

# The Consumerization of Medical Products

By Joel Delman



It almost goes without saying that ensuring a medical device safely fulfills its purpose is the most critical aspect of its design. But as in many other industries, even medical devices are beginning to modernize with a new look and feel.

As technology advances, the medical and consumer electronics industries are starting to converge. Just as computers, phones and music players have become more compact and easy to use, so have the tools medical professionals work with every day. Today's products are smaller, lighter and easier to understand, resulting in an improved user experience for both doctors and patients.

Perhaps there is no better indication of this trend than the digital health exhibit at this year's CES. The digital health movement is quickly merging cutting edge technologies with the growing need for medical devices that help consumers manage their care more flexibly. Medical tools are looking more and more like consumer electronics devices, with many wearable, mobile medical products already (or soon to be) on the market.

So how did this merging of industries come about?

Perhaps the prime driving force behind this "consumerization" of medical products has been the need for comfort. Both patients and medical staff are increasingly at ease using digital technology in their daily lives, and medical product designers are much more familiar with consumer electronics than they may have been a few decades ago. As a result, we're seeing many design trends from the realm of consumer electronics translate to what patients, as well as device manufacturers, ask for and what medical designers are developing.

This comfort level isn't just skin deep - it improves the safety of a given product. By creating medical devices with design elements and features that function in ways already familiar to consumers, users are much less prone to operator errors. Because the medical staff already uses similar products throughout their lives outside the hospital or clinic, they are not forced to think in unfamiliar or novel ways to interact with these products. The result? A more confident and stress-free work environment.

Familiar product designs also benefit patients, as they may not fear or worry about a device they understand more clearly than the more obtrusive devices of the past. A more relaxed line of communication develops between the device and patient, resulting in a better experience for everyone in the chain of care.

The logical next step for medical products would be a transition to multi-purpose devices, much like smart phones and tablet PCs in the consumer electronics industry. This, however, is where hurdles have (perhaps appropriately) slowed advancement in the industry. Currently most medical devices are designed for just one function. Until recently, the technology didn't exist to combine multiple functions into one device, so multi-use products were not a priority for either device manufacturers or physicians.

Multi-use products can also be risky as they increase the chances of confusing users. This can slow the healthcare process and, more seriously, risk the safety of a patient. The current protocol of designing medical products for only one function helps ensure that each device is being used correctly.

Through our daily use of today's consumer electronics, we're also all aware of how easily information can be shared. In the medical field, that could translate into simple sharing of records. Instead of filling out long forms at each new office, users can potentially transfer their medical information from prior doctor visits for seamless continuity of care. But confidentiality concerns, as well as healthcare clinics' desire to retain patients rather than encourage easy moves, has slowed such information sharing opportunities.

Similar hurdles exist in the at-home healthcare industry. With current technology, there are certainly opportunities for more advanced medical products making their way into the home. This will be especially important as our society - particularly the baby boomer generation - reaches retirement age. Healthcare providers are reluctant to send patients home early with these new devices, however, because of cost incentives. Insurance companies, for example, generally compensate doctors and hospitals for days spent in care, not for money-saving technology. The incentive to push through new technology is simply not there. Until the financial incentives align with the benefits of new technology, the medical device industry will be slow to evolve.

But that doesn't mean we won't see any advancement, particularly in market segments where there is already a great deal of medical / consumer alignment. At-home diabetes monitoring, for example, is becoming increasingly common with improved equipment that's designed from the start to be patient friendly. Other consumer electronics inspired examples will soon include smart phones that double as heart rate monitors and watches incorporating GPS locators to track elderly loved ones.

Product Development Technologies has recently developed consumer-electronics inspired devices as part of a study to improve the lives of Alzheimer's patients. Especially in the case of Alzheimer's victims, making the products look familiar was a key focus. Initial designs include a medication reminder and dispenser reminiscent of a modern smart phone, and a biometrics monitor disguised as an electronic bracelet.



As more designers follow this trend, the digital health movement will continue to grow. The future of medical devices will likely be linked to the consumer electronics industry for many years to come. Some hurdles do remain, but as technology advances medical developments will continue to emphasize simplicity and safety. And as our medical products become more and more like the electronics we use every day, both medical professionals and patients will find it more intuitive to utilize the latest in medical technology. †

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## Developing a Keynote for Your Healthcare CEO

By Karen Friedman

Developing a good speech is like brewing a flavorful cup of coffee. You need just the right ingredients to stimulate the taste buds so it's good until the last drop. But creating the right blend of energy, spice and savoring moments must begin by thinking about that very last sip. So how can you help develop a keynote speech for your healthcare CEO?

### INTERVIEW THE CEO

If the message was a headline in the morning paper, what should it read? What does the CEO want remembered in 3 days or 3 weeks? What is the CEO deeply passionate about? Who are the healthcare professionals in the audience and what do they care about? What are their challenges, issues and opportunities? Every good speech has a theme so think about creating structure by identifying a theme followed by a short list of topic ideas that drive the theme home.

### THE SEINFELD APPROACH

Writers can learn important lessons from "Seinfeld," the popular TV sitcom that has been called a show about nothing. It's the nothings like losing a car in a garage or waiting for a table at a restaurant that audiences relate to and remember. For each topic idea, help the CEO remember a story, example, quote or vignette to make the message meaningful. For example, when developing a CEO speech to middle aged workers last month, the theme was *Imagine the Possibilities*. So, we reminisced about the 1950's Jetson's cartoon where people only imagined moving staircases and conveyor belted sidewalks that are today's reality. By tapping into their world, you pull them into yours.

### ONE EAR AT A TIME

Trying to be everything to everyone can be draining and a frustrating experience. Audiences are no different. So, when you sit down to turn ideas into words, write for one person, not for the masses. Visualize explaining the topic to your mom or a good friend. When you picture speaking to an individual, you begin writing in short sentences and phrases which are more personal, conversational and engaging.

### LESS IS MORE

George Burns once said: "The secret of a good sermon is to have a good beginning and a good ending; and to have the two as close together as possible."

Delivering a good sermon is no different than developing a good speech for a healthcare event. The more you say, the less they remember. Instead of agonizing over every other word and sentence, think about making the message easy to understand and give the CEO the flexibility to make it his own. Allow him freedom



to inject personality, slow it down, speed it up, pause for effect and use his own words when it's delivered out loud.

That means keeping him involved. Send him drafts with holes for stories that only he can tell. Go back to his office for additional interviews and get to know him better so you can craft a speech that lets his personality shine through.

### THE BLAH BLAH BLAH FACTOR

There is a fine line between talking to healthcare professionals and talking at them. When developing a speech, even if that speech will be delivered to thousands, it's critical to keep the audience involved. Raise questions that make them think and reinforce key points. Use powerful words like *critical*, *significant*, *important* or *this is key* to help peak their interest. Paint the picture by turning words into visual images so they can see and not just hear what you're talking about.

Like a recipe that becomes richer with each ingredient, good speeches ripen as you add stick to the rib flavor that appeals to the heart as well as the mind. When developing a CEO speech, do not be tempted to create material that is not unique to them or that they will not be able to deliver with conviction. It will come across and shallow and insincere. †

*Karen Friedman is a professional communication coach and speaker who serves as president of Karen Friedman Enterprises (www.karenfriedman.com). Her techniques to help business professionals become more powerful persuasive communicators have been applied on four continents. She is the author of Shut Up and Say Something: Business Communication Strategies to Overcome Challenges and Influence Listener (Praeger 2010) and a contributing author to Speaking of Success: World Class Experts Share Their Secrets. Friedman was formerly an award-winning television news reporter and a political candidate.*

## Focus Interviewing for your Medical Practice

By Cynthia Corsetti

The young woman across the table from you is attractive, well dressed, and personable. Your first impression is that she would be a great fit for your practice. But, will she?

The real challenge in interviewing is determining what is under the surface. What is the truth and what is fabricated? And most importantly, does this candidate actually have the skills necessary to do the job?

The resume is, by design, a sales pitch. A smart candidate will use the resume to showcase themselves in the best possible light. When an interviewer uses that resume to formulate his questions, the candidate is well versed and highly prepared to answer in a positive manner.

Problems stem from using the resume to form questions. For example:

Interviewer: "I see on your resume that you have experience doing patient check in, tell me more about that"

Candidate: "I have been doing that for over five years. I love working with people"

This exchange does nothing to tell the interviewer how the candidate performs those duties, only that they have performed those duties. She loves working with people and has done it for five years. Has she done it well? Based on this exchange, the interviewer has no idea.

A better example would be:

Interviewer: "Can you give me an example of a day

where you had over 75 patients to move through the practice?"

Candidate – "Oh yes, I had to do that daily in my position with Dr. Smith"

Interviewer: "I'm sure you did, but please think back to a specific day that was very hectic. Tell me about that day, were you fully staffed? How did you manage your time? Were there any hiccups?"

This exchange forces the candidate to tell a story; a real story. It is through these stories that you get to the truth of a candidate's ability to do the job. You want to know the situation, the action steps taken by the candidate and the results. You will learn so much more about a candidate. You may hear things like:

Candidate – "Well, one day two people had called off. The Dr. always seemed to tolerate people calling off. It was unfair to the rest of us. But on this one day, I had to work late to do everyone's job. I got it done, but it was very stressful."

In this second exchange you learned several things. First, the candidate was frustrated with the way the Dr. handled his staff. That means she may be frustrated with the way you handle yours too. Second, the candidate thought she was treated unfairly. If you sense this in more than one answer you can bet it is a trait not an anomaly. And finally, you learned that there was an underlying irritation with her colleagues. She used words like, "had to work late" "unfair" "had to do everyone's job" She didn't come out and tell you she

was bitter, but it showed in her answer. This is an indication that she could be a problem employee.

Another common mistake is to form an unspoken bond with the candidate and make a decision based on this bond.

Interviewer - "I see Ms. Candidate that you worked for Dr. Smith for nine months, Dr. Smith is a friend of mine, tell me about what it was like working for him"

Candidate - "I loved working for Dr. Smith, I'm sure you must know that Dr. Smith's son just won the national tennis championship"

In this exchange the candidate became aware of the interviewer's friendship with her former employer; she automatically makes a reference to that personal connection. The interviewer lost control of the interview because the conversation was directed to a tennis championship instead of job skills.

Keeping an interview focused and on track requires skill and practice. The benefits of doing it are reduced turnover, better work atmosphere, and less disruption to your practice.

For more tips on interviewing or for information on having your staff trained in interview techniques, visit [www.cynthiacorsetti.com](http://www.cynthiacorsetti.com). †

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**COMPENSATION** From **Page 24**

- Establish a core program that reflects the organization's commitment to health care that is reasonable and competitive
- Provide alternate plans that permit employees the choice of buying-up (or trading down)
- Understanding the true drivers of the cost of health care and attempt to address plan design strategies to contain these areas

**Retiree Benefits:**

Once employees retire, organizations often maintain a hands-off attitude to effectively managing these plans. Alternately, companies may take very drastic attempts to cut or eliminate benefits. There are reasonable ways to address these issues while still providing meaningful retiree benefits.

In evaluating these choices, focus should not be just on expense reductions, but reductions in cash. As noted above, a complete census of current retirees should be reviewed. What is the breakdown between Pre-Medicare eligible retirees and Medicare eligible retirees?

Once this is understood, there are a variety of meaningful changes that can be identified within each plan that can effectively reduce and contain costs. With the creation of Medicare Supplemental programs, including drug plans, Medicare eligible retirees should be enrolled in these plans as a valuable replacement for traditional programs. A valid comparison between these plan designs will illustrate that they are substantially equivalent to existing plans in almost all areas.

Pre-Medicare eligible retirees do not have to be enrolled in the identical plans that were in place when they retired or when they were active employees. Substantially, equivalent programs are available that provide better cost-containment provisions.

As part of the process, prior agreements and communications should be reviewed to determine what risk, if any, exists in making modifications to programs that are in-line with current practices. Retirees are more likely to accept reasonable modifications to retiree benefits versus an entire reduction or substantial modifications.

