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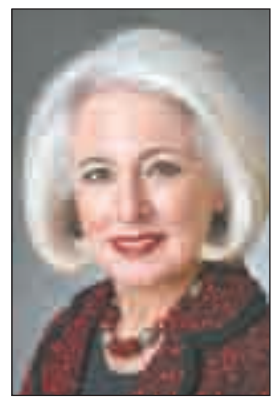
Inside ...

Looking Ahead



By Karen Wolk Feinstein

When I gaze into my heath-system-futures crystal ball, I come up with three words, all beginning with A: Accountable, Automated and Ambulatory. The overlay for all three is Technology. Technology will accelerate and transform the transmission, analysis, and availability of data at a speed and functionality we can hardly imagine. For the patient, payer, purchaser and entrepreneur, this is likely for the best. For the provider, it probably entails serious disruptions in roles, responsibilities, training, practice, reporting, and more.

Let's begin with *Automation*. Technology is already transforming the work of radiologists and pathologists profoundly. But what is to stop the rapid advancements of technology — transforming diagnostics, prescribing, telemedicine and care management? Patients can have their medical histories, biogenetics, family histories, demographics, lifestyle, travel, residential and occupational data entered into their medical records. From this information, automated clinical functions assimilate and process the data, forming recommendations for treatment within various confidence intervals. Technological sorting and matching exceed the capacity of the human mind. The question is: how will clinicians make use of this information, how will the doctor-patient relationship evolve, where-how-and from whom will patients receive care? Everything may

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Re-Imagining Degree Completion Programs for Nurses

By Lynn George

Although educational options for nurses with associate degrees and diploma education exist in a variety of forms, successful transition to advanced education programs has proved to be problematic for many nurses. Motivation to pursue an advanced degree would appear to be strong among students pursuing an associate degree or diploma in nursing.

Researchers at Temple University, in a survey of Pennsylvania associate degree and diploma nursing students, found that 86.3 percent of those who responded planned to pursue a bachelor's degree in nursing. However, the percent of practicing RNs who complete advanced degree programs falls far short of these numbers. In 2008 the Health Resources and Services Administration (HRSA) revealed that nationwide about 25 percent of diploma or associate degree educated nurses completed the BSN.

Many practicing RNs pose the question "Why pursue advanced education when I am already a practicing RN with experience?" Practicing RNs who pursue advanced degrees cite professional career satisfaction, flexibility, and opportunities for advancement as motivating factors. Research demonstrates that increased education for nurses has been linked to improved patient outcomes, and employers are increasingly interested in a more highly educated workforce. So why aren't more nurses pursuing advanced education?

Barriers to the pursuit of advanced degrees for nurses include the cost and flexibility of educational programs. Other factors, not as readily acknowledged, include the perceived relevance of advanced education to practice and the lack of validation for education and experience already achieved by practicing RNs. Although as educators we have come a long way from designing degree programs that required practicing RNs to repeat undergraduate content already mastered, data show that we still have work to do in designing programs that meet the needs of these potential students.

What advanced degree is most appealing to practicing RNs? Currently, there are 633 RN to BSN programs nationwide with more than 400 of them at least

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What's New in Facebook

By Daniel Casciato

Last month in this space, we discussed what was new with Twitter. This month, let's take a look at Facebook. They have also made some minor tweaks over the past several weeks to improve the user experience.

Subscribe to updates

As with Twitter, Facebook now allows your friends to subscribe to your updates and follow your messages in their News Feed. With the subscribe button, you can choose what you see from your friends in the News Feeds. You can choose from "all updates," "most updates," and "important updates." You can also choose to ignore any messages about the Facebook games your friends are playing. Or you can choose to ignore all messages from someone. Another big change is that you can begin to follow other people who are not your friends (like you do in Twitter) and vice versa. However, if you set your message settings to private, these new followers will be unable to see you feed. So your privacy still remains intact.

Improved Friends List

Facebook is also making it a little easier to see more from the people you care about and simpler to share with exactly the right people using the improved Friend Lists. According to the official Facebook Blog, there are three new improvements:

- **Smart lists:** "You'll see smart lists that create themselves and stay up-to-date based on profile info your friends have in common with you-like your work, school, family and city."
- **Close Friends and Acquaintances lists:** "You can see your best friends' photos and posts in one place, and see less from people you're not as close to."
- **Better suggestions:** "You can add the right friends to your lists without a lot of effort."

View Facebook shares

There is now a new "View Shares" link beneath news feed stories by friends, Pages, and those they subscribe to. If you click on this message, you'll see a window displaying who has reposted that story and any additional context they added. Yes, it's similar to the retweet button on Twitter (noticing a trend?). The "View Share" button will now tell you how often your status updates were reposted.

Removing your tags or content

Finally, your options for removing tags or content on Facebook are now displayed more clearly. Remember tagging is when anyone adds you to a photo or mentions you in an article or a post. It was a bit clumsy to remove these tags in the past. Now it's so much easier. When you're tagged, you'll get a message from Facebook asking what you'd like to do. Your options are to remove the tag from your profile, removing the tag itself, message the photo owner or tagger, and request the content get taken down.

