH's "Meaningful Use Criterion."

A GREAT INDUCEMENT

Once these standards are met, a private practitioner is eligible to receive \$44,000 in stimulus funds for EHR but only as a function of the qualified provider's level of participation in Medicare.

What that means is that eligibility centers on the provider's approved Medicare charges starting in 2011, or the services provided to Medicare beneficiaries and the level that Medicare approved for payment. In other words, the reward level is equal to 75 percent of the provider's approved charges submitted to Medicare each year of the incentive program.

Here's how the \$44,000 per provider over five

years works. To get the maximum \$18,000 offered in the first year of the program, a provider would have to meet \$24,000 in approved Medicare charges. After the first year, the reward dwindles to \$12,000 in year two; \$8,000 in year three; \$4,000 in year four; and finally, \$2,000 in year five.

To receive the maximum \$44,000 – and this is critical – a qualified provider must enter the program either in 2011 or 2012. That means qualifying, adopting and installing an EHR system in your medical practice before the end of 2012. If you hesitate and start after that, the first year of the award (\$18,000) is eliminated.

Practitioners who are already working with EHR in their offices can pursue these funds, as long as those systems are properly certified and meet the HITECH "Meaningful Use Criterion."

MORE INCENTIVE

If a practice doesn't implement EHR by 2015, the federal government will reduce its approved charges for Medicare by one percent. In 2016, it'll be two percent and in 2017, three percent. You can wait until 2015 and still receive a couple of year's worth of the stimulus funds, but under the penalty provision you'll suffer a year of reduced payments in approved Medicare charges.

If your practice doesn't have an EHR system in place yet, it's not too soon to begin your due diligence by considering the vendors who offer them.

Advances in technology happen at lightning speed, driving competition and lowering prices. Some physicians' practices that put in EHR systems five years ago spent as much as \$40,000 or \$50,000 per doctor, up front. They borrowed the money and paid interest on that over five years. Today, an EHR system using broadband access to the Internet, where software can be acquired and data stored through cyberspace, may cost an entire five-physician group just \$25,000 in implementation and training fees and \$3,000 per month for the practice management and EHR access. However, these costs do not include computer hardware.

So, there's no better time than now to begin investigating an EHR system that would be right for your practice. Because these systems have been around for awhile and are more refined, it's safe to say that the acquisition, training and implementation costs on a per provider basis would be less than \$44,000.

A doctor's time is the most expensive resource in any medical practice. So vendors are constantly updating their EHR products to make them as user-friendly and efficient as possible. There are eight to 10 systems right now in Michigan that are popular, ranging from an extremely complex and sophisticated operation that does it all to a more scaled-back version that can be added to as you go forward.

Moving your practice over to EHR takes commitment from the staff in order for the system to help your practice run smoothly and most efficiently. Getting buy-in from your practice manager is important, too. At first, you may have to deal with all sorts of objections from your staff and perhaps your own colleagues ("I don't understand computers." "The patients aren't going to like it." "It's going to slow me down." "It's going to cost too much." And so on).

But aversion to technology is no way to practice medicine today. In fact, these EHR systems can actually help you make more money through better billing practices, better coding and documentation practices and better compliance.

Those family physicians who are caring for young and healthy patients will find they have a competitive edge since these patients are accustomed to using technology to stay connected. They'll want their providers to give them access through patient portals so they can make appointments, obtain their test results, send e-mail queries, etc. They can't do that with physicians who don't have EHR.

As they say, do the math. If you've been contemplating EHR for your medical practice, there's no better time than now. If you qualify, it's basically a free installation under the federal HITECH program. You can choose to do it five or six years, but Uncle Sam is not going to pay you for it and will, in fact, penalize you for the delay. †

Joseph P. Heider, JD, ChFC®, CLU® is a Principal of Rehmann Financial in Cleveland, OH. Gray Tuttle, CHBC, is a Principal; and James Schafer, MPA, is a Managing Principal at the firm's Michigan offices. Rehmann Financial addresses the wealth management and business consulting needs of high net worth individuals with an added emphasis on physicians. For more information, visit www.rehmann.com. This article, reprinted with permission, was originally printed in the Summer 2010 issue of BWD Magazine.

Healing Emotions After Loss

Grieving the death of a loved one is undoubtedly one of the hardest things we may ever do as humans. Strong feelings of sadness and loneliness commonly occur following the death of a loved one. Other painful feelings, like fear, anxiety, guilt, resentment, anger, and shame are also common. Experiencing any or all of these emotions during acute grief can be very normal.

However, some people find that their grief does not change with time. These people are bothered by something that happened around the death or about how things have been after the death. These people are "stuck" in the grieving process and suffering from the condition called complicated grief. No matter how long it has been, they still feel that all they want is to be with their loved one again. They might try to do things to feel closer to the person who died like spend a lot of time looking at pictures or visiting the grave again and again; sometimes, they get so emotional when they are reminded of the person who died that they want to avoid these reminders. People with complicated grief often feel that life is empty and meaningless or that joy is no longer possible for

them. They might frequently feel angry or bitter about what happened or feel confused about what to do with their life. They feel distant from family and friends, who seem like they don't understand and are disappointed in their inability to adjust to the loss.

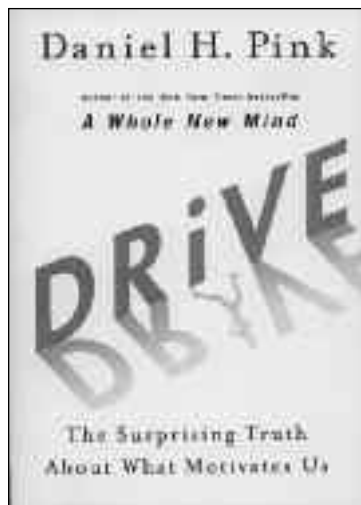
Researchers at the University of Pittsburgh are hoping to learn how to help people suffering from complicated grief. There is evidence to support the use of a specialized talk therapy that targets the sadness around grief along with working toward resumption of pleasurable activities and life goals. Additionally, there is some preliminary data that suggests the use of medication in addition to the specialized talk therapy could increase rates of improvement in grief related symptoms. The Healing Emotions After Loss (HEAL) study aims to uncover which treatment is optimal in helping survivors restore their lives. †

Charles F. Reynolds III, MD and his team are in the initial stages of recruitment for this study. Individuals between the ages of 18 and 95 who are grieving for at least six months since the loss may contact HEAL Study Staff at (412) 246-6006 for further information.



“Drive: The Surprising Truth About What Motivates Us” by Daniel H. Pink

c.2009, Riverhead Books, \$26.95 / \$33.50 Canada, 272 pages



Review by Terri Schlichenmeyer

You are a record-holder.

Nobody else in the entire building can say they won a game of computer solitaire faster than you did. And you accomplished it through hours of practice and more losses than you'd care to admit.

You're good. You're the envy of your office-mates. If only your boss knew....

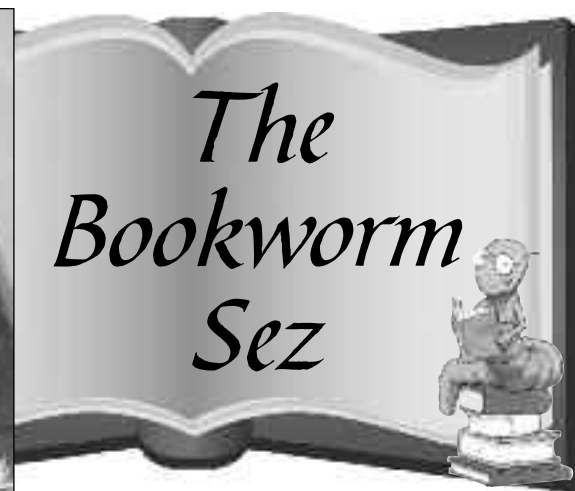
But what if your boss started to pay you for your solitaire prowess? What if your salary was based on being Number One at computer cards? In the new book **“Drive: The Surprising Truth About What Motivates Us”** by Daniel H. Pink, you'll see why you never want to find out.

For decades, researchers have known that humans act on two main drives: biological (food, water, sex) and environmental (rewards from outside sources). Obviously, your solitaire habit doesn't feed you, hydrate you, or help you procreate. You might get accolades now, but what got you started on the game in the first place?

Studies have shown that there's another reason, a fragile “third drive”: we do things that have no intrinsic value just for the joy of doing them. That third drive is both a problem and a solution in business.

Let's say that your boss decides to pay you for playing solitaire, since you're so good at it. You'd be a solitaire-playing fool for awhile but (as you can probably guess) the fun won't last. When play becomes work, it ceases to be the third drive. Even if your boss ties your score to a monetary reward, the game won't be enjoyable for long. Solitaire becomes a chore.

Rewards, as it turns out, can backfire. Studies show that when people are offered compensation to complete a task, they got the reward quickly but long-term results fell off. Thus, Pink says, “if-then” rewards (IF you do this, THEN you



get that) can harm productivity. Punishment makes things even worse.

So what's your boss to do?

Humans need autonomy. Allowing you leeway in your workday would make you more focused on your job. Releasing your creativity would mean better on-the-job satisfaction. Managing without managing and letting you set your own goals would make you feel more in control. And giving you a chance to get into “flow” would make you more productive.

Although it'll be a challenge for many workplaces to embrace what's inside “Drive”, and though author Daniel H. Pink admits that autonomy won't be advantageous to most task-driven businesses, this is the kind of book that every business owner should read.

Surprisingly, Pink shows that “management” may go the way of rotary phones and mimeograph machines in the office. Of course, there are exceptions to every rule, but Pink says future jobs (those that rely on creativity more than physical labor) won't need to be “managed” and that allowing employees to do non-work at work actually makes them work harder.

While I wouldn't call this book a casual read, for healthcare professionals, it's a *must-read*. If you want your organization to be around in the future, what's in “Drive” is in the cards. †

The Bookworm is Terri Schlichenmeyer. Terri has been reading since she was 3 years old and she never goes anywhere without a book. She lives on a hill in Wisconsin with two dogs and 12,000 books.





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Cura Hospitality's Culture Change Guide Recognized with National Award from Food Management Magazine

By Lori Boone

Nursing and dining systems would seem to be very fundamental: nurses do nursing, dining staff does food, right?

Not if you want the best possible person-centered care experience in the most homelike environment, Cura Hospitality has found. Changing the mindset so that the two go hand-in-hand is a major component of Cura's award-winning Culture Change Guide.

Cura, headquartered in Pittsburgh and provides food service at more than 50 hospitals and senior living communities in the mid-Atlantic area, is a member of the Eat 'n Park Hospitality Group. Its Culture Change Guide recently was nationally recognized with an honorable mention from Food Management Magazine's 2010 Best Concepts Award.

Deb Santoro, Cura director of training and development, serves on the culture change committee made up of operators and clients who created the guide in part by studying best nationwide practices and addressing administrators' wish lists.

Santoro said education and training is a major component of how to successfully make the transition from the traditional "medical model" of continuing care to a "resident-centered" experience. But culture change is more than just changing the appearance of the facility, for example with alternative kitchens such as pantry and country kitchens and green spaces.

Cura was able to make administrators' visions of creating a partnership between nursing and dining staffs a reality. The practice is now in effect in different phases at every facility Cura serves. Hurdles vary at each place, Santoro said, with most requiring some physical redesign to accommodate the necessary equipment.

Providence Point in Pittsburgh's South Hills, which is just over a year old, started out with the concept. Even so, administrators had to deal with the culture change.

"Part of the struggle was (overcoming) the old mentality that food service does it all and nurses only do nursing," Cheryl Torre-Rastetter, Cura general manager at Providence Point, said. Upon hire, nurses are now educated as part of the process that food service is shared.

Nurses are trained in food safety, including in the areas of recording and keeping correct temperatures, cross-contamination, allergies and sanitation. Food serv-

ice workers, typically trained to carry their work through to consumption, had to learn to hand it off.

"It really was a large learning curve. It took a good six months and a lot of patience," Torre-Rastetter said, adding managers were on-scene a lot and meetings were common.

The result? "Ninety to 95 percent of the staff is really buying into the program and seeing the rewards," she said.

She said nurses can do some food preparation such as scrambled eggs or sandwiches if a need arises in an off-time. "It really does offer flexibility for that resident," she said.

She said it's more productive to have another certified nurse assistant on a unit helping occasionally with food than to bring in a food service worker. She said the CNAs also found they enjoy the break in routine.

The obvious benefit to patients? They can eat at their own pace, and they're eating more. The obvious benefit to facilities? Much less use of supplements, such as Ensure, and more efficiency, Torre-Rastetter said.

Santoro stresses that the guide's not complete. "We're all still on the journey." She said everyone recognizes the need that in order to stay competitive, "we need to stay on this path."

Santoro added that the committee's next step will be to reflect, then look at what's next. The committee will examine to what extent residents should be participating in menu planning and setting tables, "a whole process of getting closer and closer to home," she said.

"There's nothing more exciting than seeing this kind of change take place. It's inspirational for all the leaders in the field," she said.

Cura will also continue to change the food service culture in "memory support



Cura chefs and residents participate in a Growers Day.

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LEADERSHIP PROFILE



Name: LuAnn Onufer

Organization: Gateway Hospice

Title: Director of Clinical Services

Years at current position: Started position June 2010

Education: Associate Degree in Science CCAC South '91; BSN Carlow College '97"

What's your favorite part of a typical day? There are no typical days. That's what I love about my job, new challenges and opportunities every day.

Your philosophy of success? "Bloom where you are planted." Wherever you are you can turn your situation into a success.

Person you admire most? My mother, for her strength, love, support and passion for her family.

Biggest challenge confronting healthcare today? Reimbursement cuts. This will require creativity and diligence to maintain ongoing quality care.

What advice would you offer young people considering a career in healthcare? Even with challenges it is still a rewarding career with diverse opportunities.

neighborhoods,” skilled-nursing areas focusing on special-needs residents with afflictions such as dementia or Alzheimer’s.

Santoro said there will be a huge emphasis on stressing relationships and connections with staff by having them sit with residents at mealtimes and maybe even eat with them, engage in conversation and reduce outside distractions.

The use of color-contrasting plates and clear glasses also has shown to increase food intake up to 43 percent, she said.

Also, increasing finger foods to encourage independence and preserve a dignified environment is another area to explore, Santoro said.

“It’s a total subgroup within culture change,” she said. “It’s exciting.”

For more information, visit <http://www.curahospitality.com>. †



Residents enjoy a Cura-Sponsored Nutritional Tour.

Cura Nationally Recognized for Culture Change Guide by Food Management’s Best Concept Competition

Cura Hospitality, a dining services provider headquartered in Pittsburgh specializing in senior living and healthcare, was nationally recognized with an honorable mention for the creation of the Cura Culture Change Guide by Food Management (FM) Magazine’s 2010 Best Concept Awards competition, which recognizes and celebrates innovative thinking and practice in onsite foodservice. The goal of the Best Concept Awards program is to recognize these innovations and the organizations and teams responsible for them...allowing onsite operators to manage foodservice more successfully, more efficiently and to better meet customer expectations.

The Cura Culture Change guide is a comprehensive tool that aids administrators to enhance the quality of life for assisted living and skilled care residents by providing the steps and information requirements to transition dining and hospitality services from a medical model to a person-centered care experience that creates a home-like environment, while improving the work satisfaction levels of staff.

In the guide, Cura provides the step-by-step process, tools and resources that help to enhance daily living including how to: incorporate home-style dining services that helps to promote socialization; improve nutrition among residents; procure equipment for alternative kitchens so residents (with staff assistance) may prepare their own foods; design outdoor and green spaces that helps to improve residents’ health; create gardens where residents may harvest foods that are used in the preparation of daily menu items; and most importantly, train our staff and clients’ staff to provide personalized services that re-creates the memories and family comforts of home.

“Our goal is to be a resource for our clients in implementing their individual culture change dining and hospitality initiatives – at whatever stage their community is in. Cura’s guide has something for everyone,” says Mitch Possinger, Cura Hospitality President and Founder.

A member of Eat’n Park Hospitality Group, Cura Hospitality is a highly responsive and innovative dining services and hospitality provider dedicated to a mission of Enhancing Life Around Great Food. Cura serves over 50 senior living communities and hospitals throughout Delaware, Maryland, New York, Pennsylvania and West Virginia. Cura’s professionals provide hospitality and clinical care to more than 20,000 residents, patients and guests each day. For more information, visit www.curahospitality.com. †

Older Adults and Depression—Treatment Helps

There’s feeling blue once in awhile and then there’s feeling blue without relief. The occasional blue feeling is a normal part of life. Feeling blue without relief can be a sign of what doctors call “clinical depression.” While clinical depression is a common problem for older adults, it is not normal. The good news is, for many older people, depression will get better with treatment.

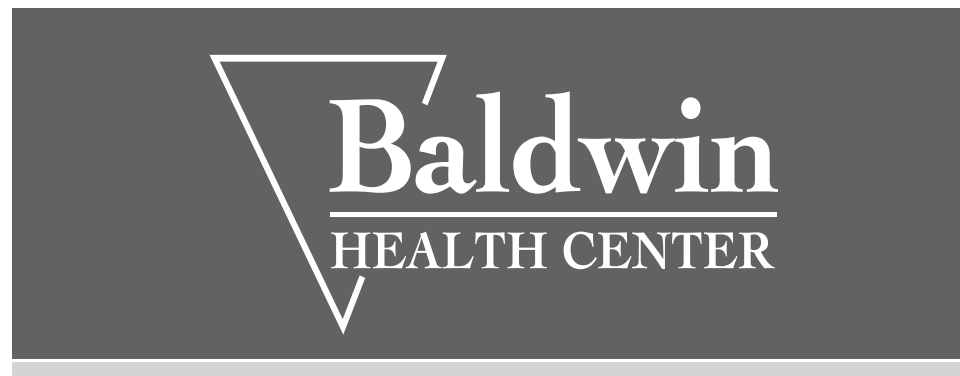
The University of Pittsburgh Late-Life Depression Evaluation and Treatment Center offers expertise in the area of detection of and treatment for depression in older adults. An evaluation at the Center can help differentiate between the occasional blues and the more persistent depression in older adults. This is a challenge because there are reasons why older adults show signs of the blues from time to time including loss of loved ones, changes in health, retirement, and even disability.

What we’ve learned is that the more persistent “clinical depression” does not come and go whereas moments of sadness following a bad day or an unhappy event tend to be relatively fleeting. Depression in late life includes certain symptoms that go on nearly everyday for at least two weeks. These symptoms can include feeling down in the dumps, little interest in activities, changes in appetite or weight, sleeping too little/too much, feeling tired, thoughts of guilt and of low self-worth.

The Late-Life Depression Evaluation and Treatment Center has been researching the effectiveness of various treatments such as certain types of talk therapy and the use of medications alone or in combination with other medications. Charles F. Reynolds III, MD explains that older adults who participate in his studies tend to do well/feel better primarily because they are the recipients of a lot of attention from the staff and physicians. Participants receive close monitoring of their depressive symptoms along with medication management. Additionally, family members are encouraged to participate in their loved ones’ depression care. In return for participating in research studies, evaluation and treatment are offered at no cost.

Treatment helps.

For more information, please contact Jill Houle at (412) 246-6006. †



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Walking Speed: A Vital Sign for Older Adults

By Tonya Miller



There are many vital signs to indicate how your body is performing. Physicians and other health care professionals track blood pressure, heart rate and respiratory rate to monitor a person's overall health - but did you know that your walking speed can be an important vital sign used to predict your overall health, well-being and ability to stay independent as you age? Walking speed or "gait velocity" is measured by timing an individual as he or she walks an established distance - usually 10 meters.

Although walking may seem like the simplest of tasks, it is actually a complex symphony involving many of the body's systems. In order to walk, our bodies must coordinate balance, muscle contraction and relaxation, as well as adjust the cardiovascular system. As one can imagine, a simple change in any of these systems could cause a change in someone's ability to walk, thus reducing walking speed. This is the reason that walking speed is now considered a "vital sign."

Research has shown that the normal walking speed of an older adult (over age 65) is 1.2 to 1.4 meters per second (1.8-2.7 mph). There has also been significant research demonstrating that as walking speed decreases from the normal range, an individual becomes less likely to be able to stay at home safely and may be at a greater risk for injuries and other medical complications including possible increased

risk of death. The good news - research indicates that improvement in walking speed is linked to a reduction in medical complications and also an improved ability to stay independent. One study in particular indicated that individuals who improved their walking speed had a 20% less chance of medical decline than those who displayed a decrease in their walking speed. This same study also showed that over an eight year period, individuals with improved walking speed had a 10% less likelihood of medical decline compared to those whose speed remained the same. So, just by improving the speed at which you walk, you can have a positive effect on your overall health.

Older adults who have difficulty walking when out in the community may benefit from the assistance of a home health physical therapist. Celtic Healthcare's physical therapists work with older adults in their own homes to evaluate their walking speed and overall function and safety. After a comprehensive evaluation, our therapists then develop safe and effective programs to improve the walking speed, functional activities and overall health status of an individual. By partnering with physical therapists to develop medically appropriate programs, older adults can improve their walking speed - a vital component to healthy aging. †

Tonya Miller is the Regional Director/Director of Rehab Education for Celtic Healthcare. For more information about home health physical therapy and Celtic Healthcare's programs please contact Celtic Healthcare by calling 1.800.355.8894.

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A Better Life

By Rafael J. Sciuolo

It may be surprising to learn that some of our Family Hospice and Palliative Care patients receive physical therapy as a regular part of their care routine. While the traditional use of physical therapy is as a rehabilitative exercise, in the realm of hospice, it has a significant impact on comfort. Keeping in mind that a key component of hospice care is quality of life, this makes perfect sense.



Helping a patient engage in physical activity is an effective way to improve his or her quality of life.

“For a bed-bound patient who can’t even roll over, his or her muscles tend to get stiff and this can cause pain,” explains Family Hospice physical therapist Bill Sheppard. “Range of motion exercises help to keep the patient mobile, provide greater comfort and result in peace of mind.”



Bill Sheppard

Research supports this, showing that patients receiving hospice and palliative care live longer than those receiving standard care. A recent study, released by the *New England Journal of Medicine*, also found that patients receiving palliative care reported a higher quality of life through the final course of their illness.

The goals of palliative care are to improve the quality of a seriously ill person’s life and to support that person and their family during and after treatment. Sharing the same philosophy of hospice care which is usually provided in the final months of life, palliative care may be provided at any stage during a serious or life-limiting illness.

Basically, when a patient with life-limiting illness is referred to hospice early, he or she has the opportunity to receive a continuum of care that results in better symptom management, which can promote stabilization of their condition and prolonged survival. Along with physical therapy, other life-enhancing activities include expressive art and music, massage therapy and pet therapy.