As is the case with active benefits, the following process should be followed:

- Establish a core program that reflects a facility's commitment to retiree health care that is reasonable and competitive
- Provide alternate plans that permit retirees the choice of buying-up (or trading down)

**RETIREMENT BENEFITS:**

Retirement programs are immediate and significant issues for employers that sponsor any retirement programs. Recent legislative changes (Pension Protection Act of 2006), accounting reform, significant costs and changes in retirement patterns and employee demographics have further complicated retirement programs.

**Defined Benefit Plans:**

Health care facilities that sponsor defined benefit plans should operate these programs like any separate line of business. Formalized cash-flow, expense and balance sheet impacts should be modeled over a three-to-five year rolling time period under a variety of scenarios. Facilities should be prepared to manage the potential volatility of these programs and actively manage these plans. The link between accounting functions, treasury and benefits must be more closely coordinated. All too often, these have been operating independently.

As a parallel course, companies should review these existing programs to determine if they continue to make sense given their own employee demographics. If a decision is made to cease providing this form of retirement benefit, a careful analysis of who is potentially harmed and by how much should be understood. There are various avenues for balancing out the impact, while still achieving the cash flow, cost and balance sheet considerations. Alternative investment strategies should be considered in light of current economic circumstances, which should include a review of "fixing" some or all of the current retiree obligations.

**403(b) Plans:**

Most health care facilities that established 403(b) plans did so with basically a hands-off approach. With the recent legislative changes one must take an active approach in offering these plans. Health care organizations need to now provide:

- A written plan document
- Required contractual provisions
- The application of certain qualified plan nondiscrimination rules
- The application of the universal availability rule
- The interaction of various catch-up provisions
- Required timing for remitting contributions
- New distribution restrictions
- New rules for nontaxable exchanges and transfers
- The termination of 403(b) arrangements

Additionally, health care organizations need to evaluate how meaningful are these programs to employees? Should they offer matching contributions, contributions as a percentage of salary or tied to profits? The operation of these plans have become even more vital given the ability to provide participant level investment advice. A properly structured and integrated program must consider all of these factors.

**Retirement Benefit Points:**

- Manage the plans as if they are separate lines of business, including forecasting and budgeting of cash-flow, expense and balance sheet impact
- Understand the potential benefits to participants - how meaningful are the level of benefits
- Link liability and asset management and consider alternate structures to accomplish goals

**ANCILLARY BENEFITS:**

In addition to traditional health benefits, ancillary benefits will give employees peace of mind and the necessary coverage and support to help them through unexpected, difficult times in their lives.

Ancillary benefit plans offer employees another way to experience job satisfaction, especially during times when incentive compensation or other benefits are not available or reduced. These benefits include: *Group Life Insurance, Group Disability or Individual Specialized Disability benefits.*

Organizations should access these programs to determine if they are within the "industry" norms.

**Ancillary Benefit Points:**

- Identify the importance and impact that offering or altering ancillary benefits will have on employees and determine if that is part of the overall objectives of the company
- Analyze the cost of the ancillary benefits and determine the cost impact if supplemented by the employer and/or the impact on employees if offered on a voluntary basis

**PAID TIME-OFF BENEFITS**

Whether a facility utilizes paid time-off or vacation/sick days for employee's time out of work, there is an impact on the overall cost of a compensation package. Regardless of the type of offering, consider the following:

- Ensure that the approach utilized suits the company culture
- Complete an analysis to determine an appropriate "bank" of paid time-off
- Implement appropriate guidelines for notification of paid time-off

**PERQUISITES:**

Health care facilities additionally offer perquisites as additional incentives including:

- Parking/reduced parking
- Telephone Gas allowances
- Vehicle allowances
- Education reimbursement
- Legal services
- Adoption benefits
- Cafeteria discounts
- Pharmacy discounts
- Blood assistance
- Time off to vote
- U.S. Savings bonds

These all have an influence on the overall compensation package and cost to employers.

**IMPLEMENTATION/COMMUNICATION:**

One of the most significant and yet often most neglected steps of the development of a compensation program is implementation. Employers need to account for training at various management levels within the organization to assure the compensation package is being delivered accurately and the same message is being told.

Additionally, employers need to have the appropriate documentation of what benefits and/or compensation arrangements are being offered to employees.

**TOTAL COMPENSATION APPROACH:**

Armed with data and information for each area, health care facilities can become better equipped to manage their people costs based on a complete and careful analysis. Reduction in forces may be inevitably required given operational issues and demands. However, for the remaining employees, a focus on providing meaningful, competitive and reasonable cost contained programs can provide a better alternative for more efficient and effective operations. †

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## Outsourcing Self-Pay Accounts



By Fanny LoPinto

Remember when the words “Outsourcing Receivables” were not even a consideration for many healthcare providers? Outsourcing was perceived as giving up responsibilities, losing ownership *and* control. And for some, it seemed to mean they would be required to eliminate staff in exchange for the service of outsourcing (even though they were already short staffed and couldn’t downsize the existing staff in any event). Because their staff had been cross-trained to handle multiple essential tasks, there wasn’t an allowance and outsourcing was not an option.

Today, however, many years after its inception, outsourcing is understood as bringing forth an efficient, expedient, and cost-effective approach to improved patient relations and increased cash flow. And, depending on the program, trade-offs may not be necessary: if an out-sourcing program is established and managed properly, *it pays for itself*.

Currently, patient financial departments are faced with a constant imbalance of too many untouched accounts and not enough FTEs. To combat this situation, many facilities have increased staffing, invested in extensive training programs and software to process insurance information more efficiently, and beefed-up efforts to complete cash collections upfront. But are these considerable financial investments enough? The answer is, probably not.

One must also consider that self-pay is on the rise; therefore, more than ever, outsourcing self-pay can become a viable option that compliments your current strategies. As organizations lose FTEs—whether due to attrition or downsizing—the unbalance is going to keep getting bigger. This is a challenge in itself; but what if you could handle every account individually *and* manage volumes more efficiently? You could, with the right technology.

Typically, organizations assign a threshold for working their self-pay accounts; all other accounts continue to cycle, receive a monthly statement until they qualify for bad debt. Then, when the account is transferred to a collection agency, it is also reported to credit bureaus—which is when your patient become disgruntled. But what if you had the opportunity to talk to this patient *prior* to sending him off to



collections? What if you could council your patients and arrange a mutually acceptable payment arrangement. Consider especially that the volumes of payment arrangements increase each month, and then add consistent management and timely follow-up on lapsed payments.

Outsourcing self-pay accounts will bring forth the opportunity to accelerate your collections. This is a tremendous benefit: now your organization has the opportunity to invest these recovered receivables sooner while demonstrating a decrease in bad debt write-offs and a reduction in collection agency expenses. Most importantly, your organization will experience a marked improvement in your best practices related to patient service satisfaction.

*If you have questions, please feel free to contact me at 412-262-2071. ♣*

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## Western Pennsylvania Hospital News

*Dedicated to the spirit of unity, community, and sharing*

# One Patient at a Time

By Rafael J. Sciuolo

Eric's phone rang early Tuesday morning. He received a call from a case manager at a local hospital, asking him to visit a patient named Rose and her husband Tom, later that day. The family was interested in hospice care. He quickly made an appointment to see the patient and her husband at 1:00 to assess the situation.

Eric is one of our Community Liaisons at Family Hospice and Palliative Care. Our liaisons work with local health care professionals, patients and families in providing a smooth transition to hospice when a patient is ready to come onto our service.

Upon arriving at the hospital, Eric first met with the palliative care nurse, Bev, who explained the situation in detail. Rose had received a lung transplant years ago and subsequently developed lung cancer. Her breathing was labored and she was rapidly declining – her condition now changing almost hourly.

Eric entered the room, greeted Rose and Tom, and chatted for a few minutes. In the course of the conversation, Tom shared his love for Rose's cooking, revealing that her Saltimbocca is one of his favorite dishes.



Family Hospice's community liaisons work with healthcare professionals as well as families to provide education about hospice care and assure patient's wishes are met.

Tom tapped Rose on the leg and said "You rest a while, dear. I'm going to talk with this gentleman about taking care of you."

"Okay," Rose said, as a faint smile appeared on her face, "Go ahead."

Eric, Bev and Tom went to the nearby family lounge to discuss Rose's situation. Bev told Tom what he already knew, that Rose was actively dying and that the inevitable would come within the next couple of days.

"I understand," Tom said. "You see, Rose just wants to go home – she wants to die at home. And that's my priority, I want to get her home."

"Then that's what we'll do, Tom", Eric responded. "We'll get her home today."

# Making the Most of Life

Eric, Tom and Bev chatted for a few more minutes, as Eric gathered more details about Rose's condition and what her needs would be as she transitioned to a home care setting.

This case is an example of hospice at work: respecting the patient's wishes while providing comfort and compassion. Research by the National Hospice Foundation shows that 80% of Americans say they wish to die at home. Rose was no different.

Eric began right away to get the wheels in motion for Rose. While Bev printed him a list of Rose's prescription medications, Eric called our Family Hospice intake office to arrange Rose's transportation home and first at-home visit that evening.

Eric went back to see Tom and gave him the news that Rose was going home. The smile on Tom's face was priceless. "Thank you Eric," Tom said, his eyes beginning to well up with tears, "This is all she wants."

Rose died a couple days after she got home, with Tom by her side. She was comfortable, not only by being pain-free, but by knowing she was where she belonged. Her journey had not been an easy one, but she knew it was ending in the right place.

Eric's work to fulfill Rose's wish is at the heart of our Family Hospice mission: to provide quality, compassionate care to those with a life limiting illness and their families. This is accomplished by fulfilling patients' wishes, by reassuring their loved ones, by providing dignity, respect and comfort.

It is accomplished every day, one patient at a time. †



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## West Penn Allegheny Health System Expands Relationship with Temple University School of Medicine

The Temple University School of Medicine (TUSM) and West Penn Allegheny Health System (WPAHS) recently announced that they are collaborating to establish a new four-year medical school campus on Pittsburgh's North Side.

The Temple University School of Medicine at West Penn Allegheny Health System will enable WPAHS and TUSM to address the critical shortage of physicians in Western Pennsylvania by educating and retaining highly trained doctors to serve the local community for many years to come.

Based in Philadelphia, TUSM is one of seven schools of medicine in Pennsylvania conferring the doctor of medicine (MD) degree. Temple is ranked among the top 50 medical schools nationwide for research and is nationally renowned for its clinical training, academic excellence and commitment to community service.

WPAHS currently serves as a clinical campus of TUSM for third- and fourth-year medical students. The expanded relationship will enable WPAHS to provide all four years of undergraduate medical education to TUSM students, in addition to the large number of residency and fellowship programs currently offered as graduate medical education.

"This is a very exciting opportunity for West Penn Allegheny Health System and the people of Western Pennsylvania," said Christopher T. Olivia, MD, WPAHS president and CEO. "Temple University School of Medicine has been an excellent partner of our System for more than a decade, and the expansion of our relationship into a four-year medical school program will greatly advance our collective ability to not only educate more physicians but also meet the future healthcare needs of patients and our communities through enhanced medical research opportunities.

"We believe this new program will ultimately improve the scope and quality of healthcare in our region. One of our primary goals is to recruit the highly talented students who live in Pennsylvania, provide them with excellent medical training and keep them here."

"This new venture with West Penn Allegheny reflects Temple University's deep commitment to serve the Commonwealth of Pennsylvania through its educational programs," said Temple University President Ann Weaver Hart. "By training more Pennsylvania students to become physicians and encouraging that they practice in the state, hundreds of thousands of Pennsylvanians will benefit from improved access to medical care throughout the Commonwealth."

Thirty students will be accepted in the first class of the new medical school program, scheduled to begin in 2013. Four Allegheny Center, located on Pittsburgh's North Side near WPAHS flagship Allegheny General Hospital (AGH), will serve as the classroom setting for the school, while AGH will provide the primary clinical education environment. Housing classrooms and other training facilities in an existing structure helps WPAHS keep the costs of establishing the new TUSM campus to a minimum. The System, however, does plan to renovate areas of the building to accommodate the school, including construction of state-of-the-art classrooms and laboratories with videoconferencing capabilities, investment in advanced simulation training technology and the refurbishing of some common student areas.