So what do you think of the new changes? Feel free to email me your thoughts at writer@danielcasciato.com.

Important Message for Pennsylvania Physicians:

Reduce Your Malpractice Insurance Costs

Since 2003, Professional Casualty Association (PCA) has insured only Pennsylvania physicians. And we've done it quite successfully. Nearly 1900 of your colleagues across the Commonwealth have entrusted us to provide their coverage and look to us to provide the most aggressive defense strategies in the industry when claims have been brought against them.

The reasons why we only insure Pennsylvania doctors are simple. It allows us to hone our underwriting and claim settlement expertise, helps us maintain our pricing focus and it provides our policyholders and prospects with the assurance that we will not divert resources from the Commonwealth for the lure of short term profits from neighboring states. PCA is licensed, admitted and domiciled in Pennsylvania and supported by an A+ rated reinsurer. You can rest easy that we will be here when you need us!

From the beginning, our motto has been "Fighting back is good business" and we will vigorously fight every defensible lawsuit as well as countersue, when appropriate. We understand the frustration experienced by a physician when sued. For that reason, we retain only the most experienced and successful attorneys and claim personnel and do everything possible to make the experience as painless as possible. Not only do we try more cases than any of our peer companies, we've won ninety (90%) percent of our cases.

If you have a reasonable claim history and think you may be paying too much, have your agent contact PCA. Or you can contact us directly by phone (610.337.3374) or through our website (www.professionalca.com). We will recommend an agent if needed. But rest assured that PCA will work hard to lower your premium now and into the future.

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Don't Be Too Late: Time of the Essence for Children with Developmental Delays

By Elizabeth Pagel-Hogan

Approximately 27% of children in Allegheny County under the age of 5 with a developmental delay may go undiagnosed. Missing this diagnosis means families face increased struggles when teaching skills to children and establishing routines and patterns. Eventually, the children may face major difficulties when they begin formal schooling in kindergarten or first grade.

The Early Learning Institute (TELI), in Pittsburgh, PA serves over 1200 children annually and offers unique resources for parents and children, birth to age 5, facing developmental delays. Pediatricians play a crucial role in helping parents access the support offered by TELI.

"Early diagnosis means better results for children," says Kara Rutowski, Executive Director of TELI for the past three years. "Our goal is to prepare a child for success in school. Over 70% of the children we serve enter kindergarten with minimal support, like speech therapy, which is significantly better than state benchmarks of 23-28%. We want them to function at the level of their typically developing peers."

Early diagnosis is essential to helping parents identify and understand the unique nature of their child's developmental delay. From birth to age 5, is it significantly easier to help children master simple techniques and modifications that are key to entering school with minimal or no support. Many children who receive early intervention operate on the same level as their normally developing peers.

Developmental delays can have a serious impact on school readiness. The Center for Disease Control (CDC) estimates that 17% of U.S. children have a developmental or behavioral disability, including autism, intellectual disabilities, and/or Attention-Deficit/Hyperactivity Disorder (AD/HD). Current research estimates that less than 50% of the delays are identified before starting school, and this failure to catch the issue means significant delays are already in place and opportunities for early intervention have been missed.

Being a parent is hard but being a parent when your child has extra-special needs can be especially daunting. Pediatricians can play an important role in helping parents determine if their child is going through an appropriate developmental phase or if they are struggling to meet the next milestone.

Rutowski describes TELI's services as part of the toolbox that pediatricians can use to support parents and serve the children.

"Doctors are inundated with information," argues Rutowksi. "If we're doing our job well and the pediatrician is pulling out the tool of early intervention from TELI, that leaves the pediatrician free to address medical issues and streamlines their work. Diagnosing and treating an earache is simple. When the problem is behavioral or cognitive, the decision tree and resources aren't as clear."

"Pediatricians can really help parents learn what behavior is normal and what isn't but they often have to maintain a delicate balance with parents, especially new parents," Rutowski explains. "Pediatricians don't want to dismiss parental concerns but they also don't want to cause parents panic. Some parents are resistant to further evaluation or assessment."

"TELI is a great option," reports Debbie Uram, Director, Early Intervention Services, with over 35 years experience in early intervention services. "Parents do not have to commit to a full assessment. They can bounce ideas off the specialists at TELI about their child's development and therapists are able to advise parents if their child needs a full assessment and provide the appropriate referral information."

Parents often call TELI out of the blue to ask questions. Even grandparents visiting a nearby veteran's service office have dropped in to ask about appropriate developmental stages. To meet this need, TELI is preparing to introduce a portal that parents can use to submit questions to therapists via the TELI website (www.telipa.org).

"It will function like a web triage for question and answers," says Rutowski. "We're evolving, using current technology and trying to reach parents where they are. As a non-profit we're also trying to be cost-effective."

Parents who feel their child may have a developmental delay can call TELI at 412.922.8322 or their pediatrician for advice. TELI therapists can provide some basic information and if the therapist feels the child would benefit from an assessment, the family would be encouraged to call the Alliance for Infants and Toddlers (412.885.6000), the service coordination agency. A service coordinator will listen to the parent's concerns and set up an evaluation with the appropriate therapists in the child's home. If the child is eligible, parents can choose to receive their therapies from TELI and specific goals will be addressed to meets the child's and families' needs.