Some mistakenly look at hospice as “giving up,” which in reality could not be further from the truth. It is the goal of our care providers to help every patient make the most of life. One of our physical therapy patients, a 92 year-old man from Homestead, exemplified this philosophy when he remarked: “My physical therapist, Amy Cribbs, is wonderful. When she comes through the door, I’m ready to work. She knows I have



Amy Cribbs

The Journey to Improve Hospice Care in America

a goal and she’s giving me the best chance to get there.”

Bill Sheppard and his fellow Family Hospice physical therapists visit patients wherever they call home. Bill has been witness to many extraordinary experiences in his career. The common thread being how physical therapy as part of hospice leads to improved quality of life.

He recalls a 14 year-old girl who was still requesting physical activity until the day she died – because it meant that much to her. And, Bill remembers a nun he worked with, an end-stage heart disease patient who was “basically sent to her (order’s) motherhouse to die,” says Bill. “She wanted physical therapy – and for the last two months of her life, she showed improved quality of life. She eventually was able to sit up, worked her way to getting out of bed and even gave me a tour of the motherhouse as we walked the hall.”

Physical therapy as a part of hospice care not only benefits the patient, but aids the caregiver as well. Keeping in mind that most hospice primary caregivers are spouses or other family members, the introduction of a physical therapy regimen can lessen the burden. In learning ways to keep their loved one comfortable, caregivers eventually gain confidence and experience less stress.

“For a patient with a life-limiting illness, it can feel like their world is shrinking,” explains Bill Sheppard. “But it’s wonderful to be let into their lives. It shows they value what is still possible.”

“For a patient with a life-limiting illness, it can feel like their world is shrinking,” explains Bill Sheppard. “But it’s wonderful to be let into their lives. It shows they value what is still possible.”

Rafael J. Sciuolo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. Its website is www.familyhospice.com.



HPI

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Trustee Recruitment

Michael Peregrine, Partner
 McDermott Will & Emery LLP, Chicago

As one of the leading national practitioners in nonprofit corporate law and selected by his peers for the 2010 edition of *The Best Lawyers in America* for his expertise in health, Mr. Peregrine represents nonprofit corporations in connection with governance and fiduciary duties. He is a faculty member of The Governance Institute.

Mr. Peregrine will discuss

- Challenges of recruiting and retaining directors
- Looking for people with fundamental analytical skills, who recognize red flags and ask questions when they see issues that need attention
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Future Briefing

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 Greg Carlson, PhD
 Assistant Professor, Associate for Healthcare Consulting
 Department of Health Services Administration
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Nurses Use Technology to Enhance and Extend their Expertise

By Niki Kapsambelis

(The following article appeared in the Winter 2010 edition of Pitt Nurse magazine.)

The textbook Christa Bartos (MSIS '94, MS '05, PhD '08), BSN, uses to teach an informatics class at the University of Pittsburgh School of Nursing has a graph illustrating a growing crisis in primary health care.

On the top left is the number of practicing nurses. On the bottom left is the number of elderly patients. When plotted on the graph, the two lines form an X: The sharp decline in the number of nurses and the sharp increase in the number of elderly patients as baby boomers age.

To Bartos, an assistant professor in the Department of Health and Community Systems, that X illustrates why technology is so crucial to health care reform. Without it, providers will be fighting an uphill battle; with it, they can step up to the plate.

"Technology is going to help fill that gap, to make the resources stretch," says Bartos. "It can enable people to get the care they need with a minimum number of folks needed to provide it."

Whether it is telemedicine, electronic health records, or videoconferencing, the explosion of technology in health care couldn't come at a more opportune time for nurses. With demand for primary care and other services increasing, technology is helping everyone to do more with less—and that's critical to the quality and safety of care.



Janet Grady

CARE FROM A DISTANCE

In Johnstown, Pa., where Janet Grady (MSN '89, DrPH '00), BSN, lives and works as associate professor and vice president for academic affairs (interim) at the University of Pittsburgh at Johnstown, telehealth medicine is one example of technology helping nurses do their jobs.

"In a lot of places, the shortage is easing up, largely because nurses are fixers," Grady says. "When you present them with a problem, they solve it."

Since 2003, Grady has served as the principal investigator on the Nursing Telehealth Applications Initiative, a federally funded research project whose overall goal is to look at applications for

technology in both practice settings and education.

One patient-focused project under that umbrella was a clinical trial using remote monitoring of patients in their homes. The idea was to keep people out of the hospital, which in turn decreases costs and increases patient satisfaction.

"People like that feeling of connectedness," Grady says. "It empowers them and encourages them to take a more active role in monitoring and maintaining their own health."

Furthermore, a visiting nurse who doesn't have to travel 90 minutes to take a single patient's blood pressure is then free to help many more people and limit travel to those who require personal intervention, says Grady.

Likewise, videoconferencing is helping to educate more nurses. Another project under Grady's research umbrella allowed nursing students to interact with patients and nurses at a burn unit at Brooke Army Medical Center in San Antonio, Texas, to sample real-time clinical experiences.

"You don't want to replace traditional hands-on clinical care, but it certainly gives students a different perspective, one they would not have been able to get through other means," says Grady.

A SHIFT IN CULTURE

One of the challenges schools and health systems face as they attempt to roll out technological solutions is the fact that many nurses are less comfortable with the gadgetry.

Karen Courtney, BSN, MSN, PhD, assistant professor in the Department of Health and Community Systems at the University of Pittsburgh School of Nursing, says it's important to show nurses how a particular application ultimately



Karen Courtney

will be an occupational benefit, not a burden.

No matter how effective a particular form of technology is, it can't replace the human factor, which is the reason many people enter the profession in the first place. But if a computer can run algorithms, collect data, or flag anomalies that require attention, it can free up nurses to do what they do best: care for the patient.

That's especially true as the nursing population, including the faculty at many colleges and universities, ages. "Our most experienced nurses are also those who are getting closer to retirement age. So we're losing a lot of expertise," says Courtney. "The knowledge that they carry is still vital in taking care of patients."

Some smaller, rural hospitals are opting to preserve that knowledge base by subscribing to a virtual intensive care unit. The hospitals' ICUs, which are generally small, are wired for sight and sound, as are their electronic health records. This allows a team of providers specializing in intensive care to look at and assess patients remotely by video camera, interact with the nurses and patients who are on site, and provide answers or suggest treatment.

"It's a way to have an expert virtually by your side," says Courtney, who adds that older nurses can offer the benefit of their opinion without the physical burden of having to lift the patient or travel to the site. "We can keep their expertise without having them literally at the bedside."



Darinda Sutton



Christa Bartos

'MEANINGFUL USE'

Darinda Sutton (MSN '02), BSN, says that legislation already has passed as part of the American Recovery and Reinvestment Act of 2009 that supports the use of technology in health care.

Sutton, chief nursing officer for Cerner Corporation, a major electronic health records company, helps organizations review their strategic plans so they can qualify for federal funding under the provisions of the current law.

"The essence of what they're trying to do is not only to support the implementation of technology within health care but also to make sure technology is implemented in a meaningful way," she explains.

The key terminology in the legislation is "meaningful use," which applies to technology that helps to support clinical decision making, improves the exchange of information, and relates to the submission of claims to payers.

A list of criteria has been basically finalized for 2010, and additional criteria are expected for 2013 and 2015.

"A lot of organizations right now are reviewing their strategic plan for technology and automation to make sure it aligns with the criteria for meaningful use," Sutton says.

Another key concept tied into "meaningful use" is the quality of outcomes. The government wants to see that organizations are taking advantage of evidence-based practices that already exist in literature and that they are applying best practices to create more favorable outcomes.

Some funds in the federal stimulus plan also support nursing schools, which need to put more technology into the curriculum to prepare students for the level of technical literacy they'll need in practice, says Sutton.

"Students today don't need to be taught how to use a computer, but they need to understand how they can layer their expertise in technology over what they learn from a patient care perspective by understanding protocols and evidence-based practices," she says.

Regardless of the shape health care reform ultimately takes, Bartos believes technology will play an integral role in the profession from this point forward.

"You cannot get away from the technology. It's part of the job," she says. "It can be disruptive to your work flow but, eventually, it's incorporated into the work that you do. Change is just part of health care." †

Build Nurse Competency, Measure Outcomes and Drive Organizational Impact Through Education



By Gail Klein

Nurses comprise the greatest proportion of a hospital's workforce; their competence and engagement are critical to organizational success. Skill sets must grow to meet the challenges of our ever-changing field of health care, patient and family expectations and regulations. Educational strategies must be clearly defined, agile enough to respond to changes, measurable, and designed for impact.

At Children's Healthcare of Atlanta (Children's), we build nurse competency and measure outcomes and organizational impact through three program portfolios: Student Experience, First-year Experience and Clinical Excellence.

Meaningful outcomes require more than a programmatic approach. Through aligning programs into portfolios, a learning and performance environment can be designed for measurable impact.

It is not enough for a Children's nurse to demonstrate excellent technical skills; she must exhibit competency in four areas: technical skills, interpersonal skills, critical thinking and leadership. These core competencies are threaded through each portfolio and provide a platform for the adjustment of programs to achieve organizational and nursing goals.

Through the Student Experience Portfolio, our focus centers on students who have expressed a strong interest in pediatrics. We build a pipeline of talent and can pre-screen prospective RN candidates through our senior practicums and summer externships. With most nursing students participating in less than eight pediatric clinical experiences, these programs provide a foundation for competence and confidence for these students. We measure conversion rates to hired RNs upon graduation.

A nurse's first year is so important it deserves a targeted approach. Our First-year Experience Portfolio addresses the unique needs of the first-year nurse to develop competency, build confidence and foster an organizational commitment. All new nurses attend a three-day Patient Care Provider Orientation; then they move on to their home units for a multi-week, competency-based orientation. Once a nurse completes unit orientation, she is expected to fly solo, but new grads rarely feel ready. To support all new nurses beyond orientation, attention to the entire first year experience is a must.

New graduates are enrolled in the year-long Nurse Resident program, with scheduled learning sessions, extensive practice with human patient simulators, and peer-to-

peer support groups. Additionally, we are piloting a special orientation unit for the first 2-4 weeks of orientation. Eight-hour orientation shifts are followed by one-hour group debrief sessions. This approach is designed to mitigate information overload, build critical thinking and provide emotional support. Graduates also are paired with experienced nurses in a structured year-long mentoring program designed to help make the difficult transition from student to professional nurse. Further extending support after the orientation period, experienced nurses trained as floating preceptors make rounds on new grads throughout each night shift. They review assignments, identify high-risk patients, provide personalized education, and assist with procedures. A multi-faceted investment of learning and support throughout the nurse's first year pays off in an engaged, confident, competent nurse who stays. Success metrics include timeline for key competencies, engagement results and first-year retention.

Through our Clinical Excellence Portfolio, we improve quality and patient-safety measures, meet regulatory requirements and provide professional development. Our clinical staff development department connects unit-based educators with education for their staff on system initiatives and new equipment. The unit-based educators also provide population-specific education for their staff.

All nurses take foundational courses, such as basic life support (BLS) and pediatric advanced life support (PALS) courses. We also provide courses about patient and family education skills, evidence-based practice and nursing research. Many nurses participate in bi-monthly professional development seminars. Through a data-driven approach and partnership with the Quality Department, education is designed to improve quality and patient-safety metrics.

For staff nurses, leadership is threaded through the learning and development portfolios. Assistant managers through the nurse executives participate in 18-month programs with progressively more comprehensive assessments, courses, coaching and action-learning projects. These programs are aligned with leadership competencies and measured by completion rates and financial contribution to the organization through projects.

Today's hospitals face the challenge of meeting the needs of students, first-year nurses and experienced nurses while meeting regulatory requirements and improving quality and patient-safety measures. A portfolio and competency-sphere approach fully leverages the learning environment to drive measurable outcomes. †

Gail Klein, M.Ed., BSN, RN-BC, is the Director of Clinical Staff and Physician Development for Children's Healthcare of Atlanta. She can be reached at Gail.klein@choa.org.

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Nursing Education Careers: A Conversation with Regional Nursing Educators

Professional nursing is a dynamic career filled with many opportunities. In Western Pennsylvania, we are fortunate to have a variety of excellent academic institutions that are responsible for preparing the next generation of nurses. Each year, these institutions continue to evolve toward improved collaboration and innovation in nursing education, scholarship, practice, and service.

We recently spoke with some nursing educators from around the region to get their thoughts on nursing education today, issues challenging educators, as well as a glimpse into their professional career.

Rose M. Kutlenios, Ph.D, RN, is chair and professor of nursing at Wheeling Jesuit University. Cheryl A. Hettman, PhD, RN, is the chairperson of the department of nursing, and associate professor at California University of Pennsylvania. Dr. Mary A. O'Connor is also with California University of Pennsylvania and she is the coordinator of the MSN Program in Nursing Administration and Leadership as well as a professor of nursing. Melissa B. Miner MSN, RN, CNE, is the Campus Coordinator for Nursing at Penn State Fayette, The Eberly Campus. They were all gracious enough to take some time out of their busy schedule to talk to us.

What motivated you to pursue a career as a nurse educator?



Rose M. Kutlenios

Kutlenios: Serendipity, I was in the right place at the right time and was offered a position as a nurse educator without seeking it. At the time, my children were young and the faculty hours seemed to fit the needs of my family. I quickly learned how personally rewarding it is to be a nurse educator.

Hettman: I have always been interested in teaching. I loved school and playing school as a child. My favorite subject was biology, so my goal in high school was to become a biology teacher. When I decided to change career pathways to nursing while in college, I had no idea that I would end up one day becoming an educator, too. However, early in my career as an RN, as I encountered teaching opportunities with patients, families, and peers,



Cheryl A. Hettman

it suddenly became clear that the next step had to be becoming a nurse educator. I have been doing so for over 20 years.

O'Connor: My motivation came from wanting to share my knowledge and experience with other nurses and nurse administrators.

Miner: I hoped to share my passion for the field of nursing to others.

Tell us about your role as a nurse educator? What do you like about it?

Kutlenios: Nursing education is exciting because of its many roles, including teaching in the classroom, clinical areas, and online, practicing nursing, and engaging in scholarship and service. I really like seeing students develop into caring nurses who make a difference in people's lives. There is nothing more rewarding

than hearing our nursing graduates share their success stories.

Hettman: I thoroughly enjoy being able to serve as a facilitator of learning for my students. I love it when 'the light bulb comes on' and new knowledge is apparent in a student. The excitement that takes place as one recognizes they have grown in some way through learning is reason enough to keep me engaged in helping to shape minds and to challenge those in our profession to never stop learning.

O'Connor: I teach nurses at a variety of levels in my role as a nurse educator. For the past 10 years at Cal U, I have taught RN students who are obtaining their BSN and I am now coordinating and teaching MSN students in the new 100% online Nursing Administration and Leadership program.

Miner: I love to share the many facets of nursing to the students. I actually enjoy the classroom setting the most. I find it exciting when the students verbally demonstrate their understanding of a difficulty concept.

What is right and wrong with nursing education in America today?

Kutlenios: What is right about nursing education is the integration of academic learning with its direct application in the clinical setting. Students have many opportunities to put into practice what they are learning.

Hettman: The right in nursing education today is that we have a wonderful cadre of seasoned nurse educators available to model after and to learn from even as an educator. The incorporation of technology within the traditional classroom and clinical experience provides a wide array of teaching and learning opportunities that never existed in my earlier years as an educator, or for that matter, when I was a student.

The wrong in nursing education today is that we still have not come together as a profession to solidify the relationship between our entry to practice players, nor to better integrate practice and education. We need to move from dialogue to action. Creative strategies for continuing to move the profession forward should be sought and embraced.

O'Connor: Nursing education in America has a lot that is right about it—dedicated faculty in classrooms and clinical settings; collaboration between academia and practice settings; such as hospitals and outpatient settings; as well as increased attention from the government to provide financial support for nurses returning to school. Technology and computers are keeping pace in nursing education also, with most nursing programs having access to simulation models and programs to enhance their practice with managing critical patient events, and computer based tutorials and



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What is wrong with nursing education today in America is the shortage of nursing faculty resulting in turning away many qualified students at all levels of education. Salaries for nursing faculty haven't kept pace with the practice settings, and faculty positions in nursing programs are limited due to budgetary demands on academia.

Miner: I think there are many "rights" with nursing education today. The most important is utilizing simulations as an educational tool to further demonstrate clinical competence. A possible "wrong" in nursing education is attempting to teach/instruct students in the traditional lecture-only modality. This generation of nursing students has much more knowledge of technology such as the internet.



Melissa B. Miner

What types of changes in nursing have taken place since you started?

Kutlenios: Since I started in nursing forty years ago, there has been a tremendous growth in technology, most notably the electronic health record. Improved surgical technologies and procedures have led to shorter lengths of stay in the hospital. Patients used to stay longer in hospitals and the acuity of the patients was much lower.

Hettman: My nursing career began in the late 1970's, and since then so much has changed, from procedures, equipment, and technology, to the very nature of who we are as nurses and our role. Nurses have gained ever greater responsibility as key players in the health team, and they have a greater impact on health care outcomes than ever before. Nurses no longer are found only at the bedside, but in every arena that may be considered, including the local shopping center! Nurses are involved in moving the health of persons forward through nursing evidence-based practice; a concept that has helped begin to show those we serve a bit of the bigger picture of what nursing's value truly is.

O'Connor: So many changes in nursing have taken place since I graduated from Carlow University, then Carlow College. For the nurse at the bedside, changes include 12-hour shifts, Nurse Practice Councils, more autonomy in decision making, hospital information systems increasing access to information, ease of charting, and linking patient care to billing and re-ordering of medications and supplies. There are also expanded roles for RN's in nursing and business, such as Legal Nurse Consulting.

And, there is an expanded scope of authority for advanced practice nurses (APN's), as Midwives, Nurse Practitioners, and Nurse Anesthetists.

Miner: One of the biggest changes in nursing over the past years has been the increased complexity of the patient with both diagnoses and treatment. What was once the "ICU" patient is today considered a stable medical-surgical patient.

What are some of the biggest issues facing the field of nursing today?

Kutlenios: The biggest issues facing nursing are the need for greater numbers of nurses who are life long learners and who can work in situations where there is constant change and uncertainty. Nursing requires intense thinking, anticipating, and problem solving coupled with the need to be able to work with people who are often stressed.

Hettman: Some of the biggest issues we face in nursing today are some that we have struggled with in the past. The entry to practice issue is one that other health related disciplines have not had to deal with, and therefore, have advanced to higher education requirements without hesitation. Nursing has not been able to arrive at one voice on this issue. Additionally, the ability to be valued for the uniqueness of what nursing has to offer still has a way to go with some of our non-nursing colleagues. I look for the day when the health "team" can truly be just that, at "team" where all are on the same playing field and functioning as a smoothly functioning entity. The future of the profession will need many more nurses to come on board to help shape health care in this country, yet so many of the best and the brightest are choosing careers other than nursing these days. We need to find a way to promote and recruit those who could serve as leaders in the profession in the years ahead.

O'Connor: Currently, one of the biggest issues facing the field of nursing today is short staffing on inpatient units, which has a major impact on nurses' decisions to remain at the bedside. Hospitals are facing difficult times fiscally, which affects hiring and filling empty nursing staff positions. This is a cycle that repeats itself every 10 years in nursing. When hiring nurses is brisk, more people enter the profession. When hiring nurses is limited, less people enter the profession, resulting in less prepared professionals at the ready when shortages hit the hospitals. Short staffing negatively impacts both patients and nursing staff. Patients don't have access to the care they need and staff is overwhelmed, stressed, and unable to meet all of the patient care requirements.

The physical demands on the nurse at the bedside are another big issue facing the field of nursing today, which goes hand in hand with short staffing. Nurses don't have the equipment or additional personnel to lift and position patients, resulting in patients lying in uncomfortable positions for prolonged periods of time. Many hos-

pitalized patients are elderly, weak, and unable to help themselves. Poor positioning can result in skin breakdown, disuse of extremities and loss of muscle function, etc.

Also, beginning October 2008, hospitals have not received additional payments by the Centers of Medicare and Medicaid for patients who acquired certain conditions while hospitalized.

Miner: Some of the biggest issues facing the field of nursing today is the nursing and nursing faculty shortage. Too many nurses are leaving the field for a myriad of reasons. Nurses enrolled in graduate school are in the administration, nurse practitioner, and nurse anesthetist track versus education track.

In what ways do you mentor younger people in your field?

Kutlenios: I work mostly with developing younger faculty members. I want them to love nursing and to guide students into a love of the profession and the people we care for.

Hettman: Mentoring is always part of teaching, but also as part of the common bond that I believe all nurses have with one another. Through role modeling, consultation, and encouragement I never stop trying to facilitate growth in our newer nurses...or for that matter, even our seasoned nurses. I always admired those mentors I had who simply shared their enthusiasm for the profession. I believe that enthusiasm, a positive attitude, and sharing one's passion about nursing is contagious. I try to be that way for others.

O'Connor: I mentor students and graduates by staying connected with them beyond the schoolwork. I send them information about legislation that they can act upon, information about seminars and conferences that they might find interesting, notify them about calls for abstracts so they can prepare and present posters, encourage them to convert their work experience and/or papers into articles for professional journals, and advise them on future education and career opportunities.

Miner: I consider myself a mentor for my current and potential students. I love to be engaged in public discussion on the field of nursing. I welcome the opportunity to present at local high schools, admission/recruitment events, and job fairs. I always welcome registered nurses pursuing either a baccalaureate or master's degree to shadow with me.

Please tell us about the future of nursing—what are some of the important trends and changes you see ahead?

Kutlenios: In this age of healthcare reform, nurses have tremendous opportunities to help redesign the delivery of health care so that all citizens have access to high quality and safe care. A shift in emphasis to preventative care should open more nursing opportunities in the community to those who have the skills to improve the health of populations as well as of individuals. More nurse practitioners will be needed to fill the gap in the need for primary health providers as greater numbers of the previously uninsured acquire access to health care.

Hettman: The most important change I see coming for nursing is the role that nursing should have in shaping the future of health care. The time is now for the voice of the sheer numbers of nurses to be heard with vigor regarding the impact nurses can make in the overall health of our citizens. Support needs to be generated to make sure that no nurse is left out of the solution to what needs to be done to promote, maintain, and restore health in our families, neighbors, communities, and in our world.

O'Connor: I see many changes ahead for nursing with the new H.R.3200 - America's Affordable Health Choices Act of 2009. Prospective payment rules will change for skilled nursing facilities, funding will be available for APN nurse-managed centers to provide comprehensive primary care and wellness services to underserved and vulnerable populations, and many more changes over the timeline for implementation of the legislation.

Miner: I expect to see increased utilization of simulations as an educational tool for both theory and clinical components. I also expect to see more alternatives for teaching and instructing in non-classroom settings and become more electronic such as internet, blackboard, and breeze communication tools.

What would be your advice to someone interested in becoming a nurse?

Kutlenios: Nursing has to be more than a job. It is a commitment to advocating and caring for vulnerable people. I would advise someone interested in nursing to shadow a few nurses and learn what is involved in nursing.