"Together with the West Penn Allegheny, we are committed to increasing the number of outstanding physicians taking care of Pennsylvanians," said Larry Kaiser, MD, senior executive vice president of Temple University Health Sciences, dean of Temple University School of Medicine, and CEO of Temple University Health System. "We are proud to expand our relationship with WPAHS, an established leader in patient care, education and research."

"West Penn Allegheny has a longstanding tradition of excellence in medical education," said Elliot Goldberg, MD, senior associate dean and professor of medicine, TUSM, and vice president undergraduate education, WPAHS. "From our Allegheny-Singer Research Institute, to our advanced clinical settings, numerous health sciences libraries and other academic resources found across the health system, West Penn Allegheny has been at the forefront of medical education and research for many years and through those exemplary programs has provided hundreds of doctors and nurses with invaluable training and experience.

"Our new medical school campus will further improve that educational experience and go a long way in ensuring we continue the fine tradition in medical education that we have established."

Dr. Goldberg said some additional faculty members also are expected to be hired to accommodate the expanded medical education program, joining a current faculty that includes scientists, clinical educators and existing WPAHS medical staff.

In addition to attracting new students, the new medical school campus is expected to provide new job opportunities and drive growth for businesses on the North Side.

WPAHS has provided medical education for more than 100 years. Since June 2000, WPAHS has provided a clinical setting for third-year and fourth-year Temple University School of Medicine medical students. The System, through AGH, the Western Pennsylvania Hospital and Forbes Regional Hospital, also currently offers residency and fellowship training programs in a wide range of medical specialties.

For more information about WPAHS, please visit [www.wpahs.org](http://www.wpahs.org), and for more information about TUSM, please visit <http://www.temple.edu/medicine>. †

## New & Notable

### Pittsburgh Regional Health Initiative Hosts Healthcare Reform Leadership Event

The Pittsburgh Regional Health Initiative (PRHI) hosted a special Leadership Event on June 6. A distinguished group of regional healthcare executives gathered to debate some of the hottest topics in healthcare reform.

"We are all caught in a dilemma. We are all pleased that there is health reform but we want it to be successful," said Karen Wolk Feinstein, president and CEO of PRHI. "So we gathered everyone together to have a community conversation about what are clearly some of the hottest healthcare topics."



Jeff Goldsmith

The event featured Jeff Goldsmith, one of the nation's foremost health futurists. Goldsmith examined the challenges facing healthcare reform and explored provocative, new perspectives on Accountable Care Organizations (ACOs) and other concepts currently being touted as "fixes" for the healthcare system's problems.

"They are 25 or 30 pages of specific ideas written into the Patient Protection and Affordable Care Act as a charge to the Center for Medicare and Medicaid Innovation. I happen to think some of these are superb ideas," said Goldsmith. "I believe the tragedy here is that one idea has consumed the entire agency's bandwidth for most of the last seven months and that is the Medicare Shared Savings Program and the Accountable Care Organization program."

While Goldsmith argued that the Affordable Care Act is deeply flawed, he does believe it will help the nation gain knowledge. "My message to provider communities all across the country is to go get some of that money," said Goldsmith. "Figure out what you can uniquely do with the clinical knowledge and discipline you have within your organization and then get some of the federal government's money to help pay you to learn how to do it."

Goldsmith also highlighted some key elements for fixing the problems currently plaguing the nation's healthcare system. First, he urged health insurers to markedly reduce the number and complexity of payment transactions. "You need to change what you are paying for," said Goldsmith. "If you are paying for a primary care physician, you should be paying for a relationship between your subscriber and that doctor. If you are paying for specialty services, you should not be paying for an admission, but rather the resolution of a clinical problem. If you are paying for a chronic illness, you should be paying for the effective management of that illness."

Second, Goldsmith suggested that health plans should become consumer-driven companies, meaning that consumers choose what plans they have, not employers. He advised health insurers to create choices for subscribers that help them navigate the health system and save money. "I shop at Walmart. I don't have to shop there, but it saves me 2,500 dollars a year that I can use for something else," said Goldsmith. "If the health insurers can help people make better choices in prescription drugs and better decisions about where to go to get a clinical problem solved, they can save a family a lot more than 2,500 dollars a year. The people who do that successfully will be rewarded with perhaps lifelong customers."

Third, Goldsmith said primary care will need to be rethought and rebuilt from the ground up. According to Goldsmith, that starts with enticing bright, young doctors to choose primary care over specialty care. "If we do not start sending the right message to these young doctors, we are going to have great skin," he said. "But when something goes wrong with us that does not require a specialty intervention we are either going to have to deal with it on our own or spend 18 hours in the emergency room waiting for someone to get to us. This is not a tolerable outcome." †

## Heritage Valley, Eat'n Park Hospitality Group Launches "Night Smiles" Midnight Hospital Shift Food and Delivery Service

Heritage Valley Health System and its dining services partner Cura Hospitality, a specialist in healthcare and acute care dining, recently launched "Night Smiles," a new mid-night food ordering and delivery service for employees at Heritage Valley hospitals. Developed by Eat'n Park Restaurants for Heritage Valley, Night Smiles was first piloted May 10 for the convenience of all midnight shift hospital employees at Heritage Valley's Sewickley and Beaver campuses.

A program of Eat'n Park Hospitality Group, the parent company of Eat'n Park Restaurants and Cura Hospitality, Night Smiles features a midnight menu with a wide variety of Eat'n Park favorites.

"I commend Eat'n Park on the creation, implementation and start-up of this program. This is a wonderful addition to the management expertise of Cura, who we recently partnered with to continually improve patient care and employee satisfaction," said Norman F. Mitry, president and CEO, Heritage Valley Health System.

Hospital employees who work from 11 p.m. to 7 a.m. can select options for breakfast as well as a variety of appetizers, dinners, sandwiches, burgers and salads all made fresh to order.

The Night Smiles program is available at both the Sewickley and Center Township Eat'n Park Restaurants, serving the Heritage Valley Sewickley and Heritage Valley Beaver campuses, respectively. Call-in orders can be placed by hospital employees daily by 1 a.m. for a 2 a.m. delivery.

Each employee's order is made fresh, packed and delivered separately into thermal bags, with the guest check and employee's name and department on the outside of the bag. All Night Smiles orders are paid for by the hospital employees in the form of Night Smiles vouchers, which can be purchased from the cafes in each hospital managed and operated by Cura from 7 a.m. to 7 p.m. daily.

An invitation is also included for hospital team members to go online and complete a Night Smiles survey so that Eat'n Park can identify areas for improvement.

"The 'Night Smiles' team did an impressive job. Orders were delivered by very personable and professional individuals promptly at 2 a.m.," added Mitry.

"We're excited to bring our expertise in food service management to Heritage Valley," says Mitch Possinger, president and founder of Cura. "This unique collaboration with Eat'n Park gives us the opportunity to deliver a wide variety of exciting fresh food options to our patients, guests and employees."

For more information, visit [www.heritagevalley.org](http://www.heritagevalley.org).

## New & Notable



Picture above are staff from the Patricia S. Snyder Emergency Department at Heritage Valley Sewickley with "Smiley." Standing left to right: Linda Homyk, Judy Cole, Kathryn Licata, Kaye Hunt; Kneeling with Smiley left to right: Jo Lynn Conti and Kris Hughes

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Cura chefs and Sherwood Oaks residents pose for the camera after a lively Iron Chef-style competition at the community in February 2011.



## CCAC Ranks 1st Nationally for Nursing Graduates

The Community College of Allegheny County (CCAC) graduates the largest number of registered nurses among the nation's two-year institutions, according to a report by Community College Week. CCAC also awards the second-largest number of associate's degrees in health careers.

In the annual rankings, CCAC is first among two-year institutions awarding associate's degrees in the category of Registered Nursing, Nursing Administration, Nursing Research and Clinical Nursing. CCAC presented degrees to 412 nursing graduates in the 2009–2010 academic year, the period included in the current study. In the current rankings, nursing has been split into two categories; CCAC ranked second among two-year institutions in the combined category last year. CCAC remains the only Pennsylvania institution in the top 10.

Community College Week also ranks CCAC second among two-year institutions in the number of degrees awarded in the Health Professions and Related Programs, the same position as last year. In 2009–2010, the college awarded 633 degrees in the category. Again, the college is the only Pennsylvania institution in the top 10.

Additionally, CCAC is ranked in the top 50 institutions nationally in the two categories of Business, Management, Marketing and Related Support Services as well as Family and Consumer Sciences/Human Services.

Overall, CCAC is 69th in the number of associate's degrees awarded by all institutions in 2009–2010, with 1,683 graduates. CCAC annually enrolls about 33,000 credit students who choose among certificates and associate's degrees in 170 programs.

The annual Community College Week rankings of associate's degree and certificate producers may be found at [www.ccweek.com](http://www.ccweek.com).

Visit [www.ccac.edu](http://www.ccac.edu) to learn more. †

## Children's Hospital of Pittsburgh of UPMC's "Hard Head Patrol" to Monitor Kids Wearing Helmets this Summer

The Hard Head Patrol, Children's Hospital of Pittsburgh of UPMC's annual initiative to increase helmet use by children riding bicycles, skateboards or anything else with wheels, kicked off last month.

Running from May through September, trained Children's volunteers will scour communities in western Pennsylvania to identify kids who aren't wearing helmets or who aren't wearing them properly while riding on anything with wheels. When volunteers see kids without helmets, they will be given coupons for free helmets and invited to attend a free helmet-fitting event sponsored by Children's Hospital. Kids who are wearing helmets will receive a free Cookie Card from Giant Eagle.

Thousands of children treated at Children's Hospital every summer are injured riding bicycles, scooters, skateboards and other wheeled devices, and hundreds sustain injuries serious enough to require admission. In 2010, 145 children were admitted for bicycle-related injuries, 72 percent of which had not been wearing a helmet.

Last summer, more than 70 certified volunteer patrollers fanned out across more than 55 communities. They gave away approximately 2,000 free Rita's Italian Ice coupons as rewards and fit and supplied 2,700 helmets to children free of charge.

The Hard Head Patrol program is sponsored by Kohl's as part of the Kohl's Cares for Kids® program, which supports injury prevention programs at Children's through the hospital's Kohl's Safety Center.

For a complete list of fitting times, dates and locations, as well as more information on the Hard Head Patrol, visit Children's Hospital's [www.chp.edu](http://www.chp.edu) or call 412-692-8229. †

## New & Notable

### Hyperbaric Oxygen Therapy Achieves Success at Monongahela Valley Hospital

When Sally Marchese of Bethel Park Township was told she may lose her foot, she was devastated. But after an encouraging debate, Sally and her husband contacted Monongahela Valley Hospital where they instilled hope into Sally's life by sending her 33-feet below sea level.

During her recovery from a hip replacement, Sally developed a small bedsore on the back of her heel. Over time, the bedsore progressed and became infected, killing areas of tissue in her foot.

Understanding the dangers that could possibly occur if she didn't acknowledge the infection, Sally and her supportive spouse, Nick Marchese, met with a physician in Pittsburgh. Following Sally's in-office evaluation, the doctor noticed her foot wasn't healing properly and suggested amputation.

"...I wasn't ready to lose a part of me," Sally said with determination.

A home nurse and home therapist from Orthopedic and Sports Physical Therapy Associates Inc. (OSPTA), was caring for Sally after her surgery. When Sally told her caretakers of the devastating news, they told Sally and Nick about the educational presentation by Marc Cordero, M.D., of Monongahela Valley Hospital.

Dr. Cordero, a general surgeon, explained the healing effects of Hyperbaric Oxygen therapy (HBOT) and how it may help many conditions. Initially developed as a treatment for diving disorders, HBOT is now used as a non-invasive, painless, high-oxygen pressure therapy used for different conditions and illnesses such as hard-to-heal wounds, diabetic ulcers and radiation skin issues.

After learning of the possibilities HBOT had to offer, Sally's caretakers quickly encouraged her and Nick to get a second opinion. The following week, Sally and Nick contacted Dr. Cordero, and as they hoped, he suggested HBOT.