"Let's say your child doesn't speak very well," Uram describes. "A pediatrician, neighbor or other parent who has used TELI's service might encourage the parent to call might encourage a parent to call us directly and we can talk about their speech concerns. At this point, parents are gathering information to help them decide how they would like to proceed. They do not have to commit to an evaluation; rather, we will provide them with the facts and encourage them to pursue an independent assessment through Early Intervention if our professional staff feel that it is warranted. In many instances, we can alleviate their fears by telling them that a specific speech concern is developmentally appropriate at that time."

TELI physical therapist Kay Donovan works on movement with a child

There is no cost to parents for the assessment or for any of the therapy provided by TELI and all therapy is provided in the child's home environment or in a community setting.

"Nobody knows the child better than the parent," Uram said. "We like working in the homes because you are partnering with the family to help the child in their most comfortable environment. All activities are play-based and developmentally appropriate. They are also routines-based. So if a parent is having trouble at bath time, the occupational therapist schedules an appointment at bath time. Therapy helps the overall family environment and reduces stress levels."

For more information, visit www.telipa.org.

Compression Management Services Offers Personalized Services and Products for Patients with Swelling or Breast Cancer

By Daniel Casciato

Compression products are used to provide support and increased circulation to patients suffering from various conditions including edema, lymphedema, and varicosities of varying severity. While there are many companies that offer compression-related products and services, one Pittsburgh-based company—Compression Management Services/The Lymphedema Centers (CMS)—clearly distinguishes itself from other compression therapy centers.

Compression Management Services is the largest and most experienced center of its kind throughout Pittsburgh and Western Pennsylvania. JOBST, the leading manufacturer of custom compression garments, recognizes this company as the only Center of Excellence in the Pittsburgh area for their superior skill in custom garment fittings. The company is also a leading provider of The Lympha Press Optimal™ sequential compression device, a home-therapy system for lymphedema treatment. Based on the principles of manual lymph drainage, the Lympha Press Optimal adapts to patient needs and is safe and easy to use at home.

CMS takes great pride in the quality of its products, but the most important aspect of this company is its focus on individual patient care. "We take a one-on-one, hands-on approach to working with our patients and try to develop strong partnerships with physicians and physical therapists," explains Jerry Clark, eastern regional manager for CMS.

"We establish a patient management plan," adds Clark. "Ready-to-wear garments are widely available for purchase off the shelf, but there is often no professional guidance to determine proper sizing, wear or care. We will work with physicians to assess these patients, customize the right products for them to manage their condition, and make sure they are fitted properly."

Clark says that CMS also schedules follow-up appointments with their patients every six months. Continued contact is a priority as many of these patients experience chronic symptoms and garments often wear out due to heavy use. It is important that they are replaced.

Founded in 1996, CMS has been providing products and garments related to lymphedema and other swelling for 15 years. Many of the patients they see are women who have undergone procedures for breast cancer, such as breast surgeries and biopsies. These procedures can sometimes affect the lymph nodes and some individuals develop lymphedema as a result.

"We heard from many of these patients that it would be nice if we also carried mastectomy products," says Clark.

Responding to that need, in March 2007, CMS acquired Devoted to You Mastectomy Boutique to form the Comprehensive Care Center for Women (CCC) which offers products ranging from post-operative garments to bras, camisoles and breast prostheses. The goal is to ensure every woman is fit properly in the most comfortable product.

"We want them to feel relaxed and be at ease when they're here," says Clark. "When they come in for an assessment, we have a feminine, comfortable atmosphere."

Melissa Yost, a patient care coordinator at Compression Management Services, checks a custom compression sleeve for proper fit and comfort.

In addition to caring for local women with breast cancer, CCC partnered with the Christian East African and Equatorial Development Trust (CEED) and the Susan G. Komen Foundation last year to sponsor a Woman-to-Woman bra drive, collecting 2,000 donated bras. After washing and bagging the bras, CCC donated them to Uganda, Africa. According to Clark, many of the women living in this part of the world never owned a bra because they cannot afford them and they are not readily available.

"[It is] … something that women in our country take for granted every day," says Clark.

Accredited through the Board of Certification/Accreditation International (BOC) and PA Association of Medical Suppliers (PAMS), CMS currently has six locations in the state—four in the Pittsburgh region (Shadyside, Cranberry Township, South Hills Village, and Tarentum), and two in the Eastern region (Johnstown and Altoona).

"Our patients and suppliers tell us that our approach and level of service is one of a kind," says Clark. "We really strive to have a unique and comprehensive model. To find everything you need under one roof and have that close one-on-one relationship with the patients and their physicians is truly rare."

For more information, visit www.compressionmanagement.com.

Cell Phones in Nursing Education: R U Kidding?