Hettman: As the saying goes, "just do it!" Nursing is far more than I ever knew it could be, and far more than I can ever envision it will become in the future. Interest, energy, ideas, and engagement will determine what comes next in our profession...the future is yet to be seen!

O'Connor: Nursing is a wonderful profession with as many opportunities as the imagination allows!

Miner: I strongly encourage people to become a nurse because it is a dynamic profession, you will never become bored as there are so many areas to pursue, and there are job opportunities. †



Mary O'Connor

Altoona Regional Health System Announces the Following Hires



Gurmeet K. Kalra

Gurmeet K. Kalra, M.D., has joined the Altoona Regional Health System Medical Staff in the department of Family Medicine. She is practicing with Lexington Hospitalists Inc., Altoona Regional Health System, Altoona Hospital Campus, 620 Howard Ave., Altoona. She received her medical degree from Burdwan Medical College, India. Dr. Kalra completed her residency training at Altoona Family Physicians.

Meera Bajwa, M.D., recently joined the Altoona Regional Health System Medical Staff in the Department of Medicine/Nephrology, Dialysis and Plasmapheresis. She is board certified by the American Board of Internal Medicine and the American Board of Internal Medicine/Nephrology. Dr. Bajwa received her medical degree from the University of Michigan, Ann Arbor. She did her residency at Cedars-Sinai Medical Center, Los Angeles and her fellowship in nephrology at UCLA Medical Center.

Manuel A. "Alex" Guerrero, M.D., has joined the Altoona Regional Health System Medical Staff in the department of General Surgery/Surgery and Trauma/ Surgical Critical Care. He is board certified by the American Board of Surgery. He received his medical degree from the Oregon Health Sciences University, School of Medicine. He did his residency at New York Methodist Hospital.



Fred F. Thursfield

Fred F. Thursfield, CFRE, (certified fund raising executive) has been named president of the Altoona Regional Health System Foundation for Life. Thursfield has more than 30 years of progressive responsibility in fund-raising at health, scientific and educational institutions, with successful experiences in planning and implementing campaigns for endowment, capital, special and annual gifts. He was most recently executive director for the Upper Chesapeake Health System in Bel Air, Md. There, he directed a 3-year campaign that resulted in

gifts and pledges of more than \$12.3 million for capital expansion and renovation. He also increased gifts to annual, special and planned giving programs over five years.

Thursfield has also worked in various development positions with foundations at Health First Foundation, Melbourne, Fla.; Peninsula Regional Medical Center, Salisbury, Md.; Washington Hospital Center, Washington, D.C.; Geisinger Medical Center, Danville, and The Johns Hopkins Medical Institutions, Baltimore, Md.

He has a Bachelor of Arts degree from the University of Maryland and has earned credits toward a master's in Administrative Studies from Johns Hopkins University. He also fulfilled the requirements for designation as a CFRE and has a certificate in planned giving from the Association for Healthcare Philanthropy's Madison Institute, University of Wisconsin Business School. Thursfield is a member of the Association of Healthcare Philanthropy, the Association of Fundraising Professionals and the Chesapeake Planned Giving Council.

The Rev. Christopher Panagoplos, TOR, of Hollidaysburg, and **Sister Maryann Palko, CCW**, of the Galitzin area, have joined the Pastoral Care department at Altoona Regional Health System.



Sister Maryann Palko

The Rev. Panagoplos is a Third Order Regular Franciscan, Province of the Immaculate Conception, Hollidaysburg. After graduating from Bishop Guilfoyle, he attended the Franciscan Preparatory Seminary, Hollidaysburg. In 1972, he completed undergraduate studies in Education at The Catholic University of America, Washington, D.C.

The Rev. Panagoplos was ordained a Catholic priest in 1976 after completing graduate studies in Sacred Theology in Washington, D.C. He has previously served as: chaplain, Johnstown hospitals; Catholic school principal and religious studies instructor; catechist formation instructor for the Altoona-Johnstown Diocese, and various Franciscan apostolates and ministries.

Sister Maryann Palko is a member of the Carmelite Community of the Word and retired as supervisory chaplain at the Federal Correctional Institution at Loretto with 20 years of service in September 2009. Before Loretto, she served in prison ministry at the state correctional institutions at Huntingdon and Smithfield. Earlier in her career, Sister Maryann was a teacher and guidance counselor at Bishop Carroll High School, Ebensburg. She has a Master of Arts in Pastoral Ministry and a Bachelor of Arts from St. Francis College, Loretto. †



Manuel A. "Alex" Guerrero



Rev. Christopher Panagoplos

Healthcare Professionals in the News

Local Orthopedic Surgeon Serves as National Instructor and Presenter

Western PA Orthopedics & Sports Medicine announces orthopaedic surgeon and sports medicine specialist, **Christopher T. Donaldson, M.D.**, has recently served as Associate Master Instructor to the Arthroscopy Association of North America (AANA) Shoulder Arthroscopy Master's Course at the Orthopaedic Learning Center June 4-6 in Chicago, IL. Dr. Donaldson was invited to serve as course faculty based on his competency, knowledge and advanced training in complex arthroscopic shoulder techniques. AANA courses are directed at educating national and international orthopaedic surgeons interested in advancing their arthroscopy skills used to treat shoulder conditions involving the rotator cuff, instability (dislocations), and stiffness.

In addition, Dr. Donaldson recently served as co-author and poster presenter for the study, "Defining Chronicity in ACL Deficient Knees Undergoing Reconstruction" at the 123rd Annual Meeting of the American Orthopaedic Association (AOA) in San Diego, CA, held June 8-13. This research, completed at The Ohio State Univ. under Drs. Chris Kaeding and David Flanigan, analyzes differences in knee cartilage injury in patients with ACL tears that have undergone acute and chronic ACL reconstruction. A nationally recognized orthopaedic leadership organization, Dr. Donaldson is a member of the AOA's Emerging Leaders Program.

Dr. Donaldson joins Drs. Don Lowry, Richard Schroeder, Ian Katz, and Vince Vena as the newest member of Western PA Orthopedics and Sports Medicine, Inc. The group is the largest and most complete orthopaedic provider to the region, recently recognized by Highmark's prestigious Award for Distinction for total hip and knee replacement excellence. The group provides a full service of conventional and complex shoulder, elbow, hip, knee and ankle ligament reconstruction, replacement, and fracture care. †



Christopher T. Donaldson

J.C. Blair Physician Achieves Board Recertification



A. Keith Sutton

The trustees of the American Board of Family Practice (ABFM) recently announced that A. Keith Sutton, M.D., a member of the medical staff of J.C. Blair Memorial Hospital, has been recertified in the medical specialty of family practice. Dr. Sutton is an emergency department physician at J.C. Blair Memorial Hospital in Huntingdon.

Dr. Sutton has been a member of J.C. Blair's medical staff since May 1982 and first became board certified in his specialty in 1983. He was in private practice until November 2001 when he went to work full time as an emergency department physician at J.C. Blair. Dr. Sutton currently serves as the Vice-Chief of Staff of J.C. Blair Memorial Hospital's medical staff and is a member of the Hospital's Board of Directors.

A native of Reading, Dr. Sutton received his bachelor of science degree from Duke University in Durham, North Carolina, and completed his medical education at Penn State's Milton S. Hershey Medical Center in 1979. He then served a three-year family practice residency at the Washington Hospital in Washington, Pennsylvania. He served on the courtesy staff in the Department of Emergency Services of the Green County Memorial Hospital in Waynesboro prior to his move to Huntingdon.

To achieve recertification by the ABFM, a family physician must verify the completion of 300 hours of acceptable continuing medical education over the past six years; possess a full and unrestricted license to practice medicine in the United States; and successfully complete a one-day, written examination of cognitive knowledge and problem-solving abilities. This examination covers the disciplines of the specialty including, but not limited to: adult medicine; care of newborns, infants, children, and adolescents; maternity and gynecological care; community medicine; care of the older patient; human behavior and mental health; and care of the surgical patient.

Board certification confers a standard of excellence in knowledge and practice to physicians who not only certify via the examination process, but who also work diligently on the maintenance of these skills during the seven-year cycle between examinations.

Additional information regarding the American Board of Family Medicine may be obtained from www.theabfm.org. For more information on J.C. Blair, visit www.jcblair.org. †

The Washington Hospital Welcomes New Executive VP and COO

The Washington Hospital is pleased to welcome **Brook Ward, MPA, FACHE** as its new Executive Vice President and Chief Operating Officer.

Mr. Ward comes to The Washington Hospital from his most recent position as Vice President, Clinical and Ambulatory Services, at the Bronson Healthcare Group (Bronson Methodist Hospital) in Kalamazoo, Michigan.

Mr. Ward began his healthcare career as a radiologic technologist, and then became a business analyst, diagnostic manager, director of radiology and executive director of clinical and ambulatory services before assuming his most recent position in 2008.

He has extensive experience with improving quality of care, process and operations improvement, physician relations, patient satisfaction/service excellence, and organizational growth.

For more information, visit www.washingtonhospital.org.



Brook Ward

Physician Recognized with Strickler Award for Excellence in Healthcare



John Coppes

The Medical Staff of Mount Nittany Medical Center honored John Coppes, MD, Geisinger hospitalist site director, with the Jane M. Strickler, MD, Award for significant healthcare improvements in Centre County.

For more than 20 years, Coppes has worked within the internal medicine department at Geisinger-Scenery Park. He began a hospital-based program there in 2000, becoming Geisinger's first full-time hospitalist and seeing only Mount Nittany Medical Center patients.

The Jane M. Strickler, MD, Award was established November 6, 2001, by the executive committee of the Medical Staff to honor Medical Staff who exemplify innovation, excellence and service by improving the quality of healthcare and level of health of residents of Central Pennsylvania. Former recipients of the award include Jane M. Strickler, MD; Thomas H. Cawth-

ern, MD; Charles W. Rohrbeck, MD; Richard H. Dixon, MD; Robert L. Hall, MD; George M. McCormick, MD; William E. Young, DO; and Salvatore Ramondelli, MD.

For more information, visit www.mountnittany.org.

Healthcare Professionals in the News

Pain Management Specialist/Anesthesiologist Joins Hospital

Somerset Hospital has added Pain Management Specialist/Anesthesiologist **Dr. Stephanie G. Vanterpool**, to its Medical Staff.

Dr. Vanterpool earned her Medical Degree from Duke University School of Medicine. She completed her Internship and Residency in Anesthesiology at the University of North Carolina Hospitals and her Fellowship in Pain Management from Wake Forest University Baptist Medical Center.

She is Board Certified in Anesthesiology by the American Board of Anesthesiology and is a member of the American Society of Anesthesiologists, the American Medical Association, and the American Society of Regional Anesthesia and Pain Medicine.

Dr. Vanterpool specializes in a multimodal approach to pain management. Her areas of expertise include medication management, interventional procedures, neuromodulation, and intrathecal drug therapy. Physical therapy, Occupational therapy, and Psychology are also well integrated into her practice. Most importantly, she is committed to providing knowledgeable, conscientious and consistent care for her patients.

For more information, visit www.somersethospital.com.



Stephanie G. Vanterpool



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Pitt Appoints New Division Chief of Hematology/Oncology



Edward Chu

Edward Chu, M.D., an internationally renowned expert in the biology and treatment of colorectal cancer, has been named chief of the Division of Hematology/Oncology at the University of Pittsburgh School of Medicine and deputy director of the University of Pittsburgh Cancer Institute (UPCI).

Before coming to UPCI, Dr. Chu served as a professor of medicine and pharmacology at Yale University School of Medicine, chief of the Section of Medical Oncology and Deputy Director of the Yale Cancer Center.

An accomplished cancer researcher, Dr. Chu is well-recognized for his contributions in understanding the action of antimetabolites in cancer therapy. His findings have been published in more than 160 publications, and his work has been funded through the National Cancer Institute (NCI) and the Veterans Administration Merit Program. He has served as a member of numerous editorial boards and been an active member of the peer review process, serving as a member and chair of the National Institutes of Health/NCI Experimental Therapeutics 1 Study Section.

Dr. Chu received a B.A., an M.M.S. in pharmacology and an M.D. from Brown University. He then completed an internal medicine residency and served as chief medical resident at the Roger Williams Hospital of Brown University. In 1987, he began training in medical oncology at the NCI, where he extended his interest in cancer pharmacology and gastrointestinal oncology, and he served as a tenured senior clinical investigator in the NCI-Navy Medical Oncology Branch at the NCI in Maryland.

For more information about the School of Medicine, see www.medschool.pitt.edu. †

Paul Merlo Named Director of Assisted Living

Baptist Homes Society named Paul Merlo Director of Assisted Living at Providence Point, the Society's new continuing care retirement community located in Scott Township. In this position, Merlo oversees operations of Providence Point's 64 private assisted living suites and 20 private memory support rooms. Merlo most recently was employed at Sunrise Assisted Living of Upper St. Clair.

For more information, visit www.baptisthomes.org. †



Paul Merlo

Healthcare Professionals in the News

Radiologist joins Conemaugh Memorial Medical Center

Conemaugh Memorial Medical Center and Cambria-Somerset Radiology are pleased to welcome **Hirohiko Ito, MD**, Board-certified Radiologist.



Hirohiko Ito

Dr. Ito received a medical doctorate from Wakayama Medical College in Wakayama, Japan in 1989. Upon completing an internship in Internal Medicine at Thomas Jefferson University Hospital in Philadelphia, he enrolled in a Diagnostic Radiology Residency at the Medical Center of Delaware now called Christiana Care, in Newark, DE, then eventually completed his Radiology Residency at the University of Missouri at Columbia in 2001. Dr. Ito also did a Fellowship in Cardiovascular Interventional Radiology at Louisiana State University Hospital – New Orleans in 2001 and a Fellowship in Neuroradiology at the University of Washington Academic Medical Center in Seattle, Washington in 2002.

Most recently, Dr. Ito, who is fluent in Japanese, English, Thai, Danish and Swedish, was employed as a General Radiologist, Neuroradiologist and Interventional Radiologist with Guam Radiology Consultants in Tamuning, Guam, U.S.A.

Prior to working in Guam, Dr. Ito was employed as an Interventional Radiologist at Jameson Memorial Hospital in New Castle, Pennsylvania, and as an Interventional Radiologist and Neuroradiologist at St. Elizabeth Health Center in Youngstown, Ohio. He also worked at The Karolinska University Hospital in Huddinge, Stockholm, Sweden, as Neuroradiology Faculty member.

For more information, visit www.conemaugh.org. †

UPMC Horizon Announces Recent Hires



Darius Pierko

Darius Pierko, DO, family practice physician, has joined UPMC Horizon's medical staff. He is affiliated with the Primary Health Network. Dr. Pierko earned his medical degree from the University of New England College of Osteopathic Medicine, Biddeford, Maine. He recently completed an osteopathic manipulation fellowship at Eastern Maine Medical Center, Bangor, Maine where he

also did his family medicine residency. Dr. Pierko is certified by the American Osteopathic Board of Family Medicine.

Charmaine R. Batac, MD, has also joined UPMC Horizon's medical staff. She is affiliated with the Primary Health Network. Dr. Batac earned her medical degree from the University of Santo Tomas, Manila, Philippines and completed a family medicine residency at UPMC Presbyterian and Shadyside, Pittsburgh. She is a member of the American Academy of Family Physicians.

Muhammad Arif, MD, pain management specialist, joined UPMC Horizon's medical staff and the staff of the UPMC Horizon Pain Management Center. Dr. Arif



Charmaine R. Batac



Muhammad Arif

recently completed a pain medicine fellowship at UPMC. He earned his medical degree from Rawalpindi Medical College, Pakistan, and completed general surgery and physical medicine and rehabilitation residencies at SUNY Downstate Medical Center, Brooklyn, N.Y., where he served as chief resident. Dr. Arif is a member of the American Society of Regional Anesthesia and Pain Management, the American Association of Physical Medicine and Rehabilitation, and the American Medical Association.

Mark Gardner, DO, orthopaedic surgeon, joined UPMC Horizon's medical staff and the practice of Parkside Orthopedics-UPMC. Dr. Gardner performs general orthopaedic surgery with a special interest in total joint arthroplasty and sports medicine. Dr. Gardner earned his medical degree from Philadelphia College of Osteopathic Medicine and recently completed an orthopaedic surgery residency at Humility of Mary Health Partners in Warren and Youngstown, Ohio.

Sima Suler, MD, family practice physician, joined UPMC Horizon's medical staff and the staff of Horizon Family Medicine-UPMC. Dr.



Mark Gardner



Sima Suler

Suler earned her medical degree from the Medical School of Sarajevo in Bosnia. She completed a family medicine residency at Memorial Hospital, Johnstown, Pa., and is a member of the American Academy of Family Physicians and the Pennsylvania Medical Society.

Marlene Bednar, MD, neurologist, joined UPMC Horizon's medical staff. Dr. Bednar earned her medical degree from the Autonomous University of Guadalajara School of Medicine in Guadalajara, Mexico. She completed an internship and residency at University Hospitals of Cleveland and MetroHealth Medical Center, a fellowship in electromyography at University Hospitals of Cleveland, and a fellowship in epilepsy and clinical neurophysiology at Cleveland Clinic. She is board-certified in neurology and clinical neurophysiology. Her professional memberships include the American Academy of Neurology, American Association of Neuromuscular and Electrodiagnostic Medicine, American Pain Society, and the American Clinical Neurophysiology Society.

For more information, visit www.upmc.edu. †



Marlene Bednar

Chairman of the Board of Canonsburg General Hospital Installed as President of Academy of Trial Lawyers

Grogan Graffam, P.C. announced that shareholder Joseph A. Macerelli was recently installed as President of the Academy of Trial Lawyers of Allegheny County. The Academy is an organization of both plaintiffs' and defense trial attorneys dedicated to improving the civil litigation process. Membership is by invitation only and is capped at 250 lawyers.

Macerelli chairs the Professional Liability practice group and has been a member of the firm's Board of Directors since 1986. He is an experienced trial attorney who concentrates his practice in medical malpractice, long term care litigation and other professional liability defense. Macerelli is the Pennsylvania State Representative for the Defense Research Institute and a past president of the Pennsylvania Defense Institute. He is co-chair of the Joint Committee of the Pennsylvania Bar Association and the Pennsylvania Medical Society and a trustee of the Allegheny County Bar Foundation. He is also Chairman of the Board of Canonsburg General Hospital and a director and member of the Executive Committee of West Penn Allegheny Health System. Macerelli received his J.D. from Duquesne University School of Law in 1981 and his B.A. from the University of Pittsburgh in 1976.

Macerelli and his family reside in Cecil Township. †

New Executive Director Focuses on Launch of Medical Simulation & Education Center

Keystone Simulation & Education Center (KSEC), a non-profit organization, names Lynell Scaff Executive Director.

A graduate of Marywood University with an MBA, Scaff has worked for major corporations such as McDonald's, NOVA Chemicals and Aristech before starting her career specializing in non-profits, first at CORO Pittsburgh, then at Family House. With these credentials, Scaff has built an impressive resume that includes increasing a company's profitability to managing mergers and acquisitions. Dedication, integrity and an outstanding work ethic all play an important part of her career success and has paved the way for her new position at KSEC where she will focus on duties such as: overseeing daily operations, partnering with community organizations, budgeting and generating revenue through grants and other endeavors.



Lynell Scaff

Keystone Simulation & Education Center is a non-profit organization created to be a resource center that offers top-of-the-line simulated technology for healthcare providers, medical educators, students and emergency responders. Currently, the newly renovated 24,000 sq. ft. space, is also being used as a meeting place for local organizations.

KSEC is located on Frankfort Road in Potter Township and is an independent facility that is not affiliated with any hospital or university. It is the only one in the tri-state area to offer scenario training experiences through the use of simulator and mannequin platforms in mock hospital setting. The goal is to offer local community organizations such as EMS, fire companies and police stations a unique venue to host educational meetings utilizing the most advanced simulated technology available.

This brand new, innovative facility will be the training ground and meeting space for the area's medical community and local organizations.

For more information, visit www.ksecpa.org. †

Healthcare Professionals in the News

UPMC Names Walter Thomas McGough Jr., as Senior Vice President and Chief Legal Officer



Walter Thomas "Tom" McGough Jr

Walter Thomas "Tom" McGough Jr., will join the executive staff of UPMC as chief legal officer on Jan. 1, 2011. Currently, Mr. McGough is a partner with Reed Smith, where he also serves as a member of the executive committee and former chair of the litigation department. Mr. McGough replaces Judge Robert J. Cindrich, who has elected to step down as UPMC's chief legal officer and is assuming other duties at UPMC. Judge Cindrich has served as chief legal officer since January 2004.

Born and raised in Pittsburgh, Mr. McGough received his law degree from the University of Virginia School of Law, then clerked for Judge Collins J. Seitz of the U.S. Court of Appeals for the 3rd Circuit and Justice William H. Rehnquist of the Supreme Court of the United States. He returned to Pittsburgh in 1980, serving as an assistant U.S. attorney for the Western District of Pennsylvania before joining Reed Smith as an associate in 1982.

Early in 1987, Sen. Bob Dole, then minority leader of the U.S. Senate, appointed Mr. McGough associate counsel to the Senate Committee investigating the Iran-Contra affair. Mr. McGough returned to Reed Smith as a partner at the end of that year.

McGough has handled a wide variety of litigation, including cases in the health care industry. He is recognized in the Best Lawyers in America in five categories: Bet-the-Company Litigation, First Amendment Law, Commercial Litigation, Appellate Litigation and White Collar Criminal Defense.

"Tom McGough has exceptional knowledge, background and experience in the law," said Jeffrey A. Romoff, UPMC president and CEO. "He is a lawyer of stature and gravitas, with great passion for the mission and values of UPMC."

Reed Smith Global Managing Partner Greg Jordan said, "Tom is an outstanding lawyer, and has been a superb leader and valued partner at Reed Smith. We are pleased for him and expect that he will do great things for UPMC."

McGough received his undergraduate degree magna cum laude from Princeton University. His civic and charitable positions have included service to WQED Multimedia, Pittsburgh Child Guidance Foundation, Dapper Dan Charities, Shady Side Academy and the Mayor's Commission on Public Education, among others.

For more information, visit www.upmc.com. †

Western Pennsylvania

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New Orthopaedic Surgeon Joins Somerset Orthopaedics



David Girdany

David Girdany, M.D., Orthopaedic Surgeon, will be joining the practice of Somerset Orthopaedics, 126 East Church Street in Somerset effective October 18, 2010. He is also a member of the Somerset Hospital Medical Staff.

Dr. Girdany has 26 years of professional experience in joint replacement procedures and arthroscopic surgery. Most recently, he was in practice at UPMC Bedford Orthopaedics. He has also served as a partner with Orthopaedic Surgery Associates of Latrobe and East Suburban Orthopedic Associates of Monroeville.