Dr. Cordero prescribed Sally's HBOT treatments five days a week, and designated that she receive a two-hour dive, 33-feet below sea level during each visit in the hyperbaric chamber. The term "dive" is used to describe the cycle of pressurization inside a hyperbaric oxygen chamber. The pressure that is administered in the chamber is equivalent to the pressure a patient would experience if he or she were below sea level. When applying HBOT to different health conditions, the amount of pressure is individualized according to a patient's illness.

"While receiving HBOT, a patient lies inside a comfortable, glass chamber while pure oxygen envelops the interior. In the beginning, Sally was hesitant to lie in the chamber because she's a little claustrophobic," said Cindy Watts, Hyperbaric Tech Director. "But after a couple treatments, she had no problem getting in and out."

Currently, Sally has received more than 61 treatments and has seen a significant increase of oxygen flow to her foot.

"I want people to know what this hospital did for us," said Nick.

Monongahela Valley Hospital acknowledges the significance of hyperbaric oxygen therapy and has recently begun infrastructure enhancements that will expand the Hyperbaric Oxygen Treatment and Center for Wound Management program within the first floor of the Charles L. and Rose Sweeney Melenzyer Pavilion.

For more information, visit, [www.monvalleyhospital.com](http://www.monvalleyhospital.com). †



Nick and Sally Marchese

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## New Pitt, Tsinghua University Education Program Will Bring Chinese Students to Pittsburgh for Biomedical Research Training

The University of Pittsburgh School of Medicine and Tsinghua University School of Medicine in Beijing have entered into a first-of-its-kind collaborative education and research agreement to bring Chinese medical and graduate students to Pittsburgh for training in biomedical research. The agreement was signed by officials of both universities on April 24 in Beijing.

For each academic year beginning in 2013, Tsinghua University will send between 25 and 45 students to Pitt for two years as visiting research scholars. They also will have opportunities to observe health care activities at UPMC, Pitt's clinical partner. The students will already have completed three-and-a-half years of university education in China.

Tsinghua University, which began as a preparatory school for students chosen to study in the United States, celebrated its 100th anniversary on the same day as the signing ceremony. It has nearly 26,000 students and more than 7,000 faculty in 14 schools and 56 departments.

The university has 155 research institutes, including national laboratories and engineering research centers; and its faculty won 377 national scientific and technological awards by the end of 2008, putting the institution in the top tier of Chinese universities.

At Pitt, the new education program will be guided by Jeremy M. Berg, Ph.D., who will leave the directorship of the National Institute of Health's National Institute of General Medical Sciences at the end of June to become associate senior vice chancellor for science strategy and planning.

While the focus of this collaboration is on the students, faculty will be able to apply to spend up to a year at the other institution as a visiting scholar to conduct projects in a host laboratory. This endeavor will expand scholarly ties and facilitate academic, scientific and cultural exchanges between the institutions and comes at a time of increased activity by the University of Pittsburgh and UPMC in China more generally.

An annual research symposium, intended to build relationships and educate each site about the other's work, will be held in alternating years at each university.

For more information, visit [www.medschool.pitt.edu](http://www.medschool.pitt.edu). †

## Kane Regional Centers Receive Highmark Foundation Grant

The John J. Kane Regional Centers will benefit from a two-year, \$200,000 grant from the Highmark Foundation to support the development of a quality improvement initiative for identifying, treating and preventing pressure ulcers.

The Highmark Foundation's quality efforts will support a "best practices" pilot program at the 1,124-bed Kane Regional Centers located in McKeesport, Ross Township, Scott Township and the Glen Hazel section of the City of Pittsburgh. The program aims to reduce the number of pressure ulcers of residents in long-term care facilities.

According to Charlene Flaherty, Administrator at Kane McKeesport, the Highmark Foundation grant will provide an internal resource professional who will assist the staff to more effectively treat and prevent pressure ulcers. "The grant will benefit our residents on multiple levels through both treatment and prevention of pressure ulcers," Flaherty said.

Practices for treating pressure ulcers vary across the country, which contribute to differences in the quality of care and impact medical costs.

The Highmark Foundation grant will fund a certified Wound Ostomy Continence Nurse (WOCN) specialist who will further develop and refine treatment protocols, provide training and establish more effective methods in the assessment, planning, implementation and evaluation of the pressure ulcer program at the Regional Centers.

Pressure ulcers in the elderly are among the largest annual measurable costs of medical injuries, according to the Society of Actuaries. The cost per occurrence is about \$8,730 and \$3.8 million annually in the United States.

In many instances, hospitals treat pressure ulcers when a patient is admitted for another condition such as pneumonia, urinary tract infection and congestive heart failure. Patients with pressure ulcers need more follow-up care, resulting in more long-term care costs than patients with similar medical conditions without the ulcers. The estimated hospital stay for patients with pressure ulcers is 13 days.

Kane McKeesport is the focus of this program. However, the best practices will be implemented at all four of Allegheny County's Kane Regional Centers.

"Kane McKeesport is proud to be a part of such an important program and we hope to set a solid foundation that will enable others to participate in the future," Flaherty said.

For more information, contact Charlene Flaherty, Administrator at Kane McKeesport, at 412.675.8620. †

## New & Notable

### Duquesne Graduate Student Receives Fulbright to Conduct Childhood Obesity Research in Lithuania

A post-baccalaureate student receiving a master's degree in health management systems from Duquesne University will conduct a childhood obesity study in Lithuania on a Fulbright Scholarship.

Ryan Busha, who graduated on May 6, will head to Lithuania in September on the prestigious Fulbright. For the next nine months, he will examine childhood obesity with Professor Apolinaras Zaborskis at the Lithuanian University of Health Sciences.

Busha, who plans ultimately to be a cardiologist or endocrinologist, proposed a pilot project, *Transcultural Childhood Obesity: Comparing U.S. and Lithuanian Trends*, working to uncover why Lithuanians have not fallen into the growing pattern of childhood weight problems.

"The reason I chose Lithuania was that they're a Westernized country, a developed country, but their rates of obesity are really low compared to the rest of the world," said Busha, drawing on his Duquesne background in health policy. "My hope is I go over there and find something—maybe a cultural difference, maybe that they're more active during the day, maybe they do not have availability to fast food. I'm hoping any difference I find over there would be applicable to the United States."

Busha, the youngest of three boys, has been interested in medicine since his father had a cardiac bypass when he was 7. "Just the experience of that, growing up and seeing him deal with issues related to health care" propelled Busha's dreams of being a physician.

In 2009, Busha received a bachelor of science in biology from SUNY-Geneseo and sought out the post-baccalaureate pre-medical certificate program at Duquesne to improve his GPA for medical school.

"He was a top student in the class; it was effortless," said Dr. Sarah Woodley, assistant professor in the Bayer School of Natural and Environmental Sciences. "He had a calm and confident attitude. When I asked him why he was not already at medical school, he said that as an undergraduate, he really didn't know how to study and his GPA was not as high as he would like. Obviously, by the time he got to Duquesne, he had figured it out. He is naturally bright and motivated."

Duquesne's post-baccalaureate pre-medical certificate program is geared toward students with undergraduate degrees, within or beyond the sciences, who do not meet medical school pre-requisites or don't feel they are competitive. Through the program, they build their life sciences background, explained Dr. Kyle Selcer, director of the pre-medical professions and the post-baccalaureate pre-medical programs.

After finishing the pre-medical program, Busha stayed at Duquesne another year to complete the master's in health management systems, which includes health information processes, health record maintenance, ethics and other topics.

The fact that he did not give up prompted his eventual success, said Woodley. "Through persistence, he was able to apply to the Fulbright program," she said.

In the summer between the two Duquesne programs, Busha obtained an internship at the University of Rochester Medical Center, working with a pediatrician on a childhood obesity prevention pilot project, the foundation of his Fulbright proposal.

The Fulbright program, sponsored by the U.S. Department of State, is the largest and one of the most noted international exchanges for students and young professionals.

For more information, visit [www.duq.edu](http://www.duq.edu). †



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## Landau Building Company Announces New Hire

Landau Building Company announce that **Christopher (Chet) J. Beres**, EIT has joined the company as a Project Engineer. Beres comes to Landau with experience from the Allegheny County Property Assessment Office, materials testing and research, traffic surveying, as well as transportation work and research for PennDOT.

He graduated with a Bachelor of Science in Civil and Environmental Engineering with a Concentration Certificate in Transportation Engineering from the University of Pittsburgh.

For more information, visit [www.landau-bldg.com](http://www.landau-bldg.com). †



Christopher (Chet) J. Beres

## Mount Nittany Medical Center Announces New Board Members

Mount Nittany Medical Center announced the addition of two new members to its Board of Trustees, **Charles L. Witmer** of Bellefonte and **Patricia L. Best** of State College.

Witmer, the Centre County controller since January 2004, brings decades of financial and management experience as a former partner of R.P. Brooks & Associates, regional executive of PNC Bank in State College and president of Bellefonte Area Chamber of Commerce. Witmer holds a B.A. in political science from Penn State University and is a graduate of the National School of Banking of Fairfield University, in Connecticut. He has served on various boards, including the Bellefonte Authority and Centre County Housing Authority.

Best, recently retired superintendent of schools in the State College Area School District, has more than 40 years of experience in administrative leadership, education and counseling. Holding a doctorate in education from Penn State University, Best is an adjunct professor in Penn State's College of Education and College of Health and Human Development. Active in a number of community and professional organizations, she is president-elect of the College of Education's Alumni Society Board and past chairperson and board member of the Chamber of Business and Industry of Centre County.

The Board of Trustees provides leadership and guidance to ensure that the Mount Nittany Medical Center fulfills its mission of providing high-quality care and services to every patient, every day. As volunteers, the trustees are dedicated to serving the community, spending countless hours overseeing the mission of the Medical Center and its services.

For more information, visit [www.mountnittany.org](http://www.mountnittany.org). †

## Healthcare Professionals in the News

### AseraCare Honors Hospice Aids and Nursing Assistants

Each day, hundreds of thousands of nursing assistants across the country care for patients in various care settings, including patients receiving hospice care. These compassionate and dedicated healthcare workers take care of patients' everyday needs, and for many hospice patients and their families, nursing assistants are valued companions.

At AseraCare Hospice of Pittsburgh, certified nursing assistants—called “hospice aides”—are important members of the interdisciplinary care team, and often are the team members that patients and families most appreciate, said Erin McAndrew, Executive Director of AseraCare Hospice of Pittsburgh.



Erin McAndrew

“Hospice aides spend a great deal of time with patients, and this time, whether it is spent combing the patient's hair, reading together, or just sharing stories, is special,” she adds. “Above all, hospice aides work hard to preserve patients' dignity and comfort at the end of life.”

AseraCare Hospice honored its hospice aides and nursing assistants during National Nursing Assistants Week June 16-23. Its hospice aide team include: Deb Abel, Crystal Barnhart, Karin Elsasser, Kevin Hitt, Sherry Musco, Katie Paris, Wendy Roe, Lorie Savage, Jeanne Sprowls, Amy Tamasy, and Crystal Timko.

With 65 hospice locations and 17 home health locations in 20 states, AseraCare is one of the largest providers of hospice and home health services in the United States, serving more than 30,000 patients annually. AseraCare is part of the Golden Living family of companies.

Learn more about AseraCare at <http://hospice.aseracare.com/pittsburgh-pa>, [www.facebook.com/#!/AseraCareHospice](http://www.facebook.com/#!/AseraCareHospice), or [www.aseracare.com](http://www.aseracare.com), or call 412.271.2273 for more information about AseraCare Hospice in Pittsburgh. †

## Pennsylvania Osteopathic Medical Association Installs 2011-2012 Officers



Frank M. Tursi

The Pennsylvania Osteopathic Medical Association (POMA), a statewide organization for physicians holding the Doctor of Osteopathic Medicine (D.O.) degree, elected new officers during its 103rd Annual Clinical Assembly, held May 4-7, 2011, at the Valley Forge Convention Center in King of Prussia, Pennsylvania.

Installed as POMA's 100th president was Frank M. Tursi, D.O., of Erie, Pennsylvania. Other officers elected for the 2011-2012 term include President-elect Mark A. Monaco, D.O., Broomall; Vice president Christopher D. Olson, D.O., Shamokin Dam; and Secretary/Treasurer William A. Wewer, D.O., Steelton.