By Teresa Shellenbarger and Meigan Robb

Cell phone use has become pervasive in all aspects of today's society. People aren't just using these mobile devices for simple phone calls and text messaging. They are also using them for more advanced applications such as connecting with social media, searching the Internet and running assistive applications. With enhanced networks and technology fueling this shift, it is predicted that Internet capable mobile devices will outnumber computers in the coming year. Experts in business, education, and technology describe emerging technology developments expected to have large scale impact in education in the yearly Horizons Report (Johnson, Smith, Willis, Levine, and Haywood, 2011). They identify Internet capable mobile technology (cell phones) likely to enter mainstream education in the next year.

It is estimated 99.8% of college students have cell phones, and 49% of those are smartphones (Truong, 2010). Faculty teaching nursing and other allied health students face the challenge of educating students who are expert at using these mobiles devices and are rapid adopters of the latest technology. These students enter higher education environments expecting instant access to information through their mobile devices. They also want active engagement in learning. Gone are the days of faculty lectures and passive students in the classroom. In an attempt to capitalize on the technology and capture the learner's attention some faculty are encouraging appropriate mobile device use in the classroom. Rather than creating policies that discourage cell phone use and further widen the digital divide between faculty and students we are embracing the technology as a vital education tool.

A variety of teaching learning strategies that use mobile technology can be incorporated into educational settings to assist and enhance learning. Mobiles can be used as a personal response system to assess student knowledge and understanding of course material. Using websites like www. polleverywhere.com faculty can create polls that require students to use their mobile phones and respond to the teacher created question. These questions can be multiple choice format like exam questions or can be open ended free text questions requiring an individual answer. Similar to television show text responses systems, students can use their phones to text a response. Live responses can be displayed to show instant feedback about the topic. Faculty can share the live responses in real time visually displayed graphs and charts with the students. These polls provide faculty with an assessment of the class understanding of material and also helps students judge their knowledge.

A wealth of information is available at our fingertips. Mobile devices can be used to access information about course topics instantly. Students with Internet-capable devices can look up drugs, find health care treatment options, statistic about diseases, care protocols, evidence based nursing interventions, and find other course related supplemental material and share with the class. Since many patients are now also accessing information from the Internet, this exercise also provides a wonderful opportunity to have discussions about the quality of health information available for patient use. Students can evaluate the accuracy, reliability, and credibility of the resources found; increasing ehealth literacy skills.

When discussing controversial topics sometimes students may not want to share personal opinions. Mobile devices can help the class have a discussion about those topics while providing some anonymity. Students can text a friend and ask for his/her opinion about the class topic. The responses can be shared anonymously with the class members. This provides diverse opinions while removing the personal attachment to the student. The information shared does not necessarily need to reflect the student's personal beliefs about the topic but instead represents someone else's opinions. Or, it can be used to compare and contrast differences between class responses and texted responses. Using this strategy allows a broader global perspective about the topic.

The potential use of mobile devices in the classroom is unlimited. As more applications become available additional activities can be incorporated into teaching learning activities. Using these mobile devices will help to enrich the classroom, provide up-to-date easily accessible information, engage students in the learning process, and lessen the digital divide between faculty and students. Using carefully constructed and planned activities with clear guidelines for use will help to stimulate and enrich the learning for students.

Dr. Teresa Shellenbarger is Professor and Doctoral Program Coordinator, Department of Nursing and Allied Health Professions at Indiana University of Pennsylvania, Indiana PA. Meigan Robb is a PhD in Nursing Candidate and Teaching Associate at Indiana University of Pennsylvania.

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Summer Job Places Penn State Health-Related Majors and Doctors Together at Mount Nittany Medical Center

If a college student can teach a doctor how to bleed a mouse, she certainly ought to be able to "coach" a doctor through the ins and outs of a new software program, and get an invaluable mentoring experience at Mount Nittany Medical Center at the same time.

At least that's the thinking behind a new initiative where Penn State students recently competed for a summer job, to be "at the elbows" of physicians using electronic health recordkeeping (EHR), which is a mandate for compliance of government standards for patient quality and safety.

Understanding the difficulty in incorporating software training into a physicians' busy schedule, Dr. Tingley, chief medical information officer, came up with an innovative hands-on solution. He looked for students with an interest in technology, and also enthusiastic about being around doctors. Penn State students in health-related majors fit the bill.

Students were hired for a summer job at Mount Nittany Medical Center to be "at the elbows" of physicians using electronic health recordkeeping (EHR), which is a mandate for compliance of government standards for patient quality and safety. (From left to right, around table):Stephany Fernandez; Keith Fernandez; Fatimah Audu; Zee Henry; Jamie Klump; Jessica Geida; Jessica Jankowski; Bryanna Blackie; Meg O'Rourke; Nicole Pantle. (Standing in back, left to right): Alaina Willard; Ryan D'Souza; Alexis Joseph; Christian Conlon; Liz Puddu; Jeff Wisinski; Kelby Skelton.

"We were hiring coaches, but we also realized that students could have a mentoring experience with the doctors. Some students have had the experience of watching a knee-replacement operation, and others learned some tips for passing the MCAT, (Medical College Admission Test)," said Dr. Tingley, adding, "the doctors seem to really enjoy their mentoring role."