Dr. Girdany graduated from Carnegie Mellon University and the University of Pittsburgh School of Medicine. He completed an internship/residency in general surgery at York Hospital and his residency in orthopaedic surgery at the University of Pittsburgh Medical Center. Girdany is board certified in orthopaedic surgery.

He formerly served as the Chief of the Division of Orthopaedic Surgery and Chairman of the Operating Room Committee at the Forbes Regional Hospital. In addition, Dr. Girdany is a member of the American Academy of Orthopaedic Surgeons and the Pennsylvania Orthopaedic Society.

For more information, visit www.somersethospital.com.

Excelsa Health Welcomes New Obstetrician/Gynecologist to Staff

Stacey J. Carlitz, DO, FACOOG is the newest member of the Excelsa Health medical staff specializing in obstetrics and gynecology.

Certified by the American Osteopathic Board of Obstetrics and Gynecology, she joins the practice of Gyno Associates with offices in Latrobe, Greensburg, Mount Pleasant and Blairsville. A graduate of the University of Pittsburgh, she continued her medical training at the Philadelphia College of Osteopathic Medicine. She is a fellow of the American College of Osteopathic Obstetricians and Gynecologists.

Dr. Carlitz has more than 12 years experience with hospital-based practices in south-central Pennsylvania.

Healthcare Professionals in the News

VFW Honors Ruth A. Fairchild

Ruth A. Fairchild was elected to serve as State Surgeon of the Pennsylvania Department of Veterans of Foreign Wars (VFW). She will serve the largest VFW organization in the country boasting 110,000 members and 500 posts. In this capacity, she will travel to the state's veteran's hospitals to review the care given to patients. This is Fairchild's seventh year to serve the VFW in this capacity. As part of her responsibilities as State Surgeon, Fairchild visits VA hospitals, gives speeches, meets with groups and also serves on the VFW National Council of Administration and attends all of those meetings, which often focus on the needs of returning veterans.

The Veterans of Foreign Wars of the United States is an organization of war veterans committed to ensuring rights, remembering sacrifices, promoting patriotism, performing community services and advocating for a strong national defense.

Fairchild has a long family military history. She served in the US Army in 1982 and served 12 years including in Saudi Arabia as part of Operation Desert Shield/Desert Storm. During her service with a medical unit, she earned many awards including Southwest Asia Service Medal, Kuwait Liberation Medal, National Defense and Meritorious Service Medals, Army Service Ribbon, Army Commendation Medal (twice), Army Achievement Medal (three times) and the Good Conduct Medal. She left military service as a sergeant who worked as an operating room specialist. Her grandfathers, John W. Fraser and Harold Shorts served in World War II; John E. Fraser, father, served in the US Army at Fort Bragg, North Carolina, brothers, John P. Fraser served in US Marines Desert Storm, Tim Fraser, US Army DMZ, Korea and Mike US Marines, Desert Storm.

At VFW Post 315, she has served in many positions including post commander and surgeon. She joined the VFW in 1995 and has served as State Surgeon since 2004. On the district level, Fairchild served as junior vice commander, senior vice commander and judge advocate. Fairchild is a member of the Cultural German Society and the American Heart Association. She is a basic life support instructor and volunteers at the Cancer Society.

Fairchild begins her seventh year of serving the VFW and has been employed at Jameson Hospital since February 1995 as the Central Service Supervisor.

For more information, visit www.jamesonhealth.org.



Ruth A. Fairchild



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HealthSouth Harmarville Rehabilitation Hospital Receives National Clinical Excellence Award

HealthSouth Harmarville Rehabilitation Hospital recently received the Outstanding Performance in Clinical Excellence Award during HealthSouth's Annual Meeting and Awards Banquet in Chicago, Ill.

HealthSouth Harmarville is one of only five hospitals in HealthSouth's network of more than 100 hospitals to receive the prestigious award. The award recognizes outstanding clinical performance and quality of patient care services.

"Being honored with the Outstanding Performance in Clinical Excellence Award is recognition for our commitment to high-quality, cost effective healthcare," said HealthSouth Harmarville Rehabilitation Hospital CEO Ken Anthony. "Working together as a team, our staff has demonstrated a genuine concern for our patients' satisfaction by always trying to provide whatever it takes for a successful outcome. I applaud our physicians, nursing staff, therapists and all of the hospital staff and take great pride in accepting this award on their behalf."

For more information, visit www.healthsouthharmarville.com. †

Heart Surgery Program at Forbes Regional Hospital Recognized As One of Nation's Best



Michael Culig

The heart surgery program at Forbes Regional Hospital has been recognized by The Society of Thoracic Surgeons (STS) as one of the fifty best in the nation. Forbes Regional's McGinnis Thoracic and Cardiovascular Associates surgical group received three stars, the Society's highest possible rating, in a comprehensive assessment of the nation's heart surgery programs. Forbes Regional is one of just two hospitals in Western Pennsylvania lauded by the Society for having above average patient outcomes.

The October 2010 STS coronary artery bypass surgery ratings can be found at www.ConsumerReportsHealth.org. A total of 220 heart bypass surgery programs in the United States were analyzed for the report.

Heart surgery programs were evaluated based on four clinical measures; discharge from the hospital alive and well at 30 days; no major complications such as an infected incision, bleeding, stroke, kidney failure or prolonged time on a ventilator; patient received all the recommended medications; and patient received a surgical graft from a chest vessel that has been associated with greater survival.

Based on these performance measures, each program received a star rating. Programs that performed below average received one star, those that performed as expected received two stars and above average programs received three stars.

"This is a wonderful and well deserved distinction for our program and its team of talented and dedicated doctors, nurses and support staff. We function on industry best protocols and standards in the care that we provide patients and it is extremely gratifying to be recognized for that effort," said Dr. Michael Culig, Chief, Division of Cardiac Surgery at ForbesRegionalHospital. "As part of the surgical and post-operative process, we use checklists extensively to make sure that the best care is given and routinely perform quality assessments of our own to determine if we can raise the bar even further."

The Ed Dardanell Heart and Vascular Center at Forbes Regional promotes a one-stop approach to cardiac surgery. Patients stay in the same room from the beginning of their stay through discharge. Patients, families, and staff have the opportunity to bond throughout the course of treatment, leading to an enhanced patient experience and greater staff and patient satisfaction.

Since the Ed Dardanell Heart and Vascular Center opened in March 2008, 429 open heart surgeries have been performed at Forbes under Dr. Culig's direction.

In addition to bypass surgery, the Ed Dardanell Heart and Vascular Center offers a wide variety of comprehensive heart services such as cardiac catheterization and interventional cardiology and invasive peripheral vascular procedures including interventions.

The center also includes a cardiothoracic intensive care unit (CTICU), an accredited chest pain center, diagnostic testing (stress testing, echocardiography, EKGs), an electrophysiology (EP) lab, a telemetry unit, and a stroke center. †

HONOR ROLL

Pitt's Neurological Surgery Department Ranks High in Academic Output

The University of Pittsburgh School of Medicine Department of Neurological Surgery ranked first in academic output in top-tier specialty journals among all departments of neurosurgery across the United States and Canada, according to a study published recently in the *Journal of Neurosurgery*.

Researchers from the Barrow Neurological Institute in Phoenix and the neurosurgery division of the University of Toronto applied the h index, which reflects the number of papers and citations of an individual, to 99 American and 14 Canadian neurosurgery departments with residency programs.

The results showed that Pitt's Department of Neurological Surgery had the highest h score for the number of papers published by its faculty in the *Journal of Neurosurgery* and *Neurosurgery* from 2000 to 2009; it ranked 7th when all journal publications were included in that time frame, and 8th when there were no time constraints.

"I am extremely proud that the University of Pittsburgh ranked so well on all these measures," said department chair Robert M. Friedlander, M.D. "We have a great balance of accomplished academicians and gifted clinicians who are clearly making a difference in the field."

The researchers noted that the "h indices exhibit significant correlations with other measures of institutional scholarship and productivity, such as NIH funding, number of faculty, and the academic degrees held by faculty."

For more information about the School of Medicine, see www.medschool.pitt.edu. †



Robert M. Friedlander

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HONOR ROLL

University of Pittsburgh School of Nursing Announces Research Funding and Achievements

The University of Pittsburgh School of Nursing faculty often are honored by prestigious organizations for their achievements and exceptional leadership. The following individuals are among those who recently have been recognized with research grants and awards:



Michael Beach

support the training of nurse scientists to lead independent research programs in cancer survivorship.

Michael Beach, D.N.P., M.S.N., B.S.N., assistant professor in the Department of Acute and Tertiary Care, was awarded \$60,000 from the Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program. This initiative aims to expand the pipeline of students in accelerated baccalaureate nursing programs.

Catherine M. Bender, Ph.D., R.N., associate professor in the Department of Health and Community Systems, received a \$1.1 million T32 Institutional Training Program grant from the National Institute of Nursing Research. This grant will support the training of nurse scientists to lead independent research programs in cancer survivorship.



Catherine M. Bender

Lora Burke, Ph.D., M.P.H., B.S.N., professor of nursing and epidemiology in the Department of Health and Community Systems, was elected chair of the American Heart Association Scientific Council on Nutrition, Physical Activity and Metabolism. She will serve in this role until 2012. Dr. Burke also was appointed as a member of the Clinical and Integrative Diabetes and Obesity Study Section at the National Institutes of Health. She will serve in this role until 2013.



Lora Burke

the Greenwall Foundation's Kornfeld Program on Bioethics and Patient Care. Her research involves nonspeaking patients in the intensive care unit and explores the ethical implications of their participation in treatment decisions.

Mary Beth Happ, Ph.D., R.N., professor in the Department of Acute and Tertiary Care, received a \$50,000 grant from



Mary Beth Happ

Michael W. Neft, D.N.P., M.S.N., M.H.A., B.S.N., assistant professor in the Department of Acute and Tertiary Care, was selected to serve as chair of the American Association of Nurse Anesthetist's Professional Practice Committee. Dr. Neft also was elected secretary of the Pennsylvania Association of Nurse Anesthetists.



Michael W. Neft

Institutes of Health for her research on promoting physical activity in older adults with co-morbidities.

Gail Wolf, Ph.D., M.S.N., B.S.N., professor in the Department of Acute and Tertiary Care, received a Nursing Excellence in Teaching and Technology Award for her project, "The Virtual Hospital: A Simulation for Healthy Decision Making." Through this project, students are able to experiment with solutions to real life problems facing health care leaders today.



Gail Wolf

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



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Indiana Regional Medical Center and Memorial Medical Center Among 7 Organizations Honored by Keystone Alliance for Performance Excellence

Seven Pennsylvania organizations were recognized by the Keystone Alliance for Performance Excellence (KAPE) at its 5th Annual Performance Excellence Conference and Awards Banquet on November 3 and 4. The conference also featured three of the 2009 Malcolm Baldrige National Quality Award Recipients.

The following Pennsylvania organizations received KAPE recognition:

- Abington Memorial Hospital - Abington
- Guthrie Hospice - Towanda
- Indiana Regional Medical Center - Indiana
- Massaro Corporation - Pittsburgh
- Memorial Medical Center - Johnstown
- North Penn School District - Lansdale
- Thomas Jefferson University Hospitals, Inc. - Philadelphia

KAPE is a non-profit corporation that promotes Pennsylvania competitiveness through a progressive, three-tiered assessment and awards process that encourages and recognizes organizational performance improvement. The KAPE Award process is open to all organizations in business, education, health care, government and non-profit sectors. The process is based on the Malcolm Baldrige National Quality Award Criteria, a proven system for assessing and improving organizational performance. At the end of the process, applicant organizations receive recognition, but the real value comes from the comprehensive, action-oriented feedback report that details each organization's strengths and opportunities for improvement.

"The KAPE Award process provides an opportunity for businesses, schools, health care organizations, and non-profit agencies to become truly great organizations," said Bob Bitner, KAPE Executive Director. "KAPE applicants view the process as an effective and economical way to improve relationships with customers and stakeholders, develop employees, drive innovation, and improve the organization's results."

KAPE encourages all Pennsylvania public and private organizations to begin their journey toward performance excellence, regardless of status or size. For more information about KAPE's Award process and this year's Performance Excellence Conference, visit www.keystonealliance.com.

UPMC Ranks 5th in InformationWeek 500 List of Innovative Technology Users and Wins Healthcare Innovation Award



Dan Drawbaugh

InformationWeek 500 recently ranked UPMC (University of Pittsburgh Medical Center) 5th on this year's list of the nation's top technology innovators from across all industries. UPMC also was honored with the Healthcare Innovation Award for creating a system that allows radiologists and physicians to access imaging studies from across UPMC to better care for patients.

UPMC rose from No. 9 last year and has made the list for nine consecutive years, joining such well-known companies as Vanguard Group, Merck and Colgate-Palmolive. The honorees were announced Sept. 14 during the *InformationWeek 500* Conference in Dana Point, Calif., and are featured on *InformationWeek.com*.

"We are humbled to be counted among the best of the best in the *InformationWeek 500*, with recognized technology leaders from across all industries. The collaboration of our doctors, nurses, clinicians and information technology professionals is the key to the continuing innovation that underlies our excellent patient care," said UPMC Chief Information Officer Dan Drawbaugh.

As one example of UPMC's cutting-edge technology performance, *InformationWeek* focused on the health system's development of a standards-based platform called SingleView for providing radiologists and other clinicians with a unified view of a patient's imaging studies from across UPMC's 20 hospitals and 30 imaging centers. The technology is improving patient care and safety, reducing unnecessary tests and streamlining the work of clinicians. "We are creating a truly patient-centric electronic health record, focused on the holistic treatment of each person," noted Rasu Shrestha, M.D., medical director, interoperability and imaging informatics, and one of the chief architects of SingleView.

"For 22 years, the *InformationWeek 500* has honored the most innovative users of business technology," said *InformationWeek* Editor in Chief Rob Preston. "As we start to emerge from the worst recession in decades, the IT focus is now on driving growth—new sources of revenue, new relationships with customers, even new business models. This year's ranking placed special emphasis on those companies and business technology executives leading that charge."

Among other technology honors, UPMC was also named one of the 100 Most Wired hospitals and health systems in the United States by Hospitals & Health Networks, the journal of the American Hospital Association, for 12 consecutive years. It also was recently named one of the Top 25 Connected Healthcare Facilities by Health Imaging & IT.

HONOR ROLL



AlphaGraphics President and CEO Clare Meehan presents Rafael Sciullo, President and CEO of Family Hospice and Palliative Care, with a \$3,000 check during AlphaGraphics' 10th anniversary celebration on October 12. As part of its milestone year, AlphaGraphics donated five percent of its revenue from the week of Sept. 27 to Oct. 1 to Family Hospice and another non-profit client. Family Hospice serves nine counties in Western Pennsylvania.



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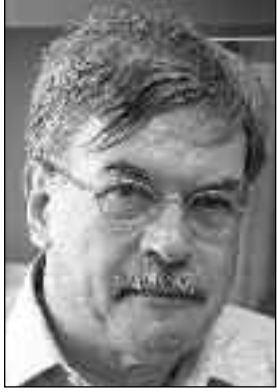


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Pittsburgh Community Has Opportunity to Tap Duquesne's World Renowned Bioethicist

Welcome for Former UNESCO Director Coincides with Inaugural Bioethics Lecture Series on Nov. 11



Henk ten Have

The region's health and medical community will have opportunity to meet and welcome **Dr. Henk ten Have**, new director of the Duquesne University Center for Healthcare Ethics, at a public reception following the inaugural David Kelly Bioethics Lecture on Thursday, Nov. 11, from 3 to 5 p.m. in the Duquesne University Power Center Ballroom.

The initial lecture, to be delivered by Dr. David Kelly, founder of Duquesne's Center for Healthcare Ethics, will address The Ethics of Medically Assisted Nutrition and Hydration. The new series will invite nationally and internationally prominent scholars to Duquesne each fall and spring semester to discuss current and emerging topics in bioethics, seeking to provide ethics leadership on crucial issues.

The lecture will be followed by a welcome reception for ten Have, who recently provided training in bioethics for members of the National Bioethics Committee of the West African Republic of Côte d'Ivoire and for health practitioners in a master's program in bioethics in Saudi Arabia.

These are among the first bridges in the bioethics field that ten Have plans to build between Duquesne and locations around the globe. A physician and philosopher with an international reputation, ten Have most recently served as director of the United Nations Educational, Scientific and Cultural Organization's (UNESCO) Sector for Social and Human Science before arriving at Duquesne.

Ten Have's appointment at Duquesne dovetails with his goals of providing assistance to people in developing nations, especially given the University's strategic goal of building stronger ties to Africa. He plans to initiate research in the area of global ethics, as the call for more regulation and implementation mechanisms increase, from issues surrounding the organ trade to those impacting post-earthquake amputations.

Ten Have's work in the Côte d'Ivoire—aimed at helping the committee to develop policy recommendations, draft guidelines and provide guidance for practical cases in health care and research—was completed under the auspices of UNESCO. The recent training session was the first planned for a series of collaborations between Duquesne and the University of Bouaké.

Côte d'Ivoire plays a leading role in the region in the area of bioethics, despite being one of the poorest countries in Africa and having a weak health care system, ten Have said.

Bioethics was introduced as a teaching discipline at the University of Bouaké in 1994. In 2002, the year that civil war ripped through this previously stable country, Côte d'Ivoire became one of the first countries in Africa to create a National Bioethics Committee. Six years later, a regional meeting of experts who teach ethics was held in Abidjan, the capital city. A UNESCO chair in bioethics—the first in the French-speaking world—was established in Côte d'Ivoire in July 2010.

UNESCO is the only United Nations organization that can establish chairs to promote specific areas of research and teaching, ten Have explained, and, with a limited number of bioethics chairs available, this can serve as an inspiration to others in the region.

From Oct. 6-16, ten Have guided veteran health practitioners in the master's program of bioethics at King Saud bin

New & Notable

Abdulaziz University for Health Science in Riyadh, Saudi Arabia, through such topics as the principles of human dignity, benefit and harm, autonomy, human vulnerability, and privacy and confidentiality. UNESCO assistance was solicited in establishing the program five years ago.

Ten Have explained that bioethics has become a priority in the kingdom, against a backdrop where more than 20 new universities are under construction and the newly created King Abdullah International Medical Research Center offers 250 Ph.D. positions.

Bioethic principles, ten Have said, do not innately conflict with Islamic perspectives.

"Scientists and health professionals have to apply the teachings and fatwas of these scholars in their daily work," ten Have said. "Now there is growing awareness that such applications require a lot of critical analysis, interpretation and justification. The nature of many bioethical problems today is completely new and intrinsically complex."

Another difference in the Islamic culture is that no one single institution oversees ethics, but several academies make statements on the topic, with religious scholars and lawyers interested, as in Western countries.

"In this regard, the development of bioethics in Saudi Arabia is not different from that in our culture, where moral theology has discovered that bioethics is not antithetical but complementary, in fact enriching and fertilizing our religious experiences and practices."

The campus and greater community will have opportunity to meet and welcome ten Have at a public reception following the inaugural David Kelly Bioethics Lecture on Thursday, Nov. 11, from 3 to 5 p.m. in the Power Center Ballroom.

For more information, visit www.duq.edu. †

Western Pennsylvania Students Urged to "Take a Shot at Changing the World" Viral Video Contest Offers \$5,000 Prize, Aims to Educate About Polio Today

In honor of World Polio Day on October 24th and the birthday of Dr. Jonas Salk on October 28th, Steeltown Entertainment Project and the area's Rotary Clubs announced an innovative educational initiative, "Take A Shot At Changing The World."

Every middle school and high school student (grades 6-12) in the Southwestern Pennsylvania region are encouraged to make their own creative, compelling videos tying together what happened with the development of the Salk polio vaccine here in Pittsburgh to current day efforts to eradicate polio from the planet.

A formal announcement took place on World Polio Day (October 24), and the contest officially launches on Monday, November 15, 2010, and runs through until March 31, 2011. The winning video will receive a \$5,000 prize: \$2,500 for the filmmaker(s) and \$2,500 for the school. By making this announcement now, Steeltown Entertainment Project and the local Rotary Clubs are making this announcement now to ensure that, by mid-November, every school in the counties of Allegheny, Greene, Fayette, Westmoreland, and Washington will be excited and willing to register for the opportunity to participate in this exciting and innovative educational initiative. Schools and students can sign up at www.takeashotcontest.org.

In addition to \$1000 cash prizes offered for both judged and popular votes at the high school and middle school level, the winning video will also be posted on The Bill and Melinda Gates Foundation website (www.gatesfoundation.org), the local youth Rotary website (www.RotaryYouth7300.org) and aired on WQED-TV. Each student who enters will also receive a special "Take A Shot" wristband as well as a certificate of participation from a regional Rotary International chapter.

Steeltown, a 501c3 non-profit, is working closely with the region's Rotary Clubs on this project. As a whole, Rotary has had a very active role in polio eradication since 1982. In fact, it was a UPMC physician and Rotary chapter president, Dr. Robert Hingson, inventor of the "peace gun" which could immunize thousands at a time, who helped inspire the vision for a "polio free" world by a trip he led to the Philippines in the 1970s.

Since then, nearly \$1 billion dollars has been raised from over 1 million Rotarians worldwide. In 2009, The Bill and Melinda Gates Foundation, recognized the leading role that Rotary International (R.I.) played in polio eradication and provided R.I. a \$355,000,000 grant to continue their work. Locally, Rotary Clubs of Western Pennsylvania have contributed over \$3 million to the worldwide polio fight. A number of local Rotarians have also participated in the vaccination process in other countries.

This is exciting to know that we are able to connect global resources with our area's teens on a project like this. And why not, this is the home of "ending polio," states Carl Kurlander of Steeltown.

Louis Piconi, local Trustee for the Rotary Foundation agrees, "It was a Rotarian from this area that supplied the \$1,000 to purchase the first polio vaccine gun. Our kids are given a one-of-a-kind opportunity to connect that history to a current day End Polio campaign."

The hope for the "Take A Shot At Changing The World" is that this pioneering effort in using

a "digital classroom" will make a global impact, and that by the next World Polio Day the entire world will be aware of just how close we are as human beings to doing something truly remarkable.

This contest was inspired by a timely, new film, *The Shot Felt 'Round The World* which tells the story of unknown young scientist at the University of Pittsburgh, Dr. Jonas Salk, and his research team who pulled together with a community and a nation to develop a vaccine that would defeat a crippling disease that each summer attacked hundreds of thousands of children, leaving many of them in iron lungs. This eventually led to the largest medical field trial ever conducted with 1.8 million children, but before then, it was 7500 Pittsburgh school children that courageously offered their arms for what was then an untested vaccine.

Dr. Jonas Salk's son, Dr. Jonathan Salk, has praised *The Shot Felt 'Round The World*, calling it "the best film I have ever seen on the polio vaccine" and saying, "It allows us to see the ingredients of a remarkable success and inspires us to achieve similar results in confronting the problems and ills we face today."