**Frank M. Tursi, D.O.**, is a family physician with Medical Associates of Erie. Board certified in family medicine with a certificate of added qualifications in geriatrics, he is also an active staff member, resident trainer and director of medical education at Millcreek Community Hospital in Erie. Board certified by the American Medical Directors Association, Dr. Tursi is a professor of family medicine, osteopathic manipulative medicine and geriatrics at the Lake Erie College of Osteopathic Medicine and a staff member at IHS at Bayside and Golden Living – Walnut Creek. Dr. Tursi is past chairman of POMA's District 7 and serves as a delegate to the POMA, the American Osteopathic Association (AOA) and the American College of Osteopathic Family Physicians (ACOFP). A graduate of Widener College in Chester, Pennsylvania, and the Philadelphia College of Osteopathic Medicine (PCOM), Dr. Tursi completed his postgraduate training in family medicine at Millcreek Community Hospital.

**Mark A. Monaco, D.O.**, is medical director of Wayne Nursing Center and a physician at Delaware County Family



Mark A. Monaco

Practice Associates in Broomall. Board certified in family practice, he is also an active staff member at Bryn Mawr Hospital and Delaware County Memorial Hospital in Drexel Hill. Past chairman of POMA's District 2, Dr. Monaco serves as a delegate to the POMA, the AOA and the ACOFP. A graduate of Villanova University and PCOM, he completed an internship and family practice residency at the Hospital of PCOM.



Christopher D. Olson

**Christopher D. Olson, D.O.**, is a family physician at Family Practice Center, P.C., in Shamokin Dam, and is an active staff member at Evangelical Community Hospital in Lewisburg. Board certified in family practice, he also serves as a delegate to the POMA and the AOA. Dr. Olson is a graduate of Bucknell University and the Des Moines (Iowa) University — Osteopathic Medical Center College of Osteopathic Medicine and Surgery. He completed an internship at Lakeside Hospital in Kansas City, Missouri, and a family practice residency at Doctors Hospital in Columbus, Ohio.

**William A. Wewer, D.O.**, has been practicing family medicine in Steelton since 1981 and is currently a partner of Family Practice Center, P.C. He is also an active staff member of PinnacleHealth System in Harrisburg. Board certified in family practice, he is a fellow of the ACOFP and past president of the Pennsylvania Osteopathic Family Physicians Society. A graduate of Elizabethtown (Pa.) College and PCOM, Dr. Wewer completed an internship at Community General Osteopathic Hospital, now PinnacleHealth Community Campus.



William A. Wewer

## West Penn Allegheny Announces New Hires



Dianne Dismukes

West Penn Allegheny Health System recently announced that **Dianne Dismukes** has been appointed Executive Vice President For Hospital Operations. In this role, Dismukes will lead all hospital and outpatient care operations for WPAHS, including direct oversight of its five hospitals. She will report directly to Christopher Olivia, MD, WPAHS President and Chief Executive Officer.

Dismukes has more than 30 years of experience in health-care operations, strategic planning, mergers and acquisition, quality and cost improvement, non-labor redesign, and technology enablement. Prior to joining West Penn Allegheny, she led the operational, clinical and non-labor operational improvement practices at PricewaterhouseCoopers (PwC) US Healthcare Advisory Practice.

While at PwC, Dismukes assisted the Minister of Health of the State of Qatar through a strategic redesign of that country's healthcare governing body and helped the country's premier healthcare system achieve Joint Commission International accreditation. On the heels of that success, she led the planning of the Sidra Medical and Research Center in partnership with the Doha Foundation and Weill Cornell Medical College.

Prior to joining PwC, Dismukes held a number of positions in the healthcare sector, including VP of Patient Care Services and Chief Nursing Officer. Dismukes received her associate degree of Nursing from Kilgore College, her Bachelor of Science in Nursing from the University of Texas and her Master of Business Administration from Baylor University. She is a frequent speaker on clinical, quality and non-labor performance improvement and recently presented "Preparing for JCI Accreditation" to the Arab Health Conference.

## Healthcare Professionals in the News

West Penn Allegheny Health System also announced the hiring of **Dan Geisler, MD**, a nationally recognized colon and rectal surgeon from the Cleveland Clinic.

Among his many accomplishments, Dr. Geisler pioneered single-port colorectal surgery and is one of just a few surgeons in the country performing this procedure. Prior to practicing at the Cleveland Clinic, Dr. Geisler was director of minimally invasive colorectal surgery at St. Vincent Health System in Erie, where he also completed his residency in colon and rectal surgery. An additional year of training was later completed in Philadelphia under John Marks, MD, and Gerald Marks, MD, concentrating on minimally invasive surgery as well as the multimodality treatment of low rectal cancers with emphasis on sphincter-preservation surgery.

Dr. Geisler received his bachelor's degree from Austin College in Sherman, Tex., and his medical degree from St. Louis University School of Medicine. He served his internship and residency in general surgery at the University of Oklahoma-Tulsa, where he was named chief resident, and also completed a fellowship in minimally invasive colorectal surgery at The Lankenau Hospital and Institute for Medical Research in Wynnewood, Pa.

For more information, visit [www.wpahs.org](http://www.wpahs.org).



Dan Geisler

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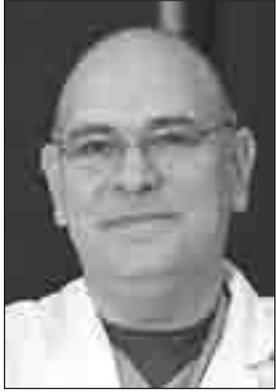
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## VA Pittsburgh Selects New Chief of Staff



Ali Sonel

**Ali Sonel, M.D.**, was recently selected to serve as the chief medical officer for VA Pittsburgh Healthcare System (VAPHS) after serving as the interim for nearly a year.

Prior to this appointment, Sonel served as VA Pittsburgh's associate chief of staff for research and development for the preceding five years and director of the VAPHS cardiac catheterization laboratories for the preceding seven years. Sonel continues to perform cardiac catheterizations and participate in research studies as the Chief of Staff.

Sonel received his doctor of medicine degree from Hacettepe University in Ankara, Turkiye. His graduate medical training included a residency in internal medicine, and a fellowship in cardiology at Indiana University in Indianapolis, including training in a VA medical center.

Sonel is a Fellow of the American College of Physicians as well as the American College of Cardiology. He has co-written more than 30 research publications. He currently serves as the primary or principle investigator for four major research studies and a co-investigator for seven additional studies. Sonel is a reviewer for multiple peer-reviewed medical journals. He is also a faculty member at the University of Pittsburgh School of Medicine and teaches advanced cardiac life support at VAPHS.

For more information, visit [www.pittsburgh.va.gov](http://www.pittsburgh.va.gov).

## Healthcare Professionals in the News

### Presbyterian SeniorCare and Affiliates Unveil Structure Changes, New Hires

Presbyterian SeniorCare (PSC) recently announced the hiring of **Jacqueline Flanagan** as Executive Director of the Presbyterian SeniorCare Foundation. Flanagan previously served as Director of Development and Marketing for Familylinks, Incorporated.

PSC has named **Jennie Firestone** its new Senior Director of Clinical Services. Previously Firestone served as Executive Director of The Willows skilled nursing community. PSC also has named **Dr. Karen Molcan** its new Senior Director, Oakmont Campus and Executive Director, The Willows. Prior to this, Dr. Molcan worked as PSC's Clinical Administrator.

**John Zaharoff** has been named Assistant Administrator at The Willows, after previously working as Director of Process Improvement. **Kathy Hammar** has been named Administrator for the Westminster Place personal care community after serving as Director of Resident Services.

**Cynthia Orgero** has been promoted to Administrator of Woodside Place after serving as that community's Social Worker. **Susan Colliers** has been named Client Services and Marketing Coordinator for PSC's SeniorCare at Home program. Colliers previously worked as a Social Worker at The Willows and Dementia Services Coordinator with the Woodside Program.

PSC's Longwood at Oakmont campus has promoted **Lindsay Coulter** to Senior Sales Coordinator of its Marketing team. Longwood at Oakmont has also hired **Victoria Essig** as Sales Coordinator and Pamela Weatherspoon as Move-In Coordinator. **Amy Rabo** has been hired as Director of Sales & Marketing for Presbyterian SeniorCare's Oakmont campus.

For more information, visit [www.srcare.org](http://www.srcare.org).

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## Canonsburg General Hospital CEO Announces Retirement; Interim CEO Named

Canonsburg General Hospital (CGH) officials announced recently that President & Chief Executive Officer (CEO) **Kim Malinky** will retire in August 2011 after 27 years of service to the hospital. Malinky, who was appointed CEO in 2003, began her career at CGH as a staff nurse.

Under Malinky's stewardship, CGH has enjoyed significant programmatic growth over the past eight years to meet critical community needs, including construction of a new emergency department and development of an inpatient rehabilitation unit, a hospital-based orthopaedics institute, and a Center for Women's Health. Most recently, she oversaw a renovation of the hospital's front lobby and played a key role in the development of West Penn Allegheny Health System's new Outpatient Care Center – Peters Township.

Throughout her career at CGH, Malinky has been active in many organizations and endeavors aimed at improving the health, welfare and economy of the greater Canonsburg community, including the Washington County Chamber of Commerce, the Washington County Health Partners, the Greater Canonsburg Economic Development Committee, the Canonsburg Business and Professional Women's Association, the Southpointe CEO Association and Sigma Theta Tau International. She is a Fellow in the American College of Healthcare Executives and in 2006 she received the "Outstanding Woman in Business Award" from the Washington County Chamber of Commerce.

Upon retirement Malinky said she plans to spend more time with her family and grandchildren.

CGH officials also announced that Terry Wiltrout has been appointed as the Interim Chief Executive Officer, effective June 1, 2011. Wiltrout has served as Vice President of Operations at CGH since 2007 and officially joined the hospital's leadership team in 2003. He began his career with the West Penn Allegheny Health System in 1991 as a Computer Operator.

An honors graduate of Robert Morris College with a degree in Management Information Systems, Wiltrout earned his MBA degree in Health Systems Administration from Waynesburg University. †



Kim Malinky

## Healthcare Professionals in the News

### Bethany Hospice Hires Executive Director

**Marta Baumann, R.N.** was recently named Executive Director of Bethany Hospice. Baumann brings over 20-years healthcare and hospice experience. She will be responsible for running the day-to-day operations of the growing hospice organization.

Baumann is an experienced nurse and has served in management roles in case work, clinical management, operations and finance. She is a Registered Nurse having received her diploma in nursing from Indiana Hospital School of Nursing in Indiana, Pennsylvania. She is also certified in Emergency Nursing and Advanced Cardiac Life Support.

To learn more visit [BethanyHospice.com](http://BethanyHospice.com). †

### Dr. Keith Taylor Names 7th President of Gannon University



Dr. Keith Taylor

**Keith Taylor, Ph.D.**, has been named the seventh president of Gannon University, Erie, Pa., the University announced. The University's Board of Trustees unanimously approved Taylor to succeed Antoine M. Garibaldi, Ph.D., as president of Gannon. Taylor was chosen from more than 40 candidates after a national search to fill the position.

Taylor, currently Gannon's provost and vice president for academic affairs, will begin serving as president on July 1. Phil Kelly, D.A., has been serving as the University's interim president since Garibaldi went on sabbatical Dec. 31, 2010.

Taylor's responsibilities as provost have included oversight of the curriculum, enrollment, academic grants and contracts, intercollegiate athletics, community development, institutional research and assessment, library services, student development, student retention, tutoring, mentoring and academic and career advising.

Prior to joining Gannon University as provost and vice president for academic affairs, Taylor from 2000-05 served as academic dean of Health and human services, and assistant to the vice president for academic affairs for instructional technology and liberal learning at Daemen College in Amherst, N.Y.

His extensive community service since joining Gannon University includes serving as a board member for the Boys & Girls Club, as a member of the Cooperative for Innovation and Commercialization, as board president for the Collegiate Academic Crew Association, as a board member of the Keystone Innovation Zone Council and as a reader for the Hooked on Books! program.