A former physician for Penn State University Health Services, Dr. Tingley devised the program as a way to transition doctors from the common practice of handwritten documentation to computer use with EHR software in order to gather what is called, "meaningful use" data. The Medicare and Medicaid EHR Incentive Program provides financial incentive for the "meaningful use" of certified EHR technology. Mount Nittany Medical Center uses Meditech software.

The EHR technology is designed to reduce errors and make medical records more available and comprehendible to patients. Mount Nittany must meet the "meaningful use" criteria by 2015 or see a reduction in reimbursements.

So what does all this have to do with bleeding a mouse? The highly competitive interview process to become a Mount Nittany Medical Center Coach.

In the spring, Dr. Tingley recruited candidates mainly through PSUs' pre-medical society, pre-physicians' assistant club, and the health policy major email listserve.

Education Update

Two hundred students applied for the 30 summertime positions at the Medical Center.

The final 145 applicants were winnowed down through a "speed dating" style interview process, whereby each student had 5 minutes to prove their teaching ability to Dr. Tingley. Five minutes is about how much time the new hires would have with the doctors during the discharge process on the computer.

The flurry of interviews yielded some very interesting lessons, including: how to make buffalo chicken dip, how to do a plié, how to cut the toenails on a parrot, how to throw a discus, and *how to bleed a mouse*.

Cassidy Grove, from Reedsville and a junior at Penn State, learned how to bleed a mouse while working in a laboratory one summer. She explained that the sacrifice of the animal provided information for a study in breast cancer metastasizing. "First you chase the mouse, and then you grab his tail," said Grove. The description took a grisly turn when she got to the part about the syringe to the heart, but it did capture the attention of Dr. Tingley who hired her for the job.

Grove said she has always been interested in biology. When she came to Penn State, the large number of pre-med students left her thinking that she may not be able to compete. "After working here (Mount Nittany Medical Center) this summer, becoming a doctor is back up there."

Christian Conlan, from State College and a sophomore at Penn State, used his previous summer job experience at an Italian ice shop to teach Dr. Tingley how to make a gelato. In his coaching position he shows doctors how to input data to complete a patient's hospital discharge, or how to add information to the patients' "problems list."

Conlan, a pre-med student, said he was able to converse with the doctors on the job, and consequently learned all sorts of insider information like: how the doctors got through med school, how to pay off debt, and some paths to take, like joining the military.

Doctors seem to be pleased with the coaching program too. "They do a great job for us. We are able to implement EHR a lot more efficiently with their help," said Dr. John Coppes, M.D., internal medicine. Proximity allows for the mentorship role to develop naturally. One coach said that a hematologist advised her to be vigilant about becoming a doctor, "She said, it's a long road, and that I shouldn't let anything get in my way."

"The coaches are friendly and eager to help. They make themselves available," said Dr. Hy J. DePamphilis, M.D., internal medicine. Indeed, they are like the Buckingham Palace Guard, according to Tingley, who says the coaches, wearing red polo shirts, embroidered with the word "Coach," spend a great deal of time just waiting, but as soon as the doctors are ready to do a discharge, they hurry to their side and take them through the computer process, showing them where to click the curser and how to save data on the computer.

Patients also benefit from the coaching program. As a result of the EHR, they are provided with legible, typewritten discharge instructions, said Dr. Tingley. He emphasized that the coaching program allows the medical center to focus on patient safety and quality care, which is the centerpiece of HITECH (Health Information Technology for Economic and Clinical Act).

For more information, visit www.mountnittany.org.

Bridging the Pediatric Brain Injury Gap Between Medical, Rehabilitation, Families & School

Education Update

By Brenda Eagan Brown

Annually in PA, approximately 4,000 children sustain moderate to severe traumatic brain injuries, which are significant enough to require hospitalization. (Pennsylvania Health Care Cost Containment Council's Hospital Discharge Data, 2004 & 2006). Each year, over 20,000 children sustain concussions (mild traumatic brain injuries) in Pennsylvania. (Brain Injury Association of PA, 2008). Many students return to school with lingering physical, cognitive, or behavioral effects that impact classroom performance. Pennsylvania's BrainSTEPS (Strategies Teaching Educators, Parents, and Students) Brain Injury School Re-Entry Program is beginning its 5th year of assisting school districts in creating educational plans for students following an acquired brain injury.

BrainSTEPS consultants work with school teams and families in the development and delivery of educational services for students who have experienced any type of acquired brain injury. Acquired brain injuries consist of any injury to the brain that is sustained after a period of normal development and includes all traumatic brain injuries (injury is caused by an external force and includes concussions) and non-traumatic brain injuries (strokes, tumors, seizures, aneurysms, etc.). BrainSTEPS works to not only re-enter students after a new brain injury, but with students previously identified as having a brain injury who may begin to develop educational effects over the years as the brain matures and develops. Consulting teams ensure that those who provide education to children following brain injury have an understanding of that injury, the resulting challenges, and the interventions and supports necessary to help those students achieve educational success through graduation. Teams are based within the Pennsylvania statewide educational Intermediate Units under the Pennsylvania Department of Education. There are 28 BrainSTEPS teams covering over 95% of the Commonwealth, and contain over 250 brain injury consultants. In 2008, the Brain Injury Association of America honored the BrainSTEPS Program with a National Award for Excellence in Programs and Services