While the polio disease no longer plagues Americans, it still exists in four other countries around the world: Afghanistan, India, Nigeria, and Pakistan. Rotary International and The Bill and Melinda Gates Foundation are among those leading the effort to eradicate polio globally. Having determined that this is what would make the most difference to a world where they consider each human life to be of value, The Bill and Melinda Gates Foundation has announced that they will be spending \$10 billion on vaccines over the next decade. In a recent TEDx talk (www.ted.com), Melinda Gates spoke of "polio fatigue," by the donor community and voiced her desire to "put polio fatigue behind us for good" by eradicating polio.

For more information about the contest, "Take A Shot At Changing The World," visit: www.TakeAShotContest.org. For more information on the movie, *The Shot Felt 'Round The World* visit: www.ShotFeltRoundTheWorld.com. Links can also be found on www.rotarydistrict7300.org and www.rotaryyouth7300.org. To find out more about this Viral Video Educational Initiative can contact Racheal Shepard at Steeltown Entertainment Project at (412) 622-1325 or poliocontest@steeltown.org or contact your local Rotary Club. †



Jonas Salk inoculating a Pittsburgh Public school student with the polio vaccine.



A Celebration of Nursing

Awardees



Marne Bilanich, BSN, CARN
VA Butler Healthcare

Marne Bilanich has been a nurse for over nine years. She is a member of the International Nurses Society on Addictions; Sigma Theta Tau International, the Honor Society of Nursing; and the Nurses Organization of Veterans Affairs.

Bilanich works at VA Butler Healthcare as a member of the Mental Health Residential Rehabilitation Treatment Program. She was also briefly detailed as the nurse case manager for the Operation Enduring Freedom/Operation Iraqi Freedom Program.

In early 2008, Bilanich began to notice a trend among the Veterans who were being admitted to the addictions treatment program with a diagnosis of Hepatitis. About 70 percent of those admitted were not properly immunized against Hepatitis. With the assistance of the MRSA coordinator, Bilanich started a Hepatitis Vaccine Initiative to have all domiciliary Veterans vaccinated with the three immunization series for Hepatitis B. By keeping good records and following up with the Veterans and community service agencies after discharge, the initiative was able to achieve a 100 percent vaccination rate of targeted Veterans.

Bilanich was also an active participant in Mathematica, an accreditation body, in the summer of 2009. She helped write the domiciliary medication policy and was directly responsible for the implementation of a "blue sheet" narcotics registry for the domiciliary as well.

Bilanich is recognized for her exemplary performance and character.

Sandra C. Brown, RN
Excela Health Frick Hospital

Sandra Brown dreamed of wearing a white cap and crisp uniform since seventh grade. While the professional attire has changed, her life's purpose remains clear. Even her name was well chosen. Sandra translated means "helper of humanity," a commitment she's been keeping for nearly 40 years.

A diploma graduate of Washington Hospital School of Nursing, Brown's earliest nursing experiences were in obstetrics and gynecology at Uniontown and Youngstown hospitals. However her career was built at Excela Frick Hospital, staffing medical/surgical, intensive, and coronary care units before finding her niche in the recovery room in 1992. Beyond on-the-job training, Brown has continued her education at Westmoreland County Community College in pursuit of her BSN.

Always ready to lend assistance, Brown didn't hesitate to come to the aid of a fellow parishioner in her church who collapsed during the service. She also heeded her pastor's call to join a mission team in Haiti in April 2009. Her diverse background provided the necessary skills to be an effective caregiver. "My nursing education and experience enabled me to care for the most unfortunate and poorest people of the world," she says. "Just keeping the lines of communication open meant so much."

That same giving spirit is evident as Brown volunteers at community health events. "I get satisfaction from seeing ill people regain their health," she says.



Jason Calorio, RN
West Penn Allegheny Health System, Alle-Kiski Medical Center

Jason Calorio, a staff nurse on 3E at West Penn Allegheny Health System, Alle-Kiski Medical Center (AKMC), was inspired to become a nurse from his experiences with ill family members. "After seeing the kind and considerate care they received from nurses, there was no other profession for me," he says.

The Leechburg resident especially enjoys working at AKMC because, "I enjoy taking care of the extended community around us – my friends, neighbors, and relatives."

Although he has only been a staff nurse for a year, Calorio worked as an aide on 3E for 5 years, before and while earning his nursing diploma from Citizen's School of Nursing. The staff nurses who mentored him during his professional development are proud of his progress and his calm, consistent approach to problem-solving. His professionalism is also often praised by physicians.

While continuing to learn and grow professionally, Calorio enjoys helping nursing students and new employees. "I like students," he says. "They keep me on my toes and make me think!"

Calorio became a nurse to make a difference in the lives of patients, every day — and his patients attest that he achieves this goal. Says one patient, "That young man cares and he's here because he loves what he is doing. You need to clone that!"

Shari A. Campbell, RN
West Penn Allegheny Health System,
Allegheny General Hospital, Suburban Campus

Shari Campbell, a graduate of St. Francis Hospital School of Nursing, saw herself as a pediatric nurse from her first day on the Allegheny General Hospital (AGH) Pediatrics Unit. Since then she has helped develop a childhood pain assessment tool, assisted in planning a Children in Hospitals Week, presented a pediatrics poster, and conceived and implemented the Hyperbilirubinemia Care Plan to assess, evaluate, and care for children with Jaundice.

Campbell also precepts both pediatric and medical-surgical nurses who are new to her unit. She also serves on AGH-Suburban's Work Life Council as the campus's liaison to the AGH Work Life Council. She is especially excited about the Council's latest project, Caught in the ACT.

In 2007, Campbell helped transition the pediatric program to AGH's Suburban campus, where her Pediatrics/Medical-Surgical Unit cares for patients of all ages. "Caring for patients aged newborn to 100 years, I realize that I am a 'nurse' in every sense," she says. "Whether comforting an infant, a tearful parent, or a fearful elderly person, I have learned what an impact a few words, a simple touch, or just listening can have on a patient."

Campbell feels a lifelong connectedness to AGH and takes great pride in being a part of their nursing staff.



Dana Jo Camut, BSN
Monongahela Valley Hospital

Dana Camut is a 1983 graduate of West Penn Hospital School of Nursing. She earned her Bachelor of Science degree in nursing at Pace University in New York City in 1989. Fifteen years ago she joined the Monongahela Valley Hospital (MVH) Nursing Team, bringing eleven years of intensive and coronary care clinical experience to the position.

Small gestures of caring and compassion epitomize Camut's nursing practice. She participates in the Community College of Allegheny County Mentoring program, demonstrates leadership in shadowing experiences for Waynesburg University Nursing students, and orientates newly hired nurses to her unit.

Working at MVH and living in Charleroi creates a strong connection between Camut and her patients. "Community is important," she says. "My commitment to Mon Valley Hospital is also a commitment to the community residents. People may never know when they will need inpatient hospital care, but, if they do, I want the best care possible for them close to our home."

Amy Norfleet, Camut's supervisor, praises her attentiveness to patients' families and notes that Camut is "known for nursing from the heart."

"I don't do it alone. I work with a great staff and a compassionate group of nurses," Camut says. "They are the perfect combination of energy, experience and maturity and my success is the result of their hard work."

Judith K. Chick, BSN, RN, PCCN
West Penn Allegheny Health System,
Western Pennsylvania Hospital

Judith Chick watched her older sister care compassionately for her parents, heard her nursing stories, and dreamed of one day following in her sister's footsteps. She achieved that dream by earning a Bachelor of Science degree in nursing from West Virginia University.

Chick met her most memorable patient while specializing in head and neck cancer. "With a tracheotomy or laryngectomy, speaking is a supreme challenge," she says. "This man would pull out his tracheostomy tube. Whenever I would rush in to replace it and explain the consequences of removing the tube, he would just look at me with a sparkle in his eye. He nicknamed me 'Judge Judy' because I became so stern with him."

Chick was appointed to Western Pennsylvania Hospital's Academy of Excellence in 1997, and in 2006 became a Progressive Care Certified Nurse. She is an active Magnet Ambassador, member of Skin Care and Quality Assurance committees, participates in community blood drives, and walks for diabetes and heart health.

"Nursing has expanded my horizons in unimaginable ways," she says. "I only hope I have given as much as I've received from this wonderful profession."



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Congratulations to all the Cameos of Caring awardees.



Brittney D'Alessandro, RN, BSN
Jefferson Regional Medical Center

Brittney D'Alessandro says the most satisfying part of her work at Jefferson Regional Medical Center is being able to make a difference in people's lives every day.

"As part of my role, I have the opportunity to provide stroke patients and their family members with stroke education," she says. "I enjoy providing patients with new knowledge they can utilize to make a change to improve their health."

A resident of Jefferson Hills, D'Alessandro helped develop the Stroke Care Program at Jefferson Regional and plays an integral role in the care of stroke patients at the Medical Center.

D'Alessandro earned her Associate of Science degree in nursing at Community College of Allegheny County and her Bachelor of Science degree in nursing at California University of Pennsylvania. She is currently studying for a Master of Science degree in nursing administration and business administration at Waynesburg University. D'Alessandro was inducted into Sigma Theta Tau Honor Society of Nursing in 2009.

"Brittney is enthusiastic and consistently shows an eagerness to grow personally and professionally. In all aspects of her work, she displays a genuine compassion and caring toward her patients," says Louise Urban, RN, vice president and chief nursing officer. "We are proud to have Brittney represent Jefferson Regional Medical Center as our Cameos of Caring awardee."

Robert Dukic, BS, RN, CRNA
University of Pittsburgh Physicians,
Department of Anesthesiology

As a certified registered nurse anesthetist (CRNA) with the University of Pittsburgh Physicians Department of Anesthesiology, Robert Dukic has administered anesthesia to royalty, famous entertainers, and governmental officials. Yet he treats each patient as if they were members of his own family.

Dukic became interested in nursing while working as an Emergency Medical Technician (EMT). He met his wife, an emergency department (ED) nurse, during an EMT run, and her stories of ED nursing were so exciting, that they fueled Dukic's interest in the profession. He earned an Associate degree in nursing at Community College of Allegheny County, and earned certification as a nurse anesthetist at the University Health Center of Pittsburgh School of Nurse Anesthesia.

Throughout his successful career, Dukic has not forgotten to give back to the community. Helen DeFranco, UPMC Presbyterian, CRNA clinical director, says Dukic's commitment to the community is inspirational. He has served as a medical volunteer during many city marathons, and founded a local girls traveling softball team.

Nursing is a family career in the Dukic household. Dukic says one of his proudest moments was when his daughter announced that she too was following her parent's footsteps and pursued nursing. "With three nurses in my family, as we share our experiences there is never a dull moment," Dukic says.



Renea Esoldo, RN
Heritage Valley Beaver

A nurse for 26 years, Renea Esoldo works in the Open Heart Intensive Care Unit at Heritage Valley Beaver. She is a 1984 graduate of the Sewickley School of Nursing and resides in Bridgewater, PA. Providing

comfort to her patients and their families during the most difficult time in a person life – when they feel the least in control and are trusting others with their life – is the most satisfying part of Esoldo's career.

Esoldo has been a Deputy Coroner for Beaver County for over 20 years. She was one of the first responders to the USAir Flight 427 crash site in Beaver County in 1994, coordinating recovery and identification of remains. Esoldo received a commendation from US Airways for her service and now speaks at various community organizations regarding her role in this tragedy.

A recent experience as a patient has given Esoldo a greater appreciation of how important nursing is to the well being of patients and families. Esoldo has become active in raising money and awareness for the Pittsburgh Chapter of the National Ovarian Cancer Coalition. Her goal is to establish a fund to provide medication and support for women diagnosed with ovarian cancer who are unable to afford the type of care she received.

Robin L. Evans, RN, MSN, CCRC
UPMC Presbyterian

Robin Evans knows from experience that "nurses are the heart of patient care." In her 26 years on the job, she's been a medical/surgical staff nurse, staff development instructor, Post Anesthesia/Intensive Care Unit (PACU/ICU) nurse, clinical research coordinator, unit director, and clinician. She has covered the ground of patient care, nurse education, and management, with professionalism and a smile.

Evans earned her Bachelor of Science degree in nursing at St. Francis University and her Master of Science degree in nursing at the University of Pittsburgh. Along with her diverse clinical practice, she is a certified clinical research coordinator with contributions to nursing and medical journals, books, and research conferences. She has received a Patient and Family Centered Care Grand Challenge Award and a National Association of Orthopaedic Nurses/American Academy of Orthopaedic Surgeons Scholarship Award for her research in postoperative care.

She is renowned for her work and leadership at UPMC Presbyterian on the orthopaedics, urology, and rehabilitation units. Evans is the driving force behind the "Orthopaedic Spine Postoperative Flight Plan," an innovative system for providing patients and families with detailed information about discharge plans. She is a team leader with strong communication skills that assure coordination, information flow, and patient safety in multidisciplinary clinical settings.

"A nurse needs to both know and care," she says. "It's the caring that makes the difference, whether you're at the bedside, in management, or doing research."



OUR Cameos of Caring® WINNER



An unwavering patient advocate, Heather L. Lawry, R.N. always puts patients at the center of care. Congratulations, Heather. You truly embody the essence of the nursing profession.





A Celebration of Nursing



Stacy Faulkner, BSN, RN
VA Pittsburgh Healthcare System-Highland Drive Division

"Becoming a nurse has always been my dream," says Stacy Faulkner, a case manager in the Home Based Primary Care Program at the VA Pittsburgh Healthcare System (VAPHS), Highland Drive. Faulkner earned her associate degree in nursing at Community College of Allegheny County in 2001, and her Bachelor of Science degree in nursing at Slippery Rock University in 2005.

One of the many reasons Faulkner felt nursing was the right career path for her was that she wanted to work in a field that would provide her with opportunities for continued learning. "I keep abreast of new developments and evidenced base practice trends in nursing and share the information with other nurses and students," she says.

Faulkner was born at the Army Base in Fort Knox, Kentucky so it comes as no surprise that she enjoys visiting veterans in their homes. Providing an improved quality of life for her patients and their families is Faulkner's number one priority.

Faulkner is a resident of Ben Avon. She makes positive changes for the people in her community by participating in Health Fairs through her church and the local library.

Leslie Fletcher, BSN, RN
HealthSouth Rehabilitation Hospitals of Pittsburgh

"Growing up I would listen to my aunt tell stories about being a school nurse and taking care of the children," says Leslie Fletcher. "I loved the health sciences in school. To me the perfect fit was to become a nurse."

Fletcher earned her Bachelor of Science degree in nursing at Penn State University. She has served in numerous positions over the past 20 years and is currently part of the Spinal Cord Program Team at HealthSouth Harnarville Rehabilitation Hospital.

Hands-on patient care is what Fletcher enjoys the most about her job.

"Every interaction gives you the chance to make a difference," she says. "In rehab, we see people at one of the worst times in their lives and are able to help them try to work through their problems and see the light at the end of the tunnel."

Through her position, Fletcher sees how important rehabilitation nurses are to their patients. "Many young spinal cord patients include the nurses as an extended part of their families as they share milestones in their lives over the years," she states.

In addition to caring for patients, Fletcher also enjoys teaching new nurses as they graduate. She takes every opportunity to help recent graduates advance their skills and confidence in the workforce.



Becky Fry, BSN, RN, CWOCN
UPMC Horizon

Becky Fry's career decision was made as a high school student when her father had a stroke. The rehabilitative home care provided by a "wonderful" physical therapist inspired her journey to nursing. Later, networking with enterostomal therapists (ET) at UPMC guided her to specialize as an ET and wound, ostomy, and continence nurse (WOCN).

Fry graduated summa cum laude and received her bachelor's in nursing from LaRoche College. She attended Sharon Regional Health System School of Nursing and Rupert B. Turnbull School of Enterostomal Nursing, earning distinction as an ET. In 2009, she recertified as a WOCN, completing the Professional Growth Program.

She finds her greatest satisfaction using "critical thinking skills to assess patients, suggest treatments for wounds, and resolve ostomy problems." Fry is a teacher and advocate for patients and their families at UPMC Horizon and UPMC Horizon's Center for Wound Treatment, where she is the clinical coordinator. She mentors students who observe in the wound clinic and models excellence in patient care and customer service.

Fry is a member of the National WOCN Society and its Western PA Affiliate of the Northeast Region, as well as the UPMC Enterostomal Therapy Values Analysis Team. She chaired the UPMC Horizon Skin Care Team and provides wound-care education for the UPMC Horizon skills lab, nursing students, nursing orientation, and UPMC Nursing Grand Rounds.

Richard Harr, RN
UPMC McKeesport

As a nurse, Richard Harr has touched the lives of thousands of people. Harr, who originally began his career as a sports medicine major, soon realized that emergency medicine was where his true passion was.

"I had always wanted to be in the medical field, and a degree in nursing would be the beginning of that path," he says.

Harr earned his Bachelor of Science degree in nursing at Waynesburg University in 2001, and currently works as a clinician in the Emergency Department at UPMC McKeesport.

One of Harr's favorite parts of nursing is the reward of seeing patients recover. The story of one patient that has stuck with Harr is of a mother whose son was struggling with alcoholism. The son had been seen in the emergency department numerous times, and the mother begged Harr for help. "That night, the mother and I walked into the son's room, pulled chairs up to the bedside, and had a lengthy discussion. To this day I have never seen that patient again," he says. Harr has seen the patient's mother out in the community though, and she always has time to give him a hug and thank him for what he did for her and her son.



Julie Hartz, RN
Ohio Valley General Hospital

Julie Hartz graduated from the Ohio Valley General Hospital (OVGH) School of Nursing in May 2005. Since then, she has been a valuable and dedicated nurse on the OVGH Outpatient Surgery Unit.

Hartz decided to become a nurse after going through years of various unsatisfying jobs. It wasn't until her first clinical day as a nursing student that she realized nursing was exactly where she needed to be.

The most satisfying part of her nursing career is meeting a new patient for the first time. "I want to know who they are as individuals, where they are from and I want to hear stories about their families and hobbies," she says. "I make every attempt to bring out what fears or concerns they may have regarding their current health situation. Even if the interaction is brief, I want each patient to feel valued, understood, and respected."

As an advocate for the nursing profession, Hartz enjoys speaking on behalf of her peers to gain the attention of politicians in order to positively influence health care policy and the nursing profession. She also strives to improve consumer health literacy, which she feels is an integral component of healthcare communication.

"With the constantly evolving healthcare system, we really need to take a step back and see what is really important for our patients and their quality of care," she says.

Jill Helinsky, RN
Excelsa Health Westmoreland Hospital

High school graduation was fast approaching and Jill Helinsky was unsure where life would lead. Luckily, her career decision has been validated repeatedly over the past 22 years.

A graduate of Westmoreland County Community College, Helinsky has experience in medical/surgical and orthopedics nursing. She couples a vibrant personality with a holistic approach to nursing care. Part of the pediatric/women's care team at Excelsa Westmoreland Hospital, she is lauded by patients and co-workers alike for her resourcefulness and calming influence.

"Thank you's," smiles, and the knowledge she is making a difference keep Helinsky content in her career. "A lot of new nurses get discouraged and give up," she says. "I'm glad I never did, because the rewards have been there along the way."

A laryngectomy patient reminded Helinsky how vital her job is to patient survival. "He started to bleed heavily from his surgical drain site and I took him up to the pre-op holding area. While waiting for the OR staff, he looked at me and mouthed the words 'Thank you.' I don't know why, but I started to cry, right there in front of him, even though I knew he would be okay. After his discharge he occasionally stopped by the nurses' station to visit," she says. "Special patients like him give me something to look forward to at my job."




Amber Hodnick, RN
Kindred Hospitals of Pittsburgh

Amber Hodnick was raised by her grandmother and always admired her strong will to care for others. "I looked up to her and wanted to find a career that would fulfill that admiration," says Hodnick. "The desire to care for others in their time of need is why I chose nursing as my profession."


Hodnick finds many aspects of her career to be satisfying. "To see a patient I previously cared for walk through the doors healthy is an amazing feeling. To be thanked for excellent nursing care by my patient and their family is also rewarding," she says. "Most of all, going to bed at night knowing that I have made a difference, a positive impact on someone's life, is most satisfying."

Promoting what a rewarding and important job nursing is to the younger generation is one of the ways Hodnick advocates for the profession. She believes that attracting younger people into nursing is vital to expanding the profession. "We have to redefine what nurses do and who we are," she says. "Without an influx of the younger generation, the shortage will only get worse."

"I am blessed to be a nurse. The rewards are endless," she says. "Learning something new every day on a clinical and personal level is one of the best aspects of the nursing profession."




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A Celebration of Nursing



Kathy Holquist, RN
UPMC Senior Communities

With a mother and other relatives who are nurses, it was almost natural for Kathy Holquist to follow suit and become a nurse. Her childhood environment focused on caring for others. It was during the illness of a beloved family member, that Holquist realized the difference that a caring nurse can make for both patients and families. In her role as case manager at Cranberry Place, one of UPMC's Senior Communities, she strives to be that nurse who makes a difference in her patient's lives.

Holquist says spending time with residents of Cranberry Place and their families bring her the most satisfaction. "Taking the time to discuss their concerns is rewarding and well worth the time," she says.

Holquist received her nursing diploma from Sharon Regional School of Nursing, where she earned the Nursing Proficiency Award. With 17 years of nursing experience, Holquist enjoys working with her colleagues as well as her patients. She advocates for the profession by acting as a resource for less experienced nurses. "This must be done with patience so that we don't 'eat our young,'" she says.

As a respected profession, nursing comes with rewards and sacrifices, according to Holquist. She's grateful for the understanding from her husband and children show in support of her career endeavors.

Milly Hopkins, RN

Western Psychiatric Institute & Clinic

Milly Hopkins had meant to become a teacher, but when a friend applied to nursing school, Hopkins did too, and she never looked back. Her mother had been a nurse and her professional pride was an inspiration to her daughter.

Hopkins attended St. Francis School of Nursing and devoted her professional career to the field of addiction. At the Narcotic Addiction Treatment Program at Western Psychiatric, she is nurse coordinator for the management team, providing a delicate balance of direct patient care and management. With her ever-present dry wit she encourages patients and staff to maximize every potential and meet daily challenges.

"Her clinical judgment masterfully straddles the world of treatment and the world of business, helping the program to make the proper decisions," say colleagues.

Patients ask for Hopkins because she is seen as the one with the answers. She's the one who will take the extra moment to explain, to advocate, to inspire. Her personal and professional energy are driving forces in a healing environment that requires great perseverance and commitment to "getting it right." She is a role model to both patients and staff for her expertise and focus on empowerment.

Hopkins received the Courage to Come Back Award and the Golden Apple Award. "The most satisfying part of my career is seeing the changes that occur in individuals," she says.



Miranda Kilpatrick, BSN, RN
West Penn Allegheny Health System,
Western Pennsylvania Hospital, Forbes Regional Campus

Teaching was Miranda Kilpatrick's career choice until her senior year of high school, when her mother suggested nursing as a career path. After visiting nursing programs, she knew that nursing was going to be the "right fit" for her.