Taylor earned a bachelor's degree in physical therapy, a master's degree in exercise science and a doctoral degree in anatomy and cell biology, all from the State University of New York at Buffalo.

For more information, visit [www.gannon.edu](http://www.gannon.edu). †

### Trans Service Insurance Agency Names Christey Beckert as Account Executive

Trans Service Insurance Agency, in Pittsburgh, PA, has named **Christey Beckert** as Account Executive. Beckert specializes in medical professional liability insurance and will provide medical liability insurance solutions and sound advice to the agency's physician clients, prospective clients and the healthcare community.

As a graduate of Penn State University, Beckert brings with her a total of 14 years of insurance experience and six years of medical professional liability experience to her new role. She is currently working towards her RPLU (Registered Professional Liability Underwriter) designation which will enable her to further her knowledge of how the carriers view the risk of insuring a specific healthcare provider and their practice.

Trans Service Insurance Agency has been protecting the professional reputation of physicians and healthcare providers in the state of Pennsylvania since 1992 by offering expert advice and reputable insurance programs. The agency partners with insurance providers with proven financial stability including three carriers rated in the "A" category from the A.M. Best independent rating company.

Beckert may be contacted directly at 724-977-8882 or by email at [cbeckert@tsia.pro](mailto:cbeckert@tsia.pro) or toll free at Trans Service Insurance Agency, Inc. at (800) 260-0025. †



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## Julie Trinkala Receives Protin Award at Monongahela Valley Hospital

Julie Trinkala, honored for a strong work ethic and commitment to the goals and ideals of the health care system, is the 2011 recipient of the Edward J. Protin Memorial Award at Monongahela Valley Hospital.

Trinkala, a housekeeper in environmental services, received the honor at the hospital's 39th annual Service Awards Dinner at the Willow Room in the Mon-Vale HealthPLEX in Rostraver.

The Protin Award is one of the hospital's most prestigious honors and the recipient is not named until the night of the event. Trinkala, whose career at Monongahela Valley Hospital spans more than 19 years, received a standing ovation from the audience.

Sandra Orborne, last year's recipient of the Protin Award, made the presentation to Trinkala. The Protin Award was established in 1981 to perpetuate the memory of the late Edward J. Protin of Charleroi, former president of the hospital's Board of Trustees and a longtime community leader in the mid-Monongahela Valley.

Criteria for the award are that the recipient must have served the hospital for at least 10 years, exhibited significant contributions to the health care system over and above what is required, and demonstrated the qualities of leadership, loyalty, compassion and empathy.

Trinkala attended Ringgold High School and worked in many departments throughout the hospital. She currently is the full-time housekeeper in the MVH Emergency Department. Her MVH teammates lauded her by noting that she is very dependable and always seems to be there when you need her.

She cherishes the role that MVH plays in the mid-Monongahela Valley. Her special community interests include The Multiple Sclerosis Society, the Western Pennsylvania School for the Deaf and the United Way. Trinkala resides in Charleroi with her son Darrell.

For more information, visit [www.monvalleyhospital.com](http://www.monvalleyhospital.com). †



Julie Trinkala of Charleroi (left), 2011 winner of the MVH Edward J. Protin Memorial Award receives the coveted honor from Sandra Orborne, the 2010 Protin Award recipient.

# HONOR ROLL

## Altoona Family Physicians Residency Program Receives Recognition from NCQA

Altoona Family Physicians (AFP) residency program of Altoona Regional Health System was recently recognized by the National Committee for Quality Assurance (NCQA) with a Level 3 Patient-Centered Medical Home accreditation — the first and only practice in Blair County to achieve this recognition, so far.

Both the Altoona Family Physicians and Williamsburg Family Practice offices were recognized by the NCQA. Patient-Centered Medical Homes are model practices of health care delivery that aim to improve the quality and efficiency of care. Practices with Level 3 recognition (the highest level) have been awarded this honor for demonstrating the very best use of evidence-based, patient-centered processes.

Research shows that patient-centered medical home certified practices lead to higher quality, lower costs and improved outcomes, according to the NCQA. NCQA is a private, nonprofit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations and is committed to providing health care quality information for consumers, purchasers, health care providers and researchers.

For more information, visit [www.altoonaregional.org](http://www.altoonaregional.org). †

## Center For Wound Care Recognized for Advanced Healing

Mount Nittany Center for Wound Care was recognized last month with the Robert A. Warriner III, M.D., Center of Excellence award, because it has met the Center of Distinction quality standards for two consecutive years. This Center has achieved patient satisfaction rates over 90 percent, an 89 percent healing rate in 30 median days, among other quality standards. The Center was awarded this prestigious honor by Diversified Clinical Services (DCS), Inc., the nation's leading wound care management company.

Mount Nittany Center for Wound Care is a member of the DCS Clinical Network of more than 325 centers, with access to benchmarking data and experience of treating over two million chronic wounds. In 2010, Mount Nittany Center for Wound Care, cared for more than 564 patients who were provided specialized treatment, often preventing amputations and helping patients return to active lives.

Mount Nittany Center for Wound Care is an outpatient treatment center on Radnor Road, State College, for people with problems wounds and those needing diabetes management and foot care. A state-of-the-art facility, the Center provides the most advanced therapies and the latest clinical modalities, including hyperbaric oxygen therapy. Patients may self-refer or be referred by their primary care physician.

For more information on Mount Nittany Center for Wound Care, visit [woundcare.mounnittany.org](http://woundcare.mounnittany.org) or call 814.231.7868. †



From left to right: Mike Vaughn, Kellie Moore, Teresa Krepps, Jessica Newlen, Teresa Wilson, Deb Bowers, Kileen Stahl and Caroline Bush.

## Pitt Medicine Prof Awarded for Career Achievement in Research

Michael J. Fine, M.D., M.Sc., has received the 2011 John M. Eisenberg Award for Career Achievement in Research at the annual meeting of the Society of General Internal Medicine (SGIM), the leading national organization of general internal medicine physicians working in U.S. academic medical centers. The award recognizes the career achievement of a senior SGIM member whose innovative research has changed the way generalists care for patients, conduct research or educate students.

Dr. Fine is the director of the VA Center for Health Equity Research and Promotion (CHERP) and professor of medicine in the division of general internal medicine at the University of Pittsburgh. Over the past 24 years, he has conducted original research that has informed virtually all areas of the clinical management of community-acquired pneumonia, a common and costly illness. According to the VA, Dr. Fine's work has transformed how generalists and pulmonary and infectious disease specialists manage pneumonia and has shaped national and international quality and efficiency standards for this illness.

As director of CHERP, Dr. Fine has advanced the field of health disparities research by developing a widely used conceptual framework for disparities research and making substantial contributions to the empiric medical literature in this field. His sustained body of research is notable for its focus, creativity, excellence and impact, according to the SGIM in its recognition of Dr. Fine.

The award is named for the late John M. Eisenberg, M.D., M.B.A., because of his exemplary role as a researcher, mentor and advocate for research in general internal medicine.

For more information, visit [www.upmc.com](http://www.upmc.com). †

## UPMC Northwest Honors Nurses for Excellence in Practice

UPMC Northwest has presented its eighth annual Excellence in Practice awards to 14 members of its nursing staff. The awards recognize nurses throughout the UPMC Northwest organization who excel in their role as professionals and who typify the values and standards of nursing practice.

This year's honorees, nominated by their co-workers and/or physicians, include 13 nurses from UPMC Northwest and one from Sugar Creek Station. The awards are given as part of UPMC Northwest's observance of National Nurses Week. The Excellence in Practice award recipients for 2011 are:

- Patti Arnold, RN, 3 West
- Helen Baker, RN, Sugar Creek Station
- Lisa Books, RN, 3 North
- Corrin Cochran, RN, Emergency Services
- Mary Jane Daugherty, RN, Behavioral Health
- Deb Fazekas, RN, 3 West
- Kaleigh Gustafson, RN, Family Birthing Center
- Ann Kline, RN, 2 North
- Dianne Marsh, RN, Emergency Services
- Nicole Nestor, RN, Thoracic Services

# HONOR ROLL

- Shelley Rennard, RN, Emergency Services
- Nicole Snyder, RN, 3 North
- Kelly White, RN, 2 North
- Tori Wooldridge, RN, Emergency Services

The award recipients are recognized for excellence in any or all of the roles that comprise nursing practice: direct patient care; patient/family education; as a contributing member to the nurse's department; through community, civic or church activities; and through ongoing development and learning, either formal or informal. Kaleigh Gustafson was named the 2011 Cameos of Caring award winner during the ceremony, and will represent UPMC Northwest at a gala event held in Pittsburgh in November. The Excellence in Practice awards ceremony was held at the Elks Club in Franklin.

For more information, visit [www.upmc.edu](http://www.upmc.edu).



The 2011 UPMC Northwest Excellence in Practice nursing award winners include (from left): Mary Jane Daugherty, RN, Behavioral Health; Patti Arnold, RN, 3 West; Lisa Books, RN, 3 North; Nicole Nestor, RN, Thoracic Services; and Ann Kline, RN, 2 North.



Other nurses receiving Excellence in Practice awards include (from left): Helen Baker, RN, Sugar Creek Station; Dianne Marsh, RN, Emergency Services; Tori Wooldridge, RN, Emergency Services; Nicole Snyder, RN, 3 North; and Kaleigh Gustafson, RN, Family Birthing Center, this year's Cameos of Caring Award winner.



Barbara Jordan, CNO and Vice President of Patient Care Services poses with Shelley Rennard, RN, Emergency Services, at the Excellence in Practice ceremony held recently at The Elks Club in Franklin. Other honorees not pictured are Corrin Cochran, RN, Emergency Services; Deb Fazekas, RN, 3 West; and Kelly White, RN, 2 North.

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## Windber Medical Center Announced As Top Hospital in Patient Experience by HealthGrades

Windber Medical Center is the recipient of the HealthGrades Outstanding Patient Experience Award™ for 2011. This distinctive award places WMC within the top 10% of hospitals nationwide for exemplary service to patients. Out of 3,797 hospitals in the country, only 8 hospitals within Pennsylvania were recognized for their service. Windber Medical Center is the only hospital in western Pennsylvania to receive the HealthGrades Outstanding Patient Experience Award™ for 2011.

As the only Planetree designated facility in Pennsylvania, Windber Medical Center maintains a high standard for patient-centered care by focusing on healing and nurturing the mind, body, and spirit. Patient-centered care is not just something they do, but who they are. They embrace the concepts that a warm, sensitive, healing environment is essential to the patient; wellness and prevention are just as essential as treating the ailment; the patient is involved in his or her care; and the family is an important part of that care.

The Outstanding Patient Experience Award™ is based on a survey of patients' hospital experiences conducted by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS: a national, standardized, publicly reported survey of patients' perspectives of hospital care). The survey is based on ten core measures: overall rating, recommendation to family /friends, communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness, and quietness. Studies demonstrate that patient satisfaction ratings do make a difference. 74% say they looked for quality or satisfaction ratings. Poor service also drives their decisions. 2 in 3 reported they have switched because they were dissatisfied with the service they received. (Source: Deloitte 2009 Survey of Health Care Consumers: Key Findings, Strategic Implications).

To find out more about Windber Medical Center's Outstanding Patient Experience Award™ and the ratings methodology, it is now available free to the public at [www.HealthGrades.com](http://www.HealthGrades.com).

For more information, visit [www.windbercare.org](http://www.windbercare.org). ↑

## Around the Region

### Senior LIFE Ebensburg Ribbon Cutting

Senior LIFE Ebensburg recently celebrated its grand opening with a ribbon cutting event. The event hosted many health professionals, civic leaders and community residents at the Ebensburg LIFE Center. The ribbon cutting marked the completion of the renovation of the LIFE Center's new space within The Cambria Medical Park at 429 Manor Drive in Ebensburg.