All PA Children's Hospitals and pediatric rehabilitation facilities are involved with BrainSTEPS in a variety of ways: providing staff to serve as team members; including program referral information in emergency department, trauma department and rehabilitation discharge information; and assisting with team trainings. All pediatric rehabilitation facilities in PA have therapists and neuropsychologists serving on educational teams. Over 30 partnerships between community agencies and the BrainSTEPS Program have been forged statewide. Hospitals and rehabilitation facilities who have professionals actively serving on the BrainSTEPS educational consulting teams include:

1. Acadia Rehabilitation, Inc.
2. A.I. Dupont Hospital for Children
3. Children's Hospital of Philadelphia
4. Children's Institute in Pittsburgh
5. Devereux
6. Geisinger Medical Center
7. Good Shepherd Rehabilitation Hospital
8. Hershey Medical Center
9. Lehigh Valley Hospital
10. Magee Rehabilitation Hospital
11. Mainline Rehabilitation
12. Nemours/A.I. duPont Hospital for Children
13. Reading Hospital
14. St. Christopher's Hospital for Children
15. St. Vincent Medical Center
16. Success Rehabilitation

Hospitals are encouraged to add BrainSTEPS program information on discharge paperwork for children and adolescents who sustain acquired brain injuries, which is what Children's Hospital of Pittsburgh and Children's Hospital of Philadelphia have done. BrainSTEPS is looking to expand by partnering with PA hospitals to ensure children assigned an ICD9 code of brain injury and hospitalized overnight are automatically referred to BrainSTEPS upon discharge by hospital staff. This will bridge the transition gap between hospital and school, which is a time when many students with more mild/moderate brain injuries tend to slip through the cracks. BrainSTEPS is also available to provide trainings to hospital and rehabilitation facility staff.

Recently, concussion identification has risen sharply across the state. Concussions are increasingly being identified by coaches/parents and diagnosed by physicians. As a result, BrainSTEPS teams have spent a great deal of time working with school districts to understand concussion and how to manage concussion effects within the school environment. BrainSTEPS works closely with pediatric concussion clinics across the state if a student has not recovered within 2-4 weeks following injury. A "Concussion Return to School Protocol" for PA school districts was developed in conjunction with the PA Department of Education and an advisory workgroup composed of neuropsychologists who specialize in pediatric concussion during the spring of 2011.

BrainSTEPS, is funded jointly through a federal OSEP grant from the Pennsylvania Department of Education and a federal Title V Maternal & Child Health block grant from the Pennsylvania Department of Health. It is being implemented by the Brain Injury Association of Pennsylvania.

- Education professionals, medical rehabilitation professionals, and family members comprise the BrainSTEPS Teams.
- Team members receive ongoing training from local and nationally recognized leaders in the field of pediatric brain injury.
- BrainSTEPS team members are available to provide various brain injury presentations to different professional groups from educational, medical, and rehabilitation facilities in the community.
- Team members provide training and consultation regarding identification, school re-entry planning, IEP development, intervention selection and implementation, long-term monitoring of students and other issues professionals face in supporting students with brain injury.
- Concussion effects sometimes linger for several months, so teams assist students returning to school after a concussion, utilizing accommodations and modifications, and working with the districts to manage the student's symptoms within the school setting.
- Teams conduct ongoing monitoring of students through graduation.
- Daily training and support is provided to the teams by the statewide BrainSTEPS Program Coordinator.
- Consultation is available to teams through the BrainSTEPS Program, on a case by case basis by medical rehabilitation professionals.

BrainSTEPS is currently expanding into post-secondary education, through funding from a Department of Health TBI HRSA grant. The goal is to train university disability support services professionals on the needs of students with brain injury, and to incorporate them into the BrainSTEPS teams to facilitate a smooth transition to college for students with brain injury.

To make a student referral to the BrainSTEPS, visit www.brainsteps.net and click "Make a Referral." For program information, contact Brenda Eagan Brown, M.S.Ed., CBIS, Brain Injury School Re-Entry Program Coordinator with the Brain Injury Association of Pennsylvania, at eaganbrown@biapa.org. You can also visit www.brainsteps.net.

References

Brain Injury Association of Pennsylvania, 2008

Pennsylvania Health Care Cost Containment Council's Hospital Discharge Data, 2004 & 2006

Centers for Disease Control, 2011

Students from Conemaugh Memorial Medical Center Program for Surgical Technologists passed the certification exam for surgical technologists for the fourth year in a row.
Standing: Courtney Custer Baeckel, Summa Cum Laude, Didactic and Clinical Salutatorian; Haley Wanninger, Summa Cum Laude; Ondrea Tomko, Magna Cum Laude, Clinical Practice Award; Cierra Turner, Summa Cum Laude, Didactic Validictorian.
Seated: Stephen Bendick, Summa Cum Laude; Jennifer Cole, Magna Cum Laude

Education Update

University of Pittsburgh Receives $67.3 Million to Translate Science into Therapies

A University of Pittsburgh institute aimed at accelerating the pace of translating science into real-life treatments for patients has received $67.3 million from the National Institutes of Health (NIH) to expand its work over the next five years.