Kilpatrick worked at Western Pennsylvania Hospital, Forbes Regional Campus as a patient care assistant while finishing her Bachelor of Science degree in nursing at Carlow University. After graduation, she joined the Inpatient Rehab Unit.

Her positive attitude and caring demeanor make Kilpatrick a favorite of colleagues and patients. "She gives patients more than just assistance walking or medications," says a colleague. "She talks to patients about their lives, families, and needs and sometimes teases them to bring smiles to their faces."

Kilpatrick regularly goes above and beyond expectations, going the extra mile to help a colleague with patient care or being the first to answer a call bell.

Kilpatrick enjoys rehab nursing because she gets to build relationships and witness patients' progress over the course of treatment. "Often, patients who cannot get out of bed on their own when admitted, leave our unit walking with a cane," she says. "Witnessing that transition is so rewarding."

"I only hope I can become half the nurse she is," says a colleague. "She truly is an inspiration to all those she works with."

Regina M. Brunetti Kirk, RN

Indiana Regional Medical Center

Regina Kirk is a Magna Cum Laude graduate of the Indiana University of Pennsylvania with a Bachelor of Science degree in nursing. She was named to the Dean's List every semester for four years and is a member of Sigma Theta Tau, the Honor Society of Nursing. She is also a recipient of the Women's Business League scholarship and the Junior Women's Civic Club scholarship. She currently works on the sixth floor at Indiana Regional Medical Center.

Kirk credits the nurses who impacted her life during a difficult time. "When I was a child, my father was ill and away from home for one month. Upon his return, he was better and ready to start his life anew," she says. "I always wanted to grow up and help others get well just like those who helped my dad!"

Kirk truly loves being a nurse. "Every day presents new and exciting challenges and I am continually learning," she says. "The opportunity to work with patients and their families; educating, caring for them, and helping them accept and move forward in spite of their diseases/illnesses is very satisfying!"

One of Kirk's coworkers says, "I am not on the floor with Regina every day, but when I am; I see she has a way with her patients. It's something I wish every nurse possessed!"



Kimberly M. Kirsch, RN, BSN, CNOR
UPMC Passavant

As an impressionable 15-year-old, Kimberly Kirsch, watched with admiration as kind and compassionate nurses cared for her ailing father. She aspired to emulate those qualities, and nursing was the perfect profession to do so. "I wanted to study nursing and help those in need, providing them with the support and care my father received," she remembers.

The greatest reward for Kirsch is knowing that at the end of the day, she has helped change the life of one of her patients. As a surgical specialist and surgical services educator, Kirsch is able to meet people from all walks of life, and takes pleasure in helping to care for another person.

Kirsch attended LaRoche College and Sewickley Valley Hospital School of Nursing, receiving the Alumni Award for the greatest progress in nursing practice. She earned her Bachelor of Science degree in nursing at the University of Pittsburgh, graduating with highest honors.

Kirsch began her career on a medical-surgical floor where she strengthened her nursing skills. Since the nursing profession allows many opportunities for growth, Kirsch then moved to the operating room where she became a certified operating room nurse.

"The Cameos of Caring nomination will provide me with the motivation to continue to grow professionally," she says.

Luanne M. Klimchock, RN, CHPN

Excelsa Health Home Care & Hospice

It's not a long distance from Recovery Room nursing to Hospice and Palliative Care. Both areas focus on patients at their most vulnerable. Luanne Klimchock appreciates the opportunity to care for patients' needs during times of transition.

Starting out in Intensive Care at Excelsa Health Westmoreland Hospital, Klimchock's career path would forever change once she experienced firsthand the services and support of Excelsa's Hospice team. After Klimchock's father was diagnosed with terminal liver cancer, Hospice caregivers provided what she needed to care for herself and her loved ones. "The team was wonderful to my dad and our family, offering gentle compassionate care, comfort and advice."

The graduate of Mercy Hospital School of Nursing is certified in hospice and palliative care, and has continued to train through the End of Life Nursing Education Consortium.

"The patient interaction and connection is the best part of my job. I've had the privilege of meeting some true heroes."

Klimchock takes pride in her profession and recognizes the responsibility entrusted to her to set an example for others, whether it be people looking to change careers, or students considering the opportunities before them.

It's also critical to function as part of a team. "I have learned a great deal from my co-workers," she says. "I feel fortunate to be surrounded by people from whom I can continually learn and grow."



Ericka Kubiak, RN
Children's Hospital of Pittsburgh of UPMC

Ericka Kubiak has worked at Children's Hospital of Pittsburgh of UPMC since 2001 and served as the interim unit director for Same-Day Surgery and the Post-Anesthesia Care Unit for the past year. During this time, she has initiated new projects and ideas to better the units she has been overseeing. Kubiak actively participates on several councils, and has successfully facilitated, coordinated, and implemented many positive changes with staffing, patient flow, and informatics. In addition, she is an excellent role model for all staff.

As a biology major at Fairmont State College in West Virginia, Kubiak realized that she could combine her two interests—working with children and medicine—into a rewarding career as a pediatric nurse. "This was the perfect career decision," she says. "I love interacting with the children, and marvel at their positive attitudes and how quickly they can bounce back."

"Ericka is one of the most compassionate nurses I ever met," said Lisa Kerrick, clinical director, Perioperative Services. "Her skill and genuine concern is evident when she is taking care of patients and families, but extends to all those with whom she interacts. Ericka demonstrates a calm, caring manner. It is amazing to watch how she has an immediate calming effect on all those around her. She is a gifted caregiver."

Paola La Monica, RN, BSN

UPMC Italy, Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione (ISMETT)

Paola La Monica became a nurse for many reasons. One of the most important reasons is because she loves to treat others using the combination of her technical skills and compassionate heart.

A true patient advocate, La Monica puts herself in her patients' shoes and does for them as she would do for herself. This dedication does not go unnoticed. During a patient's death, La Monica held his wife's hand while she said goodbye to her husband. The widow later thanked La Monica for being an "angel" in a time of need. This made La Monica understand that a simple gesture can help others during their pain and suffering.

The greatest reward for La Monica is providing excellent patient care. As a bedside nurse in the cardiothoracic unit, she enjoys providing not only health care, but emotional care as well to her patients who mainly suffer from chronic diseases.

La Monica attended Istituto Magistrale Statale Regina Margherita and the University of Palermo. Her background includes volunteering at Civico Hospital of Palermo and strengthening her skills while holding nursing positions at the Policlinico at Palermo, a home health care facility, and in Milano. Proud of her profession, La Monica says, "Nursing is the finest art and the greatest profession because it is complete. It's professionalism, enthusiasm, passion, new ideas, progress, and research."





Heather L. Lawry, RN
St. Clair Hospital

Heather Lawry has worked at St. Clair Hospital for six years and says she has loved every minute of it. She started at the hospital as a student nurse, and began her career at St. Clair after earning her nursing degree at Community College of Allegheny County's South Campus.

Sue Ann Langfitt, manager of Nursing Unit 6F where Lawry works, said that even as a student, Lawry was extremely proactive and spent time doing hands on work with the patients. "When she applied to work at St. Clair I was thrilled, because I could see in advance what a hard worker she was."

Lawry loves the great teamwork between all of the staff members on 6F. She is known as a great teacher on her unit, always willing to help someone in need. "I love to teach," she says. "People come to me when they have problems with their patients because I'm able to work well in emergency situations."

St. Clair Hospital's administrative vice president and chief nursing officer, Joan L. Massella, says Lawry epitomizes what a Cameos of Caring Nurse is all about. "Heather's patients consistently receive compassionate, safe, quality care, along with a high level of service. St. Clair is fortunate to have her represent our organization as the 2010 Cameo of Caring Recipient."

Tarrah Lopreiato, RN, BC
VA Pittsburgh Healthcare System – Heinz Division

Tarrah Lopreiato is as a registered nurse on unit 1 South at the Community Living Center, VA Pittsburgh Healthcare System at Heinz. The Natrona Heights resident is a 2006 alumnus of the Shadyside School of Nursing.

Lopreiato credits the director of Nursing at a home health care agency in Scottsdale, Arizona for igniting her desire to become a nurse. The director recognized that the passion Lopreiato displayed as a data entry clerk could set the world ablaze if she had RN credentials. Shortly thereafter, Lopreiato returned to her hometown area of Pittsburgh to pursue a career in nursing.

"I have the privilege to care for warriors and heroes every day," Lopreiato says. "No matter how bad my day may be going, I never forget that my patients signed their name on a form to serve and protect this country, and people like me that they've never even met."

Her manager describes Lopreiato as a "nurses' nurse" – one who cares for the needs of the body and the needs of the human spirit. Last winter Lopreiato brought in a pan of snow for a chair-fast resident with whom she had been discussing winter memories. Together they built a wonderful snowman.

Lopreiato is a member of DAFE (Dark Ride and Fun House Enthusiasts). Her goal is to ride every dark ride in America.



Martin J. Mains, BSN, RN, BC
VA Pittsburgh Healthcare System – University Drive Division

Martin Mains is a staff nurse in the Electrophysiology Department at the VA Pittsburgh Healthcare System – University Drive Division. The Trafford, PA resident earned an Associate degree in nursing at Community College of Allegheny County and a Bachelor of Science degree in nursing at Waynesburg University.

Providing direct patient care gives Mains the most satisfaction. Mains is involved with robotics in the lab and wireless devices. For the last fifteen years, he has been expanding his expertise in electrophysiology, which is still on the cutting edge. "With new innovations, products and procedures there is no time for complacency," he says.

One of Mains patients is a veteran who travels to Pittsburgh from Dallastown, PA to have his pacemaker evaluated. The veteran told Mains about his interest in running. Currently making his living as a garbage man who runs behind the truck for a living, the veteran took a pair of running shoes from the trash, then trained himself and ran his first race in those shoes. The veteran ran a grandfather mountain marathon in July 2001 and received a new pacemaker in November 2001.

Mains shared the story of this amazing veteran with the representative from Boston Scientific. As a result, Boston Scientific sent the veteran brand new shoes and running gear and signed him to a one year speaking contract.

Bob Messick, RN
Heritage Valley Sewickley

Bob Messick has been a nurse for 19 years, ever since losing his job at a local steel mill.

He graduated from Community College of Beaver County in 1991 with honors and works on the 5 South Orthopedic unit at Heritage Valley Sewickley. The New Brighton resident finds the most satisfying part of his career is his interactions with patients and families. Messick makes others feel welcomed and shows concern for their emotional well-being. Knowing his patients have family and friends that love them is important to him.

Messick teaches joint replacement classes and recalls a patient who had cancelled her surgery because of anxiety. He called her and explained why she needed to come in for class before making the decision to cancel surgery. She came to class, shared her fears and worries, and agreed to proceed with surgery. The day of her surgery, the first question the patient asked when she got to the unit was, "Where's Bob?" She said, "I wouldn't be here if it wasn't for him."

"Nursing has been a great profession for me," he says. "I believe I was led to care for the sick." Messick enjoys people and nursing them back to health. He appreciates how grateful they are with his nursing care. "I am privileged to have been called to be a nurse."



Cynthia Nusairat, RN
West Penn Allegheny Health System, Canonsburg General Hospital

Cynthia Nusairat made the decision to become a nurse because of her mother, the most caring and compassionate nurse she knows.

A nurse for 35 years, Nusairat feels the nursing profession has provided her with endless opportunities spanning the globe. She worked in critical care and dialysis in Columbus and Dayton, Ohio, and the emergency department and school of nursing in Riyadh, Saudi Arabia, before settling down at Canonsburg General Hospital (CGH) 9 years ago.

"Cindy is a strong charge nurse, preceptor and support on CGH's night shift. She is the best advocate for her patients and their families. She is very compassionate and kind, and her patience is undeterred," says Elizabeth Hardy, director of 2-West. "She treats all her patients with the utmost respect. She is a pillar of strength on the unit and offers a tremendous amount to the team. She is flexible, cross-trained for the Intensive Care Unit, and her critical thinking skills with telemetry patients are unmatched."

"Having the opportunity to hold a patient's hand for few extra minutes, ease their worries during a sleepless night, and see the look in their eyes when someone takes a little extra time is the most rewarding job anyone could have," says Nusairat. "I have never regretted choosing nursing as my profession and have enjoyed the variety of opportunities it has offered me."



Sara Orndoff, RN, OCN
UPMC Shadyside

Throughout Sara Orndoff's life she has had the desire to give back to others. She found nursing to be the perfect outlet to facilitate this desire. The spirit of volunteerism and helping others is at the core of what Orndoff

does every day as a nurse clinician on 7 West at UPMC Shadyside.

Using her passion for the nursing profession and her experiences as a nurse, Orndoff encourages high school students as well as adults looking for a career change to consider nursing as a profession. "Nursing offers the flexibility to make a difference in the lives of patients while allowing you to enjoy life," she says.

Orndoff earned her nursing diploma at the UPMC Shadyside School of Nursing, and is pursuing her Master of Science degree in nursing at Waynesburg University. She is certified in oncology nursing.

Nursing has made Orndoff mindful and thankful of the fact that she and her family have realized a measure of good health. "I go home each night and hug my family a little closer," she says. "I appreciate my husband a little more and am thankful for the time I have been granted with my parents and grandparents."

Another way Orndoff gives back is through her participation in the Leukemia and Lymphoma Society's annual fundraising event, "Light the Night," where she has raised more than \$1,000, each year for the past three years.

Melissa J. Pentrack, RN
UPMC Bedford Memorial

Melissa Pentrack became a nurse because she always wanted to help people and show that she cares. "I thought the nursing career would be the best way to do that. I also felt that it would be challenging and rewarding," she says.


In 1996, Pentrack received her associate's degree in nursing from Mount Aloysius College. She currently works at UPMC Bedford Memorial as a registered nurse in Obstetrics.

As a certified car seat technician at UPMC Bedford, and a member of Safe Kids of Bedford County, Pentrack helped initiate monthly car seat checks at the hospital. "I currently work as a volunteer with the organization in order to educate both parents and children about safety," she says.

In addition to Safe Kids, Pentrack is also a member of the Professional Practice Council where she facilitates the unit-based council for Obstetrics. The council is currently working to revise all the current teaching information to ensure that all obstetrics nurses are teaching the same material.

One of the best parts of Pentrack's job is when a patient thanks her for the job she is doing. "I love seeing the expression on a patient's face the first time she holds her newborn," she says.





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Melinda Provance, BSN, RN
Uniontown Hospital

Melinda Provance's passion for nursing is evident in her words and actions.

Provance came to nursing after her job at a financial institution was eliminated due to a merger. A nurse for 21 years, Provance currently works on the Intensive Care Unit at Uniontown Hospital.

Coworkers describe Provance as having a "caring spirit complimented by a smile, confidence and the insight to make good decisions when counseling and caring for critically ill patients and their family members."

"Nursing is both a stressful and satisfying profession," she says. "The genuine fulfillment I receive from helping staff, patients and families makes it all worthwhile. I can truly say that I love my job."

In addition to delivering quality personable care, Provance also dedicates time to mentoring student nurses and newly hired nurses. She makes certain they appreciate their ability to make a difference in the lives of all the individuals they come in contact with at the hospital and beyond.

Stacey L. Schill, RN
UPMC Northwest

When Stacey Schill is asked what she does for a living, she is proud to say that she is a nurse.

"Most people will never experience what it's like to be at someone's bedside in their most desperate hour of need and provide some measure of emotional support and comfort," she says.

Ever since presenting a report on the heart in fifth grade, Schill has had an interest in the human body. "I always knew my career choice would have something to do with the medical field," she says. When facing the decision on which career to pursue after high school, nursing stood out within health care. "I love to be around people and my 'high' comes from helping those who need it most."

As an Emergency Department nurse at UPMC Northwest, Schill finds great satisfaction in working with her team. She is the primary preceptor for new nurses, and teaches segments in the Trauma Nurse Course. Schill earned her nursing diploma at Conemaugh Valley Memorial Hospital School of Nursing and holds a certification in emergency nursing.

It is said that everyone will need a nurse at some point in his or her lifetime and Schill says she's happy to be one of the nurses that someone may need.



Colleen Ann Carey Schwartz, RN
UPMC Mercy



"There is nothing more rewarding for a nurse than when a former critically ill patient returns to say hello and thank you for caring for them," says Colleen Ann Carey Schwartz. The UPMC Mercy Anesthesia Holding Area nurse recalls a time when she took care of a gravely ill patient who subsequently recovered and was discharged. Six months later the patient came back to the hospital to find Schwartz and thank her for her excellent nursing skills. "To me that is what nursing is all about," Schwartz says.

Schwartz earned her nursing diploma at Mercy Hospital School of Nursing. She has since received numerous honors including, You made a difference and Golden Rule.

Schwartz says nursing is a demanding profession with many highs and lows. "Always treat people as you would want yourself or your family to be treated," she advises nurses. "Actively listen to what people have to say, because every day is a learning experience."

Schwartz is proud of her profession and the job she does each day. She determines the quality of her day on whether or not she feels as though she has given the best care possible to her patients, if the answer is, "Yes," it has been a great day.

Elaine Sikon, RN, BSN, CNOR
UPMC St. Margaret

A three-day hospital stay when she was a teenager inspired Elaine Sikon to become a nurse. "I was so impressed by the care I received that I immediately knew it was what I wanted to do," she says.

After working in several clinical areas, Sikon found the operating room (OR) to be her passion. She earned her Bachelor of Science degree in nursing at La Roche College, and went on to meet the requirements for her certification in operating room nursing (CNOR). She is currently pursuing her professional career as an operating room clinician in the Surgical Services Department at UPMC St. Margaret. Sikon has spent many years by her patients' side while they undergo anesthesia, and is vigilant in monitoring and assuring quality care during the intra-operative period.

Sikon is a nurse leader and OR coordinator. She assists with scheduling, expedites equipment, and assigns teams. She is a mentor to nurses and a teacher to patients.

An Above & Beyond awardee, Sikon was also nominated for the Leading with Wisdom award. Additionally, she is a long-time member of the Association of periOperative Registered Nurses (AORN). She keeps other nurse specialists informed of AORN recommendations and resources, constantly working to expand the profession.



LaShawn C. Smith-Kemp, RN
LifeCare Hospitals of Pittsburgh



LaShawn Smith-Kemp's interest in caring for people started as a child when she played nurse and doctor with her sisters. Her lifelong dream was to become a "real" nurse and help people.

She began her career as a sitter at Allegheny General Hospital (AGH). Her dream of becoming a nurse became a reality when she received a full scholarship to the Community College of Allegheny County through AGH and the North Side Conference.

Smith-Kemp spent several years at AGH working in various units before taking time off after a personal tragedy. She came back to nursing at LifeCare Hospitals of Pittsburgh and has found her true calling as a charge nurse and LifeCare resource to the staff at the Suburban General Campus in Bellevue.

Her desire to care for people does not end at her job. Smith-Kemp serves as the President of the Health and Wellness Ministries of the New Zion Missionary Baptist Church, and as Program Coordinator for Manchester Community Days. In addition, she served our country for 20 years in the Army Reserve, and did a tour in Desert Storm.

Smith-Kemp cares for the welfare of her patients and their families, as well as for her coworkers. Her approach is always compassionate and respectful. Her smile and encouragement make everyone want to do better.



Elizabeth Tressler, RN
Conemaugh Health System, Memorial Medical Center

"You have been given a gift," my physician said one December morning in 2000. I had recently been diagnosed with breast cancer, was awaiting additional surgery, chemo and radiation, and was now re-hospitalized with an infection. If this was a gift, I hoped someone had a receipt so I could return it! "In my practice, I can tell a patient they have cancer and can tell them the treatment plan, but I don't know what it feels like to hear the words, 'you have cancer.' But you do," he said. "When a patient is diagnosed with breast cancer, you can share your gift and help them face their illness with strength, courage and knowledge."

I have been cancer free for almost ten years. In that time, I have had many opportunities to encourage, educate, comfort, and fundraise for breast cancer research, awareness, and patient services. I love being able to touch, encourage, comfort, and care for my patients and their families. Using my personal experience as well as nursing skills I have acquired over the past 34 years allows me to walk beside them on their journey and share "the gift."

Nursing has given me the opportunity to serve others. I have learned in life that we are blessed to be a blessing. My life has been truly blessed, and being a bedside nurse offers me a way to pass that on to my patients as well as their families.

Shawn P. Vietmeier, BSN, RN
West Penn Allegheny Health System, Allegheny General Hospital

Shawn Vietmeier went to Gannon University intending to be a science major. But when it came time to declare a major, he reflected on how he had always liked to help people, especially when they were ill or injured. "What better way to connect with people than nursing," he thought.

Now, as a nurse in Allegheny General Hospital's Per Diem Pool, Vietmeier does more than connect. "The most satisfying part of my career is providing a voice to patients when they are in need. Being a patient advocate is such an important part of being a nurse, and I take pride in this every day."

Going above and beyond for both patients and staff comes naturally to Vietmeier. One night the charge nurse in the Neuro Intensive Care Unit (ICU) told Vietmeier about a possible stroke admission from the Emergency Room (ER) after the patient had an MRI. Vietmeier volunteered to transport the patient from the ER to MRI, then to the Neuro ICU, staying long after his shift to complete the patient's admission. Vietmeier's "team" attitude provided the patient with better care and prevented delay.

Vietmeier believes incorporating current research findings into practice is crucial to good nursing. He is an active participant in Allegheny General's Research Council and constantly analyzes research data and current literature to incorporate best practices into his work and share that information with colleagues.



Christina Weiss, RN, LCCE
Magee-Womens Hospital of UPMC



Christina Weiss became a nurse because of her passion for providing women and their families with the knowledge they need and deserve in order to live healthy lives. As a nurse, she has had the opportunity to serve as a support person, ally, and mentor to members of the community.

Weiss completed her nursing degree from the Community College of Allegheny County's Boyce Campus. She returned to school in 2006, and earned her certification as a Lamaze childbirth instructor from Lamaze International.

In her current position as a nurse and clinical coordinator for Magee at Wilksburg Neighborhood Health Center, Weiss helped developed the Pride, Polish, and Protect Program. The program aims to educate women and teens about female health issues such as sexual responsibility and sexually transmitted disease protection. In an effort to encourage adolescent female participation, the sessions are held in local nail salons.

"Each new day with our patients reminds me that I am so fortunate to be in this community to support, guide, and nurture our patients in every aspect of their lives," says Weiss. "It is an honor and a privilege to work for Magee-Womens Hospital, a place that you can truly call home."

Kathleen Werwie, RN, BSN, OC
UPMC Cancer Centers

When treating patients at the Hillman Cancer Center, Kathleen Werwie wants to be seen as someone who understands cancer and its physical symptoms, and who is sensitive to the emotional side of the disease. Werwie's mother passed away from cancer, and her sister has survived two different types of cancer, so she knows the importance of having knowledgeable, caring professionals providing treatment. "I don't see patients as a cancer diagnosis; they're people who have families and homes, who go to work and church, and who enjoy vacation and holidays," she says.