The Ebensburg LIFE Center began serving members on May 1st. The LIFE Center is not a residential facility, but provides the care and services seniors need to remain at home

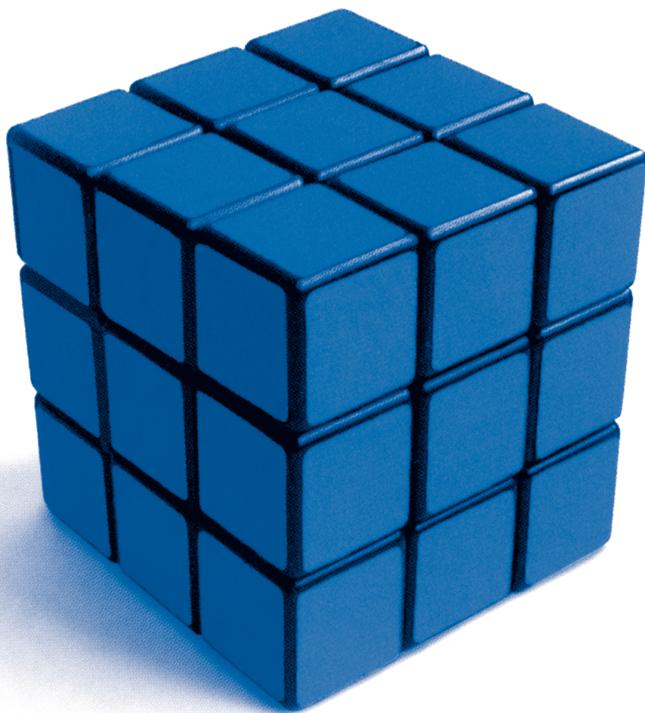


Pictured from left to right are: Mark Irwin, Senior LIFE COO; Milan Gjurich, Cambria County Commissioner; Sam Valenty, Cambria County Commissioner; Christina Dambeck, Executive Director Senior LIFE Ebensburg; Jim Penna, Representing Congressman Mark Critz; M. Veil Griffith, Executive Director Cambria County Area Agency on Aging; Charles Vizzini, Representing State Representative Frank Burns

and independent within the community. Among the services offered are physician and nursing services; physical, occupational and speech therapies; personal care; medication monitoring; social services; recreation and socialization; meals as well as transportation. Senior LIFE Ebensburg will serve seniors living in the northern portion of Cambria County, Blair and Indiana Counties.

For more information about Senior LIFE please call (814) 472-6060 or 1-877-998-LIFE. ↑

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## Walk & Roll for Homeless Veterans

By Amanda Wilczynski

VA Butler Healthcare recently held its first annual VA2K Walk & Roll event to promote wellness and benefit local homeless Veterans. 133 employees walked and rolled at the event, as well as several Veterans, volunteers, and members of the community.

"The VA2K was an enjoyable experience where we could work together to benefit homeless Veterans," said VA Butler employee Danielle Weisenstein. "I will be looking forward to our next event!"

A total of 155 VA facilities nationwide participated in the VA2K Walk & Roll and VA Butler Healthcare alone raised \$778 in donations for homeless Veterans. The donations included cash, gift certificates, clothing, personal care items, food, back packs, and household items.

"It was an honor to do something like this for our homeless Veterans considering everything our Veterans have done for our country," said VA Butler employee Tracey Custer.



VA Butler Healthcare employees donate items for homeless Veterans during the VA2K Walk & Roll Event.

On any given night in America, over 107,000 Veterans are without shelter – that's 23% of the adult homeless population and 100% too many. The Department of Veterans Affairs (VA) is taking action to combat Veteran homelessness through special initiatives such as enhanced access to mental health services. **VA's goal is to end Veteran homelessness in five years.** All Veterans at risk for homelessness or attempting to break the cycle of homelessness must have easy access to programs and services. VA's major homeless-specific programs constitute the largest integrated network of homeless treatment and assistance services in the country.

VA Butler Healthcare is meeting VA's five year goal by expanding programs and services, strengthening local partnerships, and increasing outreach efforts. "Strong community support and awareness about the issue of homelessness is key," said VA Butler Healthcare's Homeless Program Coordinator Dan Slack. "The recent VA2K event promoted good health as well as education and awareness of homelessness to VA staff and community participants. Getting out in the community, building relationships, and strengthening bonds is what is making the difference and helping to break the cycle of homelessness and unemployment."

VA Butler Healthcare offers special housing support services, treatment options, and employment and job training programs and initiatives specifically designed to help homeless Veterans live as self-sufficiently and independently as possible. Disability benefits, education, health care, rehabilitation services, residential care, and compensated work therapy are among the services offered to eligible Veterans.

Butler-area Veterans will also soon be able to take advantage of a state-of-the-art, residential-style domiciliary. Slated for completion in 2012, the new facility on VA Butler grounds will offer temporary housing, treatment, and ongoing support services for homeless Veterans, including access to appropriate health care and benefits for eligible Veterans. It will also include space for women – a first for VA Butler Healthcare.

For more information about VA health care programs and services and the Homeless Program, please contact Dan Slack, Homeless Program Coordinator at 1-800-362-8262, ext. 2439 or call The National Center for Homeless Veterans. They provide 24/7 access to trained counselors and the hotline helps homeless Veterans and their families. To be connected with a trained VA staff member, call 877-4AID VET (877-424-3838). You can also visit VA Butler Healthcare online at [butler.va.gov](http://butler.va.gov) or [butler.va.gov/services/Homeless.asp](http://butler.va.gov/services/Homeless.asp).

Amanda Wilczynski is the Public Affairs Officer for VA Butler Healthcare.

## Around the Region

### LECOM Memorial Service Thanks Families of Human Gift Donors

Students and faculty members from the Lake Erie College of Osteopathic Medicine recently showed their appreciation to the families of individuals who donated their bodies to the school's anatomy laboratory. LECOM hosted a special memorial service at the school on Monday, May 16. Medical students expressed their gratitude to the family members and told them that working in the school's anatomy laboratory gave them a greater understanding of the human body.

"I am grateful to the gift you and your loved ones have given to me and my fellow students," first-year student Sheldon Stevenson told family members who attended the service. "In my opinion, the gift of one's remains to help with medical education is the noblest gift of all," he said.

Medical students spent twelve weeks in the anatomy laboratory working with cadavers. They said having the hands-on experience gave them a better appreciation of the human body. First-year student Tiffany Pruchnik said the donor she worked with was 107 years old when she died. "I learned so much from her," Pruchnik explained. "Someday I'll be able to help someone live to 107 years old thanks to the knowledge she gave me."

Jonathan Kalmey, Ph.D., Director of the Willed Body Program and Associate Professor of Anatomy at LECOM said, "There's a psychological component that they learn in the lab working with deceased individuals that they wouldn't learn from a textbook." Dr. Kalmey said students receive a wealth of hands-on education that will stay with them for the remainder of their careers.

"These donors knew the importance of this educational tool," said Holly Barth, a first-year Primary Care Scholars Program student who planned the memorial service. "The donors were not just teachers for the 12 weeks of anatomy – they will be our teachers for life," she said. She said learning about the human body from a hands-on perspective was very beneficial. "It made the study of anatomy so much clearer," she said. "I think it sticks in your memory more, too."

Barth said one million "thank yous" would never be enough to express her gratitude to the families of the donors. "Their donation shows how selfless they are," she said. "I think all we can do now is to try our hardest, try to remember everything and go out and be the best physicians we can be so we can positively affect other people's lives."

Human donations to LECOM are made through the Human Gifts Registry, a non-profit agency of the Commonwealth of Pennsylvania. Dr. Kalmey said those who donated their bodies to the school didn't make the decision lightly. "I think it's someone who's looking at the greater good to be a benefit for humanity and other people," he said. "It's a selfless individual."

For more information, visit [www.lecom.edu](http://www.lecom.edu).



LECOM medical student Holly Barth expressed her gratitude to the donors' families during the LECOM Donor Memorial Service.



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# Through the Garden Gates

By Pam Starr

Nothing says "peace of mind" better than a gated, maintenance-free luxury condominium community, according to well-known Pittsburgh builder John R. Miller of Miller Homes, LLC.

That's why Miller, who's been a residential home builder for 45 years, has been developing The Gardens at Fox Hall, in O'Hara Township. The 11 home sites, located on 10.8 acres, are unique in that they are single-family detached residences, but share common grounds that are owned and maintained by the condominium association.

"What other parts of the country have done successfully, particularly in Florida, I wanted to do in Pittsburgh," says Miller, who lives in Fox Hall. "I had another development called Farndale in Fox Hall that had 22 units, and I decided to try this concept in the last two units. It was very successful, so I expanded it here. There's been a lot of interest."

O'Hara Township engineer Charles W. Steinert, Jr. says that there are no gated communities in the township, and that The Gardens at Fox Hall is the only development of its kind that he knows about in the Fox Chapel area. O'Hara Township has less than 10,000 residents, based on the 2010 census, and 92 percent of the residences are owner-occupied.

"It can be a good thing if that's what buyers are looking for," he says. "Good schools are the number one reason people move to O'Hara Township, and we're seven miles away from downtown."

Fox Hall began in 1978, and is comprised of seven villages, with The Gardens being the last one. Driving through

the wrought-iron gates, potential buyers see beautifully landscaped gardens, water elements, sculptures, and stunning houses that are set far apart for privacy. One luxury home has been sold so far, and a 6,885-square-foot Country French Grand Villa is available immediately. A 6,255-square-foot Asian Contemporary Grand Villa, with its own Japanese outdoor pavilion, wooden bridge, and waterfall, will be finished mid-July.

Houses sell for between \$850,000 and \$1.3 million. A custom house can be constructed in about eight months, subject to the weather, says Miller, who works with sons Glenn and Ronald.

"Every home is customized for the buyer," he says. "A three-car garage is standard, but the next house will be a ranch with a six-car garage."

He uses only solid hardwood floors, and all interior and exterior iron work is created by a "gifted" Bloomfield resident. Unique kitchen cabinets are made by the Amish, and kitchen counters feature lovely Idaho granite. Heavy front doors have a signature gel sheen finish. Homes can be built with as many or as few bedrooms and bathrooms as the buyer wants.

"We use the best product we can find—everything is of high quality," Miller says. "We put a lot of personal touches into each house, and pay attention to detail. Our motto is "If YOU dream it, we can design and build it." Whatever anyone wants, we can do it. This is not a cookie cutter community."

The houses showcase gourmet kitchens, custom fireplaces, home theaters, exercise rooms, and other options such as ele-



vators and prep kitchens. Lower levels are fully finished, and every yard is privately landscaped to the owner's specifications. Prudential Preferred Realty site agent Sandra Woncheck says that maintenance-free living means that homeowners don't have to mow their yards in the summer, or remove snow in the winter.

"There's an added level of security with the gates," she says. "When people go on vacation, they feel secure."

Miller says that new construction of single family homes in the Fox Chapel area is scarce, and so The Gardens at Fox Hall is great for those desiring a new house in the highly rated Fox Chapel School District, or private schools such as Shady-side Academy. The development is also convenient to major hospitals and universities.

"This development is ideal for those with busy lifestyles or who like to travel," says Miller. "Many have dubbed it a Doctor's Delight."

*The Gardens at Fox Hall is located off Dorseyville Road in O'Hara Township. The development has occasional open houses, but potential buyers can call Sandra Woncheck for a personal tour and appointment at their convenience. She can be reached at her office, 412-782-3700 ext. 227, or cell, at 412-477-7187.*

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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](http://www.asburyheights.org).

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# Resource Directory

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eKidzCare is a Pediatric focused (ages birth through 21 years) Home Health Agency that is licensed and Medicare/Medicaid certified to provide care throughout Western PA. Allegheny, Armstrong, Beaver, Butler, Crawford, Erie, Fayette, Lawrence, Mercer, Venango, Warren, Washington, and Westmoreland Counties are serviced currently. Range of services from home health aide level of care to high-tech skilled nursing (trach/vent care) visits and/or shift nursing. We accept Medicaid and all major insurances, including Highmark, Health America, and UPMC. We employ RN's with extensive experience in Pediatric care who evaluate and supervise our Kids and families special care. We provide the highest quality of care to even the slightest of patients.