Pitt's Clinical and Translational Science Institute (CTSI) is among 10 institutes nationwide to receive renewed funding in recognition of its successes during the first five years of the Clinical and Translational Science Awards (CTSA) program. The program is administered by the NIH's National Center for Research Resources (NCRR).

The renewal underscores the success of Pitt's CTSI, through which researchers have used novel computer software to improve the diagnosis of breast cancer, brought researchers together as part of the Sleep Medicine Institute to advance research into sleep disorders, and funded research into the efficacy of low-cost prescription drug programs, among many other initiatives.

The other institutions are Columbia University Medical Center; Mayo Clinic; Oregon Health & Sciences University; Rockefeller University; University of California, Davis; UC San Francisco; University of Pennsylvania; University of Rochester; and Yale University.

Together, the institutes represent a $498 million renewed commitment on the NIH's part to speed translational research nationwide. NIH will release a progress report on the program in August, highlighting research that has emerged from the University of Pittsburgh and other institutes in the CTSA consortium.

The renewal awards endorse the success of the University of Pittsburgh's CTSI and its sister programs in creating a framework for scientists to move beyond the traditional silos of science to collaborate on promising research and find the training and resources to move those projects ahead.

These grants, which have now been awarded to 60 academic health centers nationwide, help scientists collaborate on research that applies to a broad range of diseases. CTSA-funding institutions also work with industry, manufacturers, patient groups and nonprofit organizations to ensure that potentially life-saving new drugs and devices reach the public faster.

Pitt's CTSI was established in 2006 with a $83.5 million NIH grant. It is a collaboration among Pitt, UPMC, Carnegie Mellon and the Urban League to transform how clinical and translational research is conducted so that promising treatments can be more readily available to patients.

For more information, visit www.health.pitt.edu.

The Alpha and Omega in the United States

By Nick Jacobs

While serving as a hospital administrator for over twenty years, I was aware of people who had died in the emergency room because they had no insurance, had not yet qualified for Medicaid and were terrified that the cost of care would force them to live on the street. Consequently, they waited too long to come in for treatment, and they died.

Modern Healthcare's August 22nd edition has listed the 100 Most Influential People in Healthcare in 2011. (Somehow they've missed me again.) They've listed Republican Congressman Paul Ryan of Wisconsin as the number one most influential person, and the Democratic Governor of Vermont, Peter Shumlin, as number two. Ryan is interested in a complete re-make of the Medicare and Medicaid programs, and Shumlin wants to move the citizens of the State of Vermont to a government-run, single-payer system.

Needless to say, these are very different views. It's interesting that they both agree that employer-based insurance should be eliminated, so that neither portability nor employment is an issue. They differ in that Ryan believes that each individual citizen should receive a refundable tax credit for healthcare and that providers should compete based upon quality, price and outcomes. Shumlin, on the other hand, wants to do away with "fee for service healthcare," but clearly understands the American's public's concern about government-run anything, and even says, "Government has gotten it wrong, every single time."

According to *Modern Healthcare*, both want to fix the system that is bankrupting the nation. Ryan wants to "maintain a world class system built on innovation and excellence," while Shumlin wants that single payer system to eliminate waste, administrative overhead and insurance company profits. It is Shumlin's contention that enacting all of the Tea Party cuts and taxing the wealthy would still lead to the same federal budget challenges in the trillions of dollars that we face now.

Ryan wants to cut $750 billion in Medicare spending by making the allocation a block grant. People like Rose Ann DeMoro, executive director of the AFL-CIO- affiliated National Nurses United labor union say, "The market isn't magic and it doesn't trickle down…the Paul Ryans of the world don't want a society. They want individuals and corporations to make ungodly amounts of money."

And so the debate continues. There is no magic elixir that will fix this without huge disagreements and turf battles. As the Obama legislation began to unfold, the initial reaction from many within his own party was that his administration had "sold out" to Big Pharma and numerous other lobbies, and, as the Republican plan continued to be unveiled, the response was similar to DeMoro's, because it was so heavily skewed toward big business and the free market, while providing only marginal assistance for the underserved of this nation.

Ironically, as I look out my window and then drive a block from my apartment in Pittsburgh, I see another new "colony" of homeless people living under the bridge, and as I round the corner under Route 279N, there is a virtual apartment building under that road comprised of sheets and blankets hung to create separate partitions for the individual homeless people to live. At the next light leading to the North Side, a 30ish young mom begs on the corner for money for her kids, and two blocks past her is a homeless Veteran asking for money as well.

In the midst of all of this, the $9 billion UPMC battle with the nearly $4 billion Highmark juggernaut continues over an insurance company owning a hospital, and a hospital owning an insurance company. Surely, in the richest country in the world, there are answers to these challenges that do not bankrupt the pharmaceutical or insurance companies, do not make our physicians second class citizens, and do not close two thousand small and medium sized hospitals while still providing care for everyone.