As a collaborative practice nurse, Werwie says, "I want patients to feel they can rely on me to provide accurate scientific information while also being available to support their psychosocial needs."

Werwie earned her Bachelor of Science degree in nursing at Penn State University in 1982. "Kathleen continues to learn and take on additional responsibilities," says Michael Gibson, MD. "As evidence of this, she recently passed her ONS examination."

"Working with cancer patients is not about death and dying. It's about living life. We help the patients make cancer just one part of the life. It is very satisfying to celebrate the good times with them or support them when they get bad news," Werwie says. "I work with an unbelievable team at Hillman who truly cares about their patients and each other."



Cindy Weston, RN
Excelsa Health Latrobe Hospital



"It all started with my mother repairing my life-size baby dolls when they were torn," says Cindy Weston. At age 6, she had already found her niche. "I still can remember being so upset they were 'hurt' and how much better we both felt once they were 'healed.'"

Weston's caring personality propelled her toward a helping profession, and a career that now spans 33 years.

A graduate of Somerset School of Nursing, she worked as a nursing home aide while in school. Following a year-long stint at Jeanette District Memorial Hospital, she moved to Excelsa Health Latrobe Hospital where she has staffed every nursing unit except obstetrics and critical care. Such diverse experiences prepared Weston for a return to the classroom; she received her associate's degree in nursing from Westmoreland County Community College in 2003 and began working in the Emergency Department.

As a mentor, Weston serves as preceptor to student nurses and new employees. A member of the Caregiver Council, she holds the charge position on her shift and advances best practices within the department. An advocate for victims of violence and abuse, she is certified as a Sexual Assault Nurse Examiner.

Even after three decades in nursing, Weston admits, "It is the most eye opening learning experience I am privileged to be part of."

Donate Life Awardee



Eileen McMahon Pistelli, AD, RN
West Penn Allegheny Health System, Allegheny General Hospital

Eileen Pistelli chose the nursing profession knowing it would be challenging and sometimes frustrating. "But ultimately I wanted to make a real difference in people's lives on a daily basis," she says. She earned her Associate degree in nursing at Community College of Allegheny County.

Since becoming a per diem staff nurse at Allegheny General Hospital 22 years ago Pistelli has cared for patients with a variety of medical and surgical conditions, often rotating into the Transplant Unit. "I never thought this huge advancement in medicine would affect me personally," she says. "Then my father was placed on the waiting list for an organ, and our family went through 'transplant hell.' We prayed for 'the call' although knowing it meant another family would be suffering a loss."

Incredibly, Pistelli has been able to "pay back" the gift her father received. In April 2010 Pistelli donated one of her kidneys to her Godson.

A first-hand understanding of the emotional and physical experiences of transplant patients has uniquely shaped Pistelli's approach to their nursing care and empowered her advocacy for organ/tissue donation. She has taken her story public in newspapers, among fellow employees, and into the community, educating and promoting people to talk with their families about donation and to sign donor cards.

"To donate was a privilege, not a burden," she says. "It is the ultimate gift."



Julianne Gerstbrein, MSN, RN, CCRN
(Posthumous Award)
West Penn Allegheny Health System, Allegheny General Hospital

Julianne Gerstbrein earned her Bachelor of Science degree in nursing at the University of Pittsburgh and her Master of Science degree in nursing, with a major in nursing administration, at the Medical University of South Carolina in Charleston, graduating with honors.

Until her untimely death in early 2009, Gerstbrein was the director of Nursing Staff Development at Allegheny General Hospital (AGH). Prior to accepting this position, Gerstbrein had been the beloved director of AGH's Medical Intensive Care Unit for many years. Her major achievement during that time was coordinating the renovation and expansion of the medical intensive care unit (MICU).

Earlier in her career, Gerstbrein served as co-leader of a multi-unit team for prevention of central line infections. The team was so successful that it won the 2007 American Association of Critical Care Nurses/Baxter Circle of Excellence Award for Excellence in Patient Safety, and was featured on ABC's 20/20 primetime news magazine program, as well as a PBS special about hospital safety issues.

In collaboration with other professionals, Gerstbrein developed and helped maintain a hospital Medical Emergency Team, which decreased mortality rates for out-of-ICU cardiac arrests. She also served as an education instructor in advanced critical care concepts, and developed presentations for use at recruitment events.



Advanced Practice Awardees

Melanie Erskine, MSN, RN, CS, CARN
VA Pittsburgh Healthcare System-Highland Drive Division

Melanie Erskine is a clinical nurse specialist in the behavioral health service line at the VA Pittsburgh Healthcare System (VAPHS), Highland Drive. She earned a Bachelor of Science degree in nursing and a Master of Science degree, with a major in psychiatric mental health nursing, at the University of Pittsburgh. She is also a certified addictions registered nurse.

Erskine is the coordinator of several weight-loss and lifestyle modification programs at VAPHS, including Employee Wellness and Managing Overweight/Obesity in Veterans Everywhere (MOVE!). She publishes a quarterly edition of MOVE!, which showcases veterans who have successfully lost weight. One veteran, featured in the summer 2009 edition, was wheelchair bound, using oxygen, and taking insulin when he enrolled in the MOVE! Program. Today, he is 80 pounds lighter.

Erskine is also the leader of My HealtheVet, an initiative created by a regional network of VA medical centers called VISN 4. My HealtheVet is a web-based health management program for veterans, their families, and employees.

Erskine is an advocate for the nursing profession. There are many populations she has been able to influence by improving their health and well being. "If you wish to make a significant impact on people's lives, then nursing is for you," she says.



Jane Guttendorf, RN, MSN, CRNP, ACNP-BC, CCRN
UPMC Presbyterian

Jane Guttendorf is an excellent acute care nurse. She is the liaison among physician teams, bedside nurses, and families in Critical Care Medicine in the Cardiothoracic Intensive Care Unit at UPMC Presbyterian. Guttendorf coordinates input among providers, develops care plans with critical care attending physicians, and is a preceptor to advanced practice nurses.

She earned her Bachelor of Science degree in nursing at Indiana University of Pennsylvania, and two Master of Science degrees in nursing at the University of Pittsburgh, one in medical surgical nursing with a cardiovascular clinical specialty, and the other in primary health care nursing with an acute care nurse practitioner (ACNP) specialty. Guttendorf was the first ACNP to be hired full-time in the Department of Critical Care Medicine at UPMC Presbyterian.

"One of my most important roles is to support and advocate for the bedside nurse," she says. She responds directly to patient problems in a continual cycle of assessing, evaluating, planning, and implementing.

Guttendorf contributes to professional publications and has presented at national conferences, including the Society of Critical Care Medicine's (SCCM) Annual Critical Care Congress and the American Association of Critical-Care Nurses (AACN) National Teaching Institute. She is a member of the SCCM and the AACN, among other professional groups.

"The choice of nursing opens not one door, but a myriad of doors, directions, and opportunities," she says.



2010 Cameos of Caring® Award Recipient

Brittney D'Alessandro, RN, BSN

3 South, Stroke Care Unit

"Brittney consistently shows an eagerness to grow personally and professionally. In all aspects of her work, she displays genuine compassion and caring for her patients."

Louise Urban, RN, Vice President and Chief Nursing Officer
 Jefferson Regional Medical Center

Jefferson Regional congratulates Brittney and all of the Registered Nurses that were nominated:

Jackie Baumiller, 5 East; Michael Cook, 3 South West; Kristen Gillon, Emergency Department; Steve Goodes, 5 South; Michelle Jackson, 3 North; Laurie Kautz, 4 North; Bev Kuzak, 3 West; Brad Manown, 5 North; Jan McDowell, 3 South West; Jim Monak, 5 West; Cindy Pawelec, Congestive Heart Failure Clinic; Christine Struniak, Intensive Care Unit; Lisa Wiesniewski, 4 West



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Laura Ann Kling, MSN, RN, CNS, CPAN, CAPA
UPMC St. Margaret

Laura Kling believes nurses have the opportunity to influence people, life by life. "Nursing is the most trusted profession," she says. "Patients and families feel safe knowing we are



advocates for their care.

As unit director at UPMC St. Margaret Harmar Outpatient Center and GI Services, Kling follows her passion, committed to excellence. "I am proud to be a nurse, but more importantly, I am each patient's nurse," she says. "Each one has my unwavering dedication and commitment."

One of Kling's greatest joys in her current position was when her unit received Magnet Recognition® in February 2009. "The entire staff rose to the challenge, showcasing their accomplishments. The staff came together for a common goal, cross training, understanding what each other does daily," she says. "I was honored to be part of a team that demonstrated this attention to professionalism, safety, and optimal patient outcomes."

As an advocate for the nursing profession, Kling supports and encourages educational opportunities for her staff. Under her leadership, she has implemented many educational programs at no cost for interested staff members. "I believe education should be accessible and affordable," she says. "We found a way to easily promote this objective."

Nursing requires determination and strength. "We make differences," she says. "Be a nurse and make that difference. I have, and I challenge you to do the same."



Timothy R. Lyons, RN, BSN, MSN, CRNA
University of Pittsburgh Physicians,
Department of Anesthesiology

"Nurse anesthesia is a perfect blend of logic, creativity, and psychomotor skills," says Tim Lyons. As a certified registered nurse anesthetist (CRNA) at UPMC Presbyterian, he is a member of every specialty anesthesia team, including the prestigious Trauma and Transplant Team. He is the CRNA educational coordinator and director of the CRNA Difficult Airway Workshop at the WISER institute, advancing the practice through instruction and high-fidelity hands-on simulation.

Lyons received both his Bachelor and Master of Science degrees in nursing from the University of Pittsburgh School of Nursing, where he attended the Nurse Anesthesia Program. He has instructed student nurses, respiratory therapists, medical students, and residents on airway management techniques. As a former board trustee of the Pennsylvania Association of Nurse Anesthetists, Lyons actively advocates for the profession and lobbies state and federal lawmakers.

He has presented research papers at the University of Pittsburgh Dental School and the School of Nursing and has lectured in the Nurse Anesthesia Program at Pitt. Lyons received the Agatha Hodgins CRNA Memorial Award for Outstanding Clinical and Didactic Achievement. He organized the first central line insertion workshop for CRNAs at WISER and presented a teleconference for mid-level providers throughout UPMC.

Lyons was recently admitted to the Doctor of Nursing Practice program at the University of Pittsburgh. "Anesthesia nursing offers a dynamic career and a linear path to success," he says.

Deborah Lynn Mitchum, CRNP, MSN, RN
VA Pittsburgh Healthcare System – University Drive Division

Deborah Mitchum is a certified registered nurse practitioner and Women Veteran Program Manager who works in the Primary Care Unit at the Healthy Women's Center.

Mitchum earned a Bachelor of Science degree in nursing at the University of Pittsburgh in 1977. She also earned two Master of Science degrees in nursing at the University of Pittsburgh: with a major in nursing administration in 1986, and in the women's health nurse practitioner area of concentration in 1997.

In the Primary Care unit where she works, Mitchum developed a separate women's area that includes co-located mammography and gynecological exam rooms, separate waiting rooms, a play area for children, and a library area. "She has made positive changes in the Women's Clinic, which illustrates that it is not your grandfather's VA," says a colleague. Another nurse in the Primary Care unit says, "This is truly a one-stop shopping operation as patients can have their primary care appointments on the same day as their mammograms and Pap test—all at the same facility."

Mitchum has also expanded activities of the Outreach Team, which increases knowledge of VA benefits to about 3,000 women Veterans who reside throughout the tri-state area. To disseminate information more widely, she has also sponsored a Healthy Women Clinic web page and a quarterly newsletter.



Elizabeth Shumaker, RN, MSN
UPMC Passavant

If given the opportunity to pick a career all over again, Elizabeth Shumaker would still choose nursing. "I don't know of any other profession that allows you to use your intelligence to make critical decisions, your passion, creativity, and technical skills all together — and sometimes within the same hour of a day," she says. "It's a profession you'll never be bored with — there's constant change in technology, change in standards of care, and the ability to influence these changes has never been greater in nursing."

As director of clinical operations at UPMC Cancer Centers at UPMC Passavant, Shumaker believes in an "open door" policy. "Being visible and available as a mentor to staff enables them to be better advocates for their patients," she says.

Whether encouraging her staff to pursue their educational goals, or making sure that they all take their lunch break, Shumaker believes that happy employees make fewer mistakes and provide better quality patient care.

Shumaker earned her Bachelor of Science degree in nursing at Slippery Rock University and her Master of Science degree in nursing at the University of Pittsburgh. She holds memberships in a number of professional and scientific societies, and has received numerous professional awards and honors over the last decade.

In Shumaker's eyes, nursing is a profession that gives you back as much as you give. "I wish everyone had the opportunity to have a job they are passionate about," she says.

Christine Ann Vitale, MSN, RN
Children's Hospital of Pittsburgh of UPMC

Christine Vitale has served in many nursing roles during her 30 years with Children's Hospital of Pittsburgh of UPMC; but the role she likes best is the one she serves now as Children's Hospital's injury prevention coordinator.

"This is truly the best job I have ever had during my nursing career," she says. "It is challenging and rewarding to work with the hospital's administrators, the staff of the Children's Hospital of Pittsburgh Foundation, and members of the community to bring our injury prevention programs to life."

Vitale works very closely with the hospital's Trauma staff to identify the prevalent types of injuries in the western Pennsylvania region. She has helped develop many innovative injury prevention programs that have become models for other hospitals across the country, including the Reality Education for Drivers and the Hard Head programs. Recently, Vitale helped coordinate the opening of the Kohl's Safety Center in the hospital's Family Resource Center.

"Chris has done a tremendous job during her eight years as injury prevention coordinator," says Chris McKenna, manager, Trauma Clinical Services, Benedum Pediatric Trauma Program at Children's Hospital. "She is well-respected by hospital staff, community partners, and by children and families in need of injury prevention education."



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LaShawn Smith-Kemp
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Nancy Dugan
Carolyn Griffin

Christopher Adrian
Sarah Switzer
Theresa Dechicchis



Nurse Educator Awardees



Doris Cavlovich, MSN, RN, CCRN
UPMC St. Margaret School of Nursing

Doris Cavlovich graduated from Point Park College in 1986 with a Bachelor of Science degree. She earned her nursing diploma at the St. Margaret School of Nursing in 1992, her Bachelor of Science degree in nursing at Duquesne University in 1995, and her Master of Science degree in nursing at the University of Pittsburgh in 2003.

Since graduating from nursing school, Cavlovich has pursued a variety of paths in nursing, including working as a critical care nurse, researcher, and educator.

Cavlovich is described as "a role model for nursing students, an outstanding clinician, and an evidence-based instructor in the classroom." She is an active member of the UPMC St. Margaret Evidence Based Nursing Practice Council, which serves as a resource for staff nurses engaged in developing policies based on sound evidence.

In addition to being certified in critical care nursing, Cavlovich serves as chair of the Adult II nursing course and is involved in a research project.

"Doris never hesitates to volunteer to provide education to improve nursing practice and patient care," says Ann Ciak, MD. "She models effective communication for her students during her clinical rotations and has been described by students as an instructor with high standards."



A Celebration of Nursing



Donna Dexter, MNEd, CRNP
West Penn Allegheny Health System, Citizens School of Nursing

Donna Dexter, assistant director of Citizens School of Nursing, earned her diploma from The Western Pennsylvania Hospital School of Nursing, her Bachelor of Science degree in nursing at Indiana University of Pennsylvania, and her Master of Science degree in nursing education at the University of Pittsburgh. She also graduated from the family nurse practitioner Master of Science in nursing program at Carlow University.

"As an educator, I miss the patient contact," she admits. "But I love seeing the light go on when students understand what has been taught, and the joy in their faces when they achieve their goal of becoming a nurse."

Dexter encourages student nurses to keep learning, changing, and remembering why they became nurses. She recalls one student who had "many hills to climb" and suffered setbacks before successfully becoming a professional nurse. "A few years later when I was a patient, this same nurse stayed a little late to make sure I would get the best care. I was happy to see this wonderful and caring nurse."

In the community, Dexter serves as a parish nurse and resource for health information. "Nursing is a profession you take with you into all aspects of your life," she says. "Neighbors ask about health concerns and want reassurance that they are doing the right things for their children, parents, or themselves."

Michelle Dellaria-Doas, EdD, MSN, BSN, RN
Chatham University

As a child Michelle Dellaria-Doas dreamed of becoming a nurse or a teacher. As assistant professor of nursing at Chatham University she fulfilled both of her childhood wishes.

After earning her Bachelor of Science degree in nursing at the University of Steubenville and both her Master of Science degree in nursing and Doctor of Education degree at West Virginia University, Dellaria-Doas embarked upon a career in nursing education. She taught at several institutions, and at UPMC Shadyside School of Nursing, before joining Chatham University in its online Bachelor and Master of Science in nursing and Doctor of Nursing Practice programs.

"I enjoy teaching in a virtual classroom and making connections with students when we meet face-to-face during classroom sessions or in residency," she explains. "Online learning provides new ways to interact educationally, professionally, and personally."

Dellaria-Doas often reminds her students of the important roles nurses play in the health and well-being of their patients. "It's important for nursing students to remember the challenges and hurdles they faced to become a nurse, because as a professional you often need to pull from that experience to empathize with your patient and help them cope."



Rosanna M. Henry, MSN, RN
Duquesne University

Rosanna Henry is director of the Fritzky Nursing Laboratory at the Duquesne University School of Nursing where she teaches undergraduate classes in nursing technologies, health assessment and Pennsylvania State nursing licensure (NCLEX) preparation.

Henry earned a Bachelor of Science degree in nursing at Carlow University and a Master of Science degree in nursing at Penn State.

Students love her for her patient, skillful teaching, and colleagues respect her for her diligence and expertise. An acknowledged faculty expert in two critical areas—skills acquisition and laboratory simulation—Henry shows students and faculty alike how to get the most from the latest learning technology.

Her expertise in geriatric nursing and other areas strengthens the potential of the Nursing School's community health-based curriculum to prepare students for a full range of patient-care challenges. As an advocate for healthy living and a volunteer for a project to impart the lifesaving skill of CPR, Henry shows students how to be advocates for the nursing profession in all aspects of their lives.

Henry says she became a nurse educator in order to share her love of nursing with students. Since making that decision, she has become an exemplary teacher. Henry also has the qualities—commitment, compassion, and love of learning—that make her an exemplary nurse. That is why she is an inspiration to future nurses and to her colleagues as well.

Kirstyn M. Kameg, DNP, PMHNP, BC
Robert Morris University

Kirstyn Kameg realized she had a passion to provide nursing care to individuals experiencing mental illness when she was a nursing student and never wavered from this specialty. She then decided to share this passion with nursing students by becoming a nurse educator. She has worked as a nurse educator teaching both undergraduate and graduate students for the past ten years in the field of mental health nursing.

Kameg helped develop the Psychiatric Mental Health Nurse Practitioner Program at Robert Morris University and currently serves as associate professor of nursing and coordinator of the program. She earned her Associate degree in nursing at Community of College Allegheny County, South campus, her Bachelor and Master of Science degrees in nursing at the University of Pittsburgh, and her Doctor of Nursing Practice degree at Case Western Reserve University.

In addition to her full-time faculty position, Kameg also maintains a private practice providing treatment for adolescents and adults experiencing mental health problems. "Dr. Kameg is a role model for all who enter her classroom," says a student. "She works tirelessly to ensure her future nurse practitioner students have the most updated, evidence-based information available. She is a passionate advocate of psychiatric nursing and, without hesitation, shares her love of this specialty with all who enter her educational realm."



Santa (Sandy) Ann Lake, RN, MSN
UPMC Shadyside School of Nursing

Sandy Ann Lake thrives on the energy, enthusiasm, and desire to make a difference in the life of a patient. It is what drew her to nursing and what led her to become a nurse educator.

Lake earned her Bachelor of Science degree in nursing at the University of Pittsburgh School of Nursing and her Master of Science degree in nursing administration at Indiana University of Pennsylvania. As a nursing instructor in pharmacology and pediatrics at UPMC Shadyside School of Nursing, she impresses upon students how the nursing profession opens doors to diverse opportunities and lifelong learning. Lake knows from personal experience. She began her career as a staff nurse, became a unit manager, and then a pharmacy quality specialist, before entering teaching.

She presently teaches pharmacology to first-year students, which is a challenging class. One student whom she encouraged, but who was unable to pass the class, returned the following year and did extremely well. The student shared her experience with class members and remarked that failing the class the first time was a learning experience that would ultimately make her a better and safer nurse.

Lake networks among nurse educators and is involved in developing an honor society for UPMC Shadyside School of Nursing students that will recognize academic achievement. "The opportunity to nurture our future nurses is a true honor to me," she says.

John M. O'Donnell, DrPH, MSN, CRNA
University of Pittsburgh

An internationally recognized expert in human simulation education, O'Donnell is passionate about his work. He has presented on local, state, national, and international levels and has had his work published in a variety of nursing and medical journals. He also serves on the board of several state and national scientific societies and has received a number of national awards and honors.

An associate professor in the Department of Acute and Tertiary Care, O'Donnell is also director of the nurse anesthesia program at the University of Pittsburgh School of Nursing. In addition, O'Donnell is the associate director for nursing education at the Peter M. Winter Institute for Simulation Education and Research (WISER) Institute, where he is a member of the leadership team and sits on the Institutes steering committee.

"Professionally, I am proud of helping to create a nationally recognized, stable program," he says. "But the smartest thing I ever did was to hire talented faculty." O'Donnell believes every nurse is really a teacher at heart. His favorite part of teaching is the "aha!" moment. "When students get it, when the 'aha' happens, you can see it in their eyes," he says. "For me, that remains a very exciting moment!"



Diana R. Paladino, BSN, MSN
Carlow University

Diana Paladino is an associate professor at Carlow University in the School of Nursing. Paladino earned her diploma from Shadyside School of Nursing, her Bachelor of Science degree in nursing at LaRoche College, and her Master of Science degree in nursing at Duquesne University.

Becoming a nurse educator was Paladino's way of living out her childhood dream. "As a child, I dreamed of being a teacher and a nurse," she says. "My dream has come true at Carlow University where I have been given the opportunity to be a nurse who teaches."

Paladino is a faculty advisor, a member of Sigma Theta Tau International Society, Eta Epsilon Chapter, and was honored as Carlow University's Advisor of the Year in 2007.

Paladino finds the most satisfying part of her career is being able to help patients and their families in their time of need, while simultaneously helping her apprehensive students become confident and knowledgeable nurses.

"Nursing is a challenging profession. It requires dedication and a current knowledge base. I enjoy participating in conferences and online programs so I can be up to date on the ever-changing environment of patient care," says Paladino. "There is always more that a nurse can do to help people."