1108 Ohio River Blvd., Ste. 803,  
Sewickley, PA 15143  
412-324-1121/412-324-0091 fax  
<http://www.ekidzcare.com>

## GATEWAY HOSPICE

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

## HEARTLAND

At Heartland, we provide Home Care, Hospice or IV Care. We have a special understanding of the health care challenges of our patients, as well as their families and loved ones may be experiencing. Through our passion for excellence, we are committed to enhancing their quality of life through our compassionate and supportive care. Most of the care Heartland provides is covered under Medicare, Medicaid or many health care plans including HMOs, PPOs and private insurance. Our team can provide more information about Heartland's services and philosophy of care at anytime. Please feel free to contact us at 800-497-0575.

## INTERIM HEALTHCARE HOME CARE AND HOSPICE

Interim HealthCare is a national comprehensive provider of health care personnel and services. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout America. Interim HealthCare of Pittsburgh began operations in 1972 to meet the home health needs of patients and families throughout southwestern Pennsylvania and northern West Virginia and now has offices in Pittsburgh, Johnstown, Somerset, Altoona, Erie, Meadville, Uniontown and Morgantown and Bridgeport WV. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982 and a certified Hospice since 2009. We provide a broad range of home health services to meet the individual patient's needs - from simple companionship to specialty IV care and ventilator dependent care to hospice care - from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

For more information or patient referral, call 800-447-2030 Fax 412 436-2215  
1789 S. Braddock, Pittsburgh, PA 15218  
[www.interimhealthcare.com](http://www.interimhealthcare.com)

## LIKEN HOME CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liabilities and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available.

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

## LOVING CARE AGENCY OF PITTSBURGH

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

Contact information:  
Loving Care Agency of Pittsburgh  
875 Greentree Road, Building 3 Suite 325,  
Pittsburgh, PA 15220  
Phone: 412-922-3435, 800-999-5178/  
Fax: 412-920-2740  
[www.lovingcareagency.com](http://www.lovingcareagency.com)

## PSA HEALTHCARE

At PSA Healthcare, we believe children are the best cared for in a nurturing environment, where they can be surrounded by loving family members. We are passionate about working with families and caregivers to facilitate keeping medically fragile children in their homes to receive care. PSA Healthcare is managed by the most experienced clinicians, nurses who put caring before all else. Our nurses are dedicated to treating each patient with the same care they would want their own loved ones to receive. PSA is a CHAP accredited, Medicare certified home health care agency providing pediatric private duty (RN/LPN) and skilled nursing visits in Pittsburgh and 10 surrounding counties. The Pittsburgh location has been providing trusted care since 1996, for more information call 412-322-4140 or email [scoleman@psakids.com](mailto:scoleman@psakids.com).

## VITAS INNOVATIVE HOSPICE CARE OF GREATER PITTSBURGH

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Daily Physician Visits • Pulmonary Rehab  
Physical, Occupational and Speech Therapies  
Subacute Rehabilitation Unit (at North Shore location)

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**Kindred Hospital Pittsburgh**  
7777 Steubenville Pike Oakdale, PA 15071

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

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

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For referrals and admissions, call:  
412-494-5500 ext. 4356  
[www.kindredhealthcare.com](http://www.kindredhealthcare.com)

## IT SERVICES

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Diane L Sinck  
All-Pro Business Solutions, LLC

## MEDICAL TRANSCRIPTION

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## PEDIATRIC SPECIALTY HOSPITAL

### THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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

## PUBLIC HEALTH SERVICES

### ALLEGHENY COUNTY HEALTH DEPARTMENT

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

333 Forbes Avenue, Pittsburgh, PA 15213  
Phone 412-687-ACHD • Fax: 412-578-8325  
[www.achd.net](http://www.achd.net)

## REHABILITATION

### THE CHILDREN'S INSTITUTE

The Hospital at the Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Bridgeville, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.

For more information, please call 412-420-2400  
The Children's Institute  
1405 Shady Avenue, Pittsburgh, PA 15217-1350  
[www.amazingkids.org](http://www.amazingkids.org)

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# How to Best Handle Patient Complaints

By Daniel Casciato



Patient complaints can impact staff morale and even performance. As the former interim HR Director for a specialty medical practice, Fred R. Cooper, now a managing partner of Phoenix, AZ-based Compass HR Consulting, LLC, says a series of bad events once led to the need to provide an overall customer service/customer relations training program for that practice.

“Whoever has management responsibility must take action, deal with complaints, concerns or issues immediately but there must first be a process or mechanism in place for patient complaints to be heard or lodged formally rather than just mumbles and groans overheard by the staff,” says

Cooper. “These must then be then evaluated and where valid, resolved and ultimately, transmitted to the complaining party and become part of the practice’s culture.”

Some approaches he says to consider include the following:

- Have the MA and/or provider inquire at the beginning of the appointment how they’ve been treated so far...take notes then or later...in effect, create a log

- At the end of the appointment, again ask if they have any questions or concerns not addressed.

- Have a standard set of questions to ask and ideally, truthful responses to the anticipated questions...this could be part of the receptionist or scheduler’s responsibilities

- Have a protocol whereby those unanticipated questions or complaints will be addressed and the responses provided back to the patient in a reasonable timeframe

- Keep a log of complaints (nature, number, date(s) filed, anticipated resolution date, resolution date, responsible party, resolution, follow-up/monitoring dates, etc.).

“Complaints, once known, need to be addressed in a timely, expeditious and informative manner,” he says. “Training as needed is created or updated to incorporate the findings of the efforts into the practice culture. Employee performance appraisals may include a customer service delivery measurement factor or two.”

Additionally, Cooper recommends that a practice consider communicating updates via Facebook or Twitter or some other social media if the patient base utilizes these methods.

“Updates on how far behind the doctor is or communicating the status of the parking lot striping, for example, could be real time and could set the practice apart,” he says. “Of course, staff resources would be needed but this may be a value-add to the practice.”

We recently sat down and spoke with Cooper, along with his associates, Dr. Robert Meehan and Tony Darin to learn more about how to effectively handle patient complaints.

## WHAT ARE SOME OF THE BIGGEST COMPLAINTS FROM PATIENTS ABOUT MEDICAL PRACTICES?

- **Timeliness**—As the patient, I’m on time, I’m even early but I’m made to wait more than a “reasonable time” to even get in the room and there I sit for a longer period before I’m seen by the provider. Why is it if I’m late, I’m penalized but if you’re late, I’m still punished?

- **Time with the provider**—This is probably the biggest complaint. They say in their head and perhaps verbally to their friends/relatives, “you’ve made me wait, my day is just as important as yours, now that we’re together, I want to you to spend time with me and I get the feeling you’re rushed, I’m an inconvenience, I don’t get all my questions answered and those I do are in “medical-speak” so perhaps I’m even more confused”.

- **Phone calls**—I call your number, it rings dozens of times and no one answers and it doesn’t go to voice mail. Then again, I don’t like being put on hold but at least a human being answered to ask me to wait. Then, please get back to me quickly.

- **Pre-visit Office Contacts**—You call to remind me of my appointment a couple of days before. That day or perhaps the day before, I’m called to reschedule my appointment due to something going on at the practice side of the call. Then, I may get called back before that appointment to again reschedule my appointment. I begin to think if you are this unprofessional or dysfunctional with scheduling and appointments, how can I trust my health to you? Besides, there’s a reason I made the appointment in the first place. Let’s get to it so I can get/feel better.

- **Other medical needs**—I called about my initial problem...something else has developed and when I attempt to bring this up at the appointment, I’m often told to set another appointment for another day. I’m not happy, I’m going to be inconvenienced and if my “secondary problem” is troublesome, I don’t know if I can or want to wait for that next appointment.

- **Parking**—Not enough, not close enough, parking spots are too narrow, my car doors got dinged, etc.

Many of these complaints are the realities of the business world that medical practices live, work and deal with daily. As the trends are to have patients become more involved and informed in their care, the practice could consider taking steps to likewise inform and educate their patients on what to expect in the way of customer service from the practice. A brochure, pamphlet, posters and/or other literature could be developed and provided regularly to new and on-going patients so that realistic expectations are out there on both sides of the counter.

As to the physical plant, logging in complaints with the building management firm or landlord that if considered reasonable and valid and in increasing numbers are compiled, the landlord or building manager should be advised and to the greatest degree

possible, remedies taken or put in place to reduce or eliminate the complaints.

## WHAT ARE SOME BEST PRACTICES ORGANIZATIONS CAN USE IN DEALING WITH THEIR PATIENT BASE?

- Treat complaints as symptoms of an underlying issue(s). Some complaints may be inevitable, but many are preventable.

- Have a Customer Service Wellness program. Let your patients know your commitment to their health, great medical care and excellent customer service. Also, let them know what they can expect. It can be as simple as a brief statement or as formal as a patient bill of rights.

- Create, articulate, cultivate and practice a culture of providing the best customer service possible given the realities of today’s business impacts on practices, time management and other internal and external impacts on operations

- Continually survey your patients verbally, in writing and/or via telephone interviews, asking about things that went right and what areas may need improvement. This type of survey and continual monitoring of your practice’s performance—real or perceived—will go a long way to identifying what is working well and what needs improvement

- Inform patients on what they can reasonable expect in the way of timeliness, scheduling and other contacts they may have with the practice

- Implement and incorporate and inform of changes made to existing circumstances that come from the surveys

- To the greatest extent possible, anticipate problems and inform your patients—for example, the parking lot will be re-stripped and the number of available parking spots will be reduced...provide information and guidance on what alternatives they have or should consider

- Survey your staff to identify any process improvements or physical plant enhancements they believe may be needed by their interactions with patients or just working in the office.

As appropriate and you are comfortable within your medical community, find out what other practices are doing. You may find your efforts are the gold standard or are woefully lacking but if they are, no need to reinvent the wheel—seek advice and assistance to the extent you can and are comfortable in doing.

## WHAT ARE SOME COMMON MISTAKES TODAY’S HEALTHCARE ORGANIZATIONS MAKE IN HANDLING PATIENT COMPLAINTS?

Some common mistakes include, but are not limited to:

- Not having a comprehensive customer service policy and philosophy in place
- Not adequately training staff as to expectations and behaviors
- Not surveying your patients formally or informally as to their experiences
- Not identifying what is working and then implementing things things needing to be addressed that are constants throughout the survey process, are increasing in frequency are fixable, and are reasonable

- Not informing your patients (on a collective or individual basis) of steps taken to address those concerns either voluntarily given or obtained via the inquiry or survey process

- Not realizing that patients have choices and if they are or become uncomfortable in their environment, they believe their time is not valuable, they don’t feel they are getting quality medical service and quality customer service, they will seek out a place that meets those emotional and practical needs

- Not taking the need to have exemplary customer service practices and protocols in place

## HOW CAN YOU BEST ASSESS WHETHER YOUR ORGANIZATION IS DOING A GOOD JOB IN RESOLVING COMPLAINTS?

One indicator is if there is a steady, constant decline in current patient numbers and/or a reduction of new patient sign-ups. If not already in place in these situations, certainly something should be started to find out why this trend has developed and/or is continuing. The very continued existence of the practice may rest on the findings and more importantly, what is done to reverse the trend.

Having a customer service policy in place, providing training to staff, monitoring for compliance, conducting formal and informal surveys to “take the temperature” of the patients, “fixing” what can be fixed, modifying to improve what can’t be changed, informing individual patients of steps taken to resolve or remedy or address their individual concern(s) that may be unique to them, doing follow-up surveys are but a few of the steps a practice can take to determine if their efforts are paying off.

Ask questions of new patients about their experiences. Ask questions as they remain patients. Should they leave, find out why—what were the underlying reasons?

While some reasons may be unavoidable and un-fixable, others may be within reach with a little knowledge that the problem exists and steps can be taken to remedy the concern(s). You want to be the practice of choice—there one where your patients aren’t just satisfied or pleased with their treatment—they are amazed by the entire experience.

To get here, there are many things a practice can do to position itself as a leader in the local medical community in providing the best of customer service while also providing the kind of medical care needed by its patients and their families.

For more information on Compass HR Consulting, visit [www.compasshrconsulting.com](http://www.compasshrconsulting.com).

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Henry works on range of motion with physical therapist Paul Lucas.



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“The rehab program shows you the right techniques that can help you improve. I would definitely recommend The Commons at Squirrel Hill.”

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