Debbie Riggs, MSN, BSN, RN, CCRN
Mercy Hospital School of Nursing of UPMC

Debbie Riggs was destined for a career in nursing instruction from an early age when her creative play revolved around teaching. She studied at the Mercy Hospital School of Nursing, and is now a faculty member there, currently in the cardiovascular and critical care nursing departments. She earned both her Bachelor and Master of Science degrees in nursing, with a specialty in education, at the University of Pittsburgh.

Riggs is a natural teacher and mentor. Early in her career as a nursing instructor, she demonstrated faith in a failing student. To the surprise of the other instructors, the student passed her nursing boards on the first try and became an excellent nurse.

Riggs is a daily advocate for the profession of nursing. "My greatest reward is seeing the pleasure in the eyes of students who finally understand a concept," she says.

She approaches teaching with both great enthusiasm and seriousness, knowing she carries the weight of responsibility for properly educating the next generation of professional nurses. "I feel a sense of excitement about the impact I can make on the health of the community by educating critical thinker's proficient in technology and with the human traits that are the essence of a nurse."





12th Annual Cameos of Caring® Awards Gala

Saturday, November 6, 2010

Spirit of Pittsburgh Ballroom
David L. Lawrence Convention Center
Pittsburgh, Pa.

Featuring Mike Clark
News Anchor, WTAE-TV Channel 4

Schedule of Events:

6 p.m. Reception and Silent Auction

7 p.m. Dinner and Awards Presentation

10 p.m. Post Event Reception

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Open Heart Intensive Care Unit
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Winners

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Shawn Vietmeier, BSN, RN
Allegheny General Hospital

Shari Campbell, RN
Allegheny General Hospital –
Suburban Campus

Jason Calorio, RN
Alle-Kiski Medical Center

Cynthia Nusairat, RN
Canonsburg General Hospital

Judith K. Chick, BSN, RN, PCCN
The Western Pennsylvania Hospital

Miranda Jo Kilpatrick, BSN, RN
The Western Pennsylvania Hospital –
Forbes Regional Campus

Advanced Practice Nursing Administrative Focus

Julianne Gerstbrein, MSN, RN, CCRN
Allegheny General Hospital

Donate Life Award

Eileen McMahon Pistelli, AD, RN
Allegheny General Hospital

Nurse Educator Award

Donna Dexter, MNEd, CRNP
Citizens School of Nursing

West Penn Allegheny Health System 2010 Cameos of Caring® Nominees

Allegheny General Hospital

Jamie Beachem, BSN, RN
Tracy Endress, RN
Brian Felton, RN
Alisha Henzler, RN
Jessica Limpert, RN
Patty Livingston, RN
Cindy Madey, RN
Cindy Nairn, RN
Sean Newcamp, RN
Lesley Swintek, RN
Myra Taylor, RN
Tiffany Thomson, RN
Shawn Vietmeier, BSN, RN
Kelly Williams, RN
Danielle Zatchey, MSN, RN

Advanced Practice – Administrative Focus

Julianne Gerstbrein, MSN, RN, CCRN
Delia Wyatt, MS, MSN, RN

Advanced Practice – Clinical Focus

Betty Moran, MS, BSN, RN
Laurie Weatherby, MSN, RN

Donate Life

Eileen McMahon Pistelli, AD, RN

Allegheny General Hospital – Suburban Campus

Shari Campbell, RN

Alle-Kiski Medical Center

Carla Atherton, RN
Jason Calorio, RN
Sheldine (Shelly) Doerr, RN
Darlene Miller, RN
Althea Queen, RN
Sue Reesman, RN

Canonsburg General Hospital

Courtney Brown, BSN, RN
Michele Haywood, RN
Jeannie Kurowski, BSN, RN
Cynthia Nusairat, RN
Marilyn Taylor, RN



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Justin Capek, RN
Judith Chick, BSN, RN, PCCN
George DiNardo, RN
Helen Fae Dally, RN, CHPCA
Kathy England, RN
Melissa Lengauer, RN
Janet Loper, RN
Dawn Mahaffey, RN
Dana Ortman, RN
Neil Palmquist, BS, RN
Tom Penn, RN
Penny Peoples, RN
Megan Westerhoff, BSN, RN, CCRN
Nancy Zaborowski, RN

Advanced Practice – Administrative Focus
Patricia Black, MSN, RN, CCRN

Advanced Practice – Clinical Focus
JoAnne McCarten, CRNP

The Western Pennsylvania Hospital – Forbes Regional Campus/Forbes Hospice

Heather Culley, RN
Susan Harchelroad, BSN, RN
Pamela Judy, RN
Miranda Jo Kilpatrick, BSN, RN
Lisa Romani, RN
Charles Sites, RN



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www.interimhealthcare.com

PRESBYTERIAN SENIORCARE

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

Human Resources Department
1215 Hulton Road, Oakmont, PA 15139
412-828-5600
825 South Mail Street, Washington, PA 15301
724-222-4300

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care, Attendants, Hospice Aides, Dietary Aides
St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonsia, Allegheny County, and Valencia, Butler County. Enjoy great pay and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonsia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com. www.stbarnabashealthsystem.com.

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For over a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, please contact Joan Mitchell for independent living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

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

COMMUNITY LIFE

Living Independently for Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social services, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive health care and social services, meals, and participate in various activities. The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated health care for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

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PRESBYTERIAN SENIORCARE

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Presbyterian SeniorCare - Oakmont
1215 Hulton Road, Oakmont, PA 15139
412-828-5600

Presbyterian SeniorCare - Washington
825 South Main Street, Washington, PA 15301
724-222-4300

ST. BARNABAS HEALTH SYSTEM

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

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

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Kindred Hospital Pittsburgh

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Kindred Hospital Pittsburgh - North Shore

1004 Arch Street Pittsburgh, PA 15212

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PUBLIC HEALTH SERVICES**ALLEGHENY COUNTY HEALTH
DEPARTMENT**

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

Healthy Wealthy & Green Expo

Four Points by Sheraton, Greensburg
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Call 724-837-3713 or email edeslam@comcast.net

The Patient and Family Centered Care Series - How-To Guide for Delivering Exceptional Care Experiences

The Herbman Conference Center - UPMC Shadyside Hospital
November 12
Call 412-641-1924 website www.amd3.org <<http://www.amd3.org>>

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University of Pittsburgh Mervis Hall
Friday November 12, 2010, 7:30-10:00am; Program Fee: \$25/person
Please register by email at ieeregistration@katz.pitt.edu or by phone 412-648-1542.
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Pennsylvania Culture Change Coalition Expo

Four Points Sheraton-Pittsburgh North
Nov 15 and 16
Contact Kimmi Campagna kcampagna@curahospitality.com 412-237-3452

The Road to Obesity: Diabetes lecture presented by William R. Balash, MD

Alle-Kiski Medical Center's Charles W. Young Conference Center
November 16 at 10:30 a.m.
Call 724-226-7339 to make reservations



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Why is My Sugar So High: Diabetes lecture presented by William R. Balash, MD

Charles W. Young Conference Center
Alle-Kiski Senior Center, 1035 Third Avenue, New Kensington
November 17 at 2 p.m.
Call 724-335-8597 to make reservations

Pittsburgh Mercy Health System Online Holiday Auction, Benefits A Child's Place at Mercy

Ends Thursday, Nov. 18
Call 724.934.3538 or email LPerkins@mercy.pmhs.org

7th Annual Reindeer Ball, Benefiting A Child's Place at Mercy, part of the Pittsburgh Mercy Health System

Westin Convention Center Hotel, Downtown
Sunday, December 5, 2010, from 4 to 7 p.m.
Tickets are \$80 for adults and \$45 for children.
Call the Pittsburgh Mercy Health System Development Office at 724.934.3537, e-mail CMurray@mercy.pmhs.org, or visit <http://www.pmhs.org/mercy-foundation/events.aspx>

The Board's Role in Creating a Culture of High Quality

Pittsburgh Athletic Association, 5th Avenue, Oakland
December 10
Registration is required at HPI@pitt.edu or phone 412-624-3608

Substance Abuse Issues in the Workplace: What Supervisors Should Know

La Roche College McCandless Township main campus, Ryan Room Zappala College Center
Thursday, November 4
Call 412-536-1193 or e-mail Jean Forti, Ph.D., chair of the Department of Human Resources Management, at jean.forti@laroche.edu

Clarifying HITECH: Accounting of Disclosures and Other Compliance Challenges Virtual Meeting

Wednesday, November 10th
Register online at www.ahima.org, Fax registration form (<http://www.ahima.org/downloads/pdfs/meetings/ARRAIncentiveRegForm.pdf>) to (312) 233-1500, Phone (800) 335-5535

Trustee Recruitment: Michael Peregrine, Partner; McDermott Will & Emery LLP

Pittsburgh Athletic Association, 5th Avenue, Oakland
Friday, November 12
Register at HPI@pitt.edu, phone 412-624-3608, healthpolicyinstitute.pitt.edu

Ongoing Challenges with HACs, POAs, and Never Events

Virtual Meeting
Tuesday, November 16th
Register online at www.ahima.org

ACHE of Western Pennsylvania presents: American College of Healthcare Executives Chairperson, Christopher D. Van Goerder, FACHE, and the Annual Meeting of ACHE|WP Membership Hospital Council of Western PA

November 29, 2010
Networking 5:30, Panel Discussion 6:30
Visit: <http://westpa.ache.org>
Contact: Beth Wright at info@westpa.ache.org

Professional Development Series IX: Drug and Alcohol Problems in the Workplace


La Roche College McCandless Township main campus, Ryan Room, Zappala College Center
December 2
Networking: 6:30 to 7 p.m., followed by presentation from 7 to 9 p.m.
Cost per session is \$15.
Call 412-536-1193 or email jean.forti@laroche.edu

Second Annual Fundamentals of Neurocritical Care Symposium


Coral Gables, FL
December 4, 2010
Call 786.596.2398 or email juliez@baptisthealth.net

National Healthcare Conference: Sepsis

Chicago, IL
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Franklin Park \$320,000 MLS# 839527

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McCandless \$499,450 MLS#831911

MOTIVATED SELLERS! This park-like lot located next to North Park provides everyday serenity! This 5 bedroom/5.5 bath home is spacious & the interior is open and airy. The sunroom provides a beautiful place to enjoy the huge level backyard with great pool/patio! Newly installed flooring and 2 new HVAC units! Finished game room with full bath and kitchenette for more entertaining choices! CALL FOR AN APPOINTMENT TODAY! Gloria Carroll 412-367-8000 x242.



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South Fayette \$179,750

The Villas of Woodcreek

A wonderful complex centrally located with pool & clubhouse. Loaded with extras this end unit exudes natural light. Additional side and boxed picture windows, vaulted Master, open floor plan, upgraded flooring on first floor, granite & cherry eat-in Kitchen that opens to Family Room and private deck, finished Game Room, new 2010 insulated garage door and professionally painted interior. This model is a sure winner. MLS #841309.



Peters Township Exquisitely Appointed

This specially designed Scholz home is a crafted epitome of elegance. Professionally decorated throughout with only the best materials and styling. The ambiance prevails throughout each room and will entice and enthrall all who view this amazing home. First floor Master Suite with fireplace & access to private veranda, richly hand crafted wood Library, maid quarters/au-pair suite, sauna, hot tub, indoor pool & gym are just some of the numerous amenities. MLS#818222



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When Establishing a Charitable Remainder Trust, Think About the Annual Payout



By Robert Standish

A Charitable Remainder Trust (CRT) is a tax savings strategy for people who wish to make a substantial gift to a charitable organization. It can create substantial benefit for donors who have closely held business interests or stock and real estate that have appreciated.

Giving assets to a CRT presents you with the opportunity to create a current income tax deduction for the present value of the projected gift to a charity. The transfer to the CRT could also enable a donor to reduce capital gain tax liability and provide a stream of income. Upon the donor's death, the charity would

receive the remaining principal in the trust.

One of the most popular forms of a CRT is a Charitable Remainder Uni-Trust (CRUT), which is a trust that receives cash or property from a donor, makes payments to a non-charitable beneficiary for a life, lifetimes or term of years, and then distributes what is left to charity. The donor can get a tax deduction in the year of the gift for the entire value that passes eventually to the charity. Stock sold in a properly crafted CRUT is not subject to capital gains tax at the trust level, and the beneficiary is only subject to capital gains tax in proportion to the payment received from the trust relative to the value ultimately passing to the charity.

The way you receive the annual payout amount is one of the most critical decisions to make in establishing a CRUT. There are four ways a CRUT can make the annual payout:

1. A **standard CRUT** pays its beneficiary(s) a percentage of the value of the trust, usually determined at the beginning of each year. This percentage must be paid regardless of the assets in the CRUT and whether or not the trust actually generates any income. If there is not enough income, distributions are made from principal.

2. A **net income CRUT** pays the lesser of a percentage of the value of the trust



Investor's Lab

or net income. If the CRUT does not earn any income, no payment is made. Payments from principal are not permissible.

3. A **net income CRUT (NIMCRUT)** pays the lesser of a percentage of the value of the trust or the CRUT's net income, but in any year in which the trust does not earn enough income to pay the full percentage, the difference between net income and the percentage goes into a "deficit" account and under the right circumstances will be "made whole" in future years.

4. A **FLIP CRUT** begins as a NIMCRUT. On the first day of the year following a specific objective event or date beyond the donor's control, such as the date an illiquid asset is sold, the trust transforms to a standard CRUT.

The FLIP CRUT is particularly useful if you have contributed unmarketable assets such as like real property or closely-held stock to a CRUT. Although many donors like standard CRUTs because they are guaranteed to receive regular distributions, a standard CRUT offers no flexibility to a trust that holds only unmarketable assets and therefore has no cash with which to make distributions.

By contrast, a NIMCRUT offers flexibility to a trust that holds unmarketable assets because no distributions need to be made unless the trust earns income. Once the unmarketable assets are sold, the donor can now depend upon trust income for distributions. The FLIP CRUT gives the donor the best of both worlds: flexibility before an asset is sold and regular distributions thereafter.

If you have appreciated and/or unmarketable assets and a desire to make a substantial charitable contribution while retaining a right to an income stream from those transferred assets, you may consider a CRUT. If a current stream of income is not important, but you would like to defer that stream of income until the assets are more liquid in the future, a FLIP CRUT strategy might be appropriate.

Robert Standish J.D. CFP® is the Vice President/Financial Planner for BPU Investment Management, Inc. To reach him, email rstandish@bpuinvestments.com.

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ENTREPRENEUR From **Page 1**

Grandview sells and rents bariatric equipment, fall prevention equipment and low beds to hospitals, rehabilitation centers, nursing homes and other health care facilities in the Pittsburgh region. The equipment, along with educational programs that address common care issues like moving patients and preventing slips and falls, helps improve safety for both caregivers and patients with specialized needs.

By giving health care facilities the tools and resources they need to maintain a safe environment, Grandview helps reduce the cost of providing health care. For one thing, the specialized equipment and training programs significantly reduce the number and frequency of worker's compensation claims from nurses or other caregivers injured when lifting and moving patients. Worker's comp cases occur more often in hospitals than any other industry, and are a serious strain on finances for many health care facilities.

Grandview's equipment and services also help minimize lawsuits from patients who suffer accidental falls and injuries while in the hospital. In addition to the expense of a court case, the hospital is responsible for covering the cost of caring for the patient's injury. Equipment designed for patients with specialized needs helps prevent accidental slips and falls, which not only protects patients from injury, but also saves hospitals valuable time, money and resources.

Eliminating the expense of worker's comp claims, liability lawsuits and accidental injuries enables hospitals and health care facilities to reduce their overall operating costs and free up funding to use where they need it most. That can mean better services, better equipment and better care for everyone who works for and visits the hospital. By providing specialized equipment, educational programs and services, Grandview is creating a safer work environment for hospital employees and improving the quality of care for patients who need accommodations.

Though Kevin is highly skilled in sales and marketing and well seasoned in the medical supply industry, he participated in the Institute for Entrepreneurial Excellence's Entrepreneurial Fellowship program to hone other essential business skills. Through the program he learned to better manage things like operational issues, cash flow and strategic planning and streamline business practices to keep Grandview moving forward. With that knowledge he continues to improve and grow his company, creating jobs and helping health care facilities throughout the area reduce the cost of providing medical care.

Entrepreneurs like Kevin who recognize the opportunities Pittsburgh has to offer and devote their time, money and energy to establishing local businesses in the area play an important role in supporting both the health care industry and the region's economic vitality – as their businesses continue to grow and develop, so will the western Pennsylvania economy. †

Ann Dugan is the founder and associate dean of the Institute for Entrepreneurial Excellence. She can be reached at adugan@katz.pitt.edu.

SMS From **Page 1**

now text in to emergency rooms to receive approximate wait times and locations of alternate ERs. We are even seeing medical transcription companies utilize text messaging to speed up the transcribing process and more efficiently route information to the appropriate physician, wherever they may be.

Beyond patient care, private practices are now utilizing texting to run cost effective marketing campaigns to bring in new business. Through offering mobile coupons, service discounts or even providing basic medical information to the public, physicians and health practitioners can use texting to build a new level of trust and solidify relationships with patients and prospective patients. Texting is an increasingly popular marketing tool in every industry and modern healthcare is no exception. People want detailed information at their fingertips and SMS provides this.

One of the main set backs to the implementation of SMS texting is patient privacy and HIPAA compliance concerns. To be an approved medical texting system, SMS providers must take extra precautions to ensure compliance is met and preferably secondary authentication is guaranteed. This means that not only must their data centers be secure, but the messages themselves must be delivered only to the requesting recipient who then must have an additional form of authentication to access sensitive material. This is an absolutely necessary requirement to not only maintain your patients' level of trust, but to avoid any potential legal troubles. In addition to secure communications, providing traceable and detailed delivery and receipt information is mandatory.

Whether it is utilized for scheduling logistics or sending and receiving life saving diagnostic information for EMTs, SMS text messaging offers a one of a kind value proposition to the health industry. With today's tightening budgets and a decreasing number of physicians, there is a palpable need to extend the reach and improve the delivery of real-time information in healthcare, but we must be sure every system is managed with the utmost attention to patient care and privacy. †

Robert Sanchez has over 25 years of experience in wireless and telecom. He began his engineering career at wireless innovator Qualcomm. After leaving Qualcomm in 1999, he co-founded inCode Wireless, a consulting company to the major wireless telecommunication companies. Following the sale of inCode Wireless to Verisign, he joined Globaltel Media as the president and CEO. Mr. Sanchez holds an MSEE from the University of Southern California and a BA in math from the University of California at San Diego. He was recently appointed a Trustee for the Rady Children's Hospital IT Task Force in San Diego. Mr. Sanchez also sits on several company boards and is a senior member of the Institute of Electronic and Electrical Engineers. He has spoken at numerous industry events including: the National Wireless Engineering Conference, Education Research Group Conference, Supercomm, 3G World Congress and CDMA.



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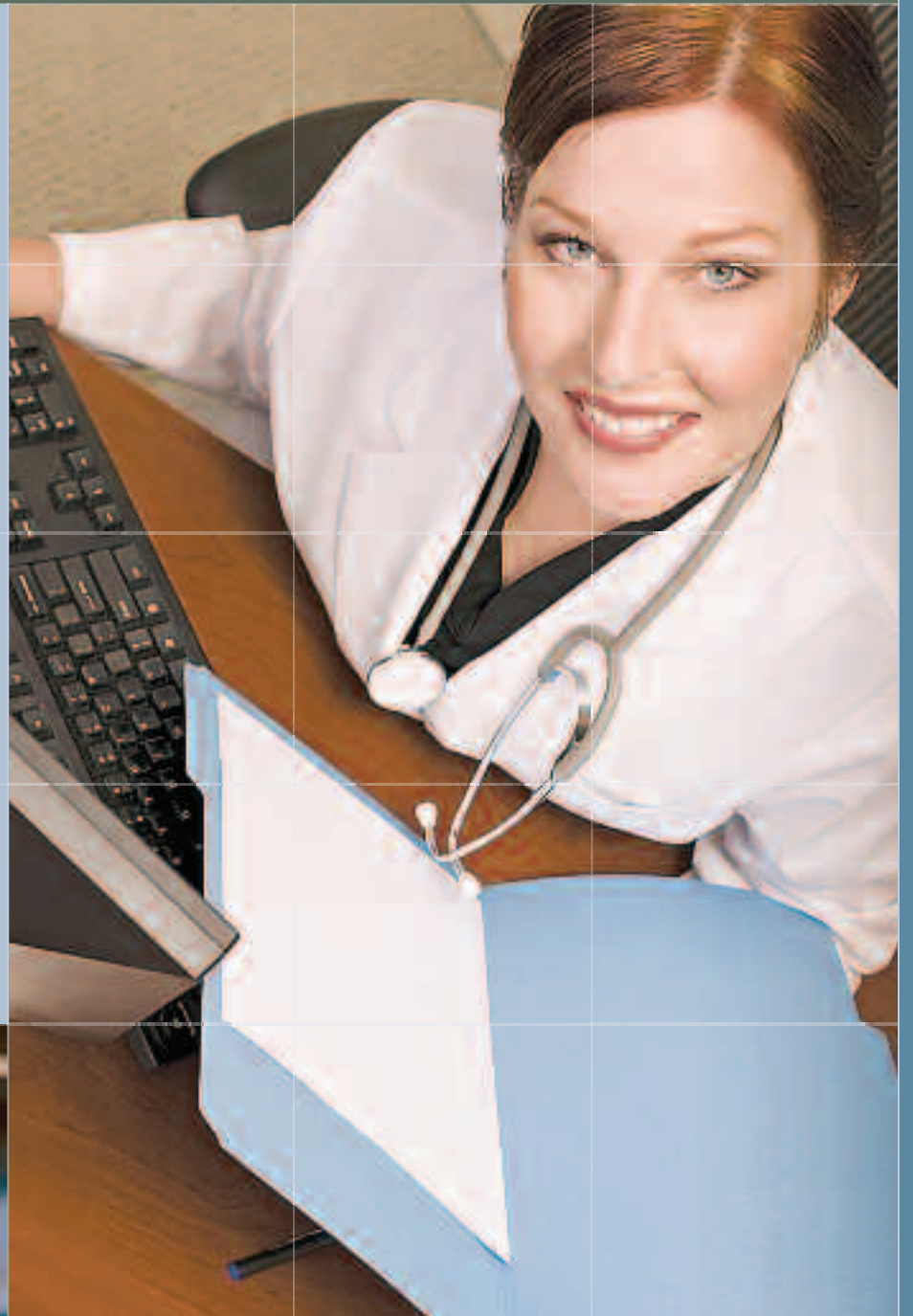
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A Heart Felt Thanks

October 2010 is National Physical Therapy Month.

We want to take this opportunity to thank all of the physical and occupational therapists, speech and language pathologist as well as therapy assistants and aides in all they do each day to help patients in their recovery efforts. Our therapists are a critical piece in helping 89%* of our patients return home quickly and safely.

*2010 company-wide statistics

Working together
to get you there



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