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

LOOKING AHEAD From **Page 1**

change fundamentally. Clay Christiansen et al. in the book The Innovator's Prescription lay out some possible scenarios for this brave new world of medicine. In any event, we cannot underestimate the profound role that technology will play as the disruptive innovation of the future. Another outcome that may arise from automation is an increase in the patient's responsibility for his/her own health (the part controlled by behavior, not genetics), resulting from easy access to personal health information.

Moving on to *Accountability*. For eons, the patient has selected or been assigned physicians and hospitals without the benefit of evidence regarding their safety, reliability, clinical acumen, and efficiency (aka cost.) But in an automated medical community, with their interventions and outcomes recorded, assessed and monitored through electronic health records and health information exchanges, providers enter a new era of accountability. Patients, payers and purchasers can make comparisons among providers (hospitals and clinicians) based on both cost and quality. Clinical teams will have baseline measures against which they can measure progress in performance. But their critical stakeholders may well have access to this same information. The old assumption— that it's ok if they are well meaning folk doing their best in light of their education and circumstances— will be superseded by new expectations for high performance, now verified by measurable, credible and comparative data on their cost and quality. Will this produce more stress, burn out and early retirement for providers who already express record low levels of satisfaction with their work—no one knows. The patient, however, could benefit greatly. Right now, research suggests that only about half the population gets best practice care for their chronic conditions. Perhaps a new generation of health professionals will be trained to thrive and strive in the new accountable work environment.

Finally, *Ambulatory Care*. Developed nations, who spend ½ to 1/3 of what the US spends on health care per capita, working within the confines of global budgets, know that they have to do more with less. They have designed healthcare systems that achieve better outcomes than the US in safety, efficiency, quality, equity, accessibility and the health of populations. Most of these countries have achieved better rates of life expectancy and lower rates of infant mortality by focusing on prevention and primary care. The US has too long neglected or overlooked the value of investments in keeping people as well as possible and minimizing hospitalizations and long-term skilled nursing. So, hello to better Ambulatory Care—from wellness centers to primary care to outpatient surgery to hospice and home health. We may also see the rise of new clinical players, roles and paraprofessions in community settings. The US has neglected investments in ambulatory care to the serious detriment of its population health and the happiness of patients. Far too many people die or suffer from virulent antibiotic-resistant organisms contracted during hospital stays—up to 20-25% of which could be prevented. People die in ICUs hooked up to tubes and having meaningless painful and expensive interventions into the last hours of life that neither they nor their families wish!

So this is my forecast. I welcome these changes. As an optimist, I think that the world keeps improving. And, the Pittsburgh Regional Health Initiative will do its best to move the world in this direction.

Karen Wolk Feinstein is the president and CEO of the Jewish Healthcare Foundation. For more information, visit www.jhf.org.

As you may be aware, Western Pennsylvania Hospital News is celebrating its 25th year. Rather than reflect on the past, we want to move forward and look ahead. Based on your own skillset and insights, what does the future hold for the healthcare industry and how will your practice or organization contribute? We'd love to hear your thoughts. Please email Harvey Kart at hdkart@aol.com and we'll share your thoughts with our readers between now and the end of the year.

Employee Recognition: A Matter of Health AND Care

By Roy Saunderson

When Dr. Jean-Pierre Brun, the Chair in Occupational Health and Safety Management at Université Laval in Québec City stated a lack of recognition at work was the second highest cause of stress in the workplace, it makes you realize how impacting on our health expressing appreciation can be in someone's life.

What we have discovered is the art and practice of giving people recognition is a *felt* phenomenon which influences the self-esteem of the recipient who then wants to continue to perform well in whatever work they do. It seems by expressing verbal and written praise and appreciation it is more than just a good thing to do – it's a healthy thing to do too. In California, at the Heart Math Institute, they conducted pioneering research studying heart rate variability (HRV) using echocardiograms (EKG) of when people put themselves into a self-induced state of frustration or into a state of feeling genuine appreciation. When individuals fixated on thoughts of frustration they displayed an erratic, disordered heart rhythm pattern. This contrasted significantly with the smooth, harmonious, and regular heart patterns of individuals who focused strictly on positive emotions of feelings of appreciation. When we feel appreciated we are likely to be healthier just by keeping a healthy HRV with our hearts.

Working for a good boss – whether a nurse manager, clinical department head, or a doctor – can positively or negatively affect your total health and wellbeing. A Swedish study of 3,122 men conducted in 2009 asked male employees to rate their bosses using a survey. These men worked in jobs which were a mix of union and non-union workplaces – similar to many health professionals. The survey asked 5 questions, two of which were on recognition at work, and were found to be most predictive of heart disease or stroke. Men who rated their boss as low in these areas were found to have a 50% greater risk of a heart attack.

Some hospitals and healthcare organizations develop an array of formal recognition programs to honor length of service, exceptional job performance, teamwork, personal development, and activities above and beyond expected work performance. The problem with these formal awards programs is they only include and impact about 1 to 3 percent of the total employee base. In addition, formal award programs most often happen just annually or at most quarterly and so are not frequent enough to make a lasting impact.

Real impact on a person's life comes from the everyday individual recognition practices of taking time to show you care and speak words of positive acknowledgement to another. It has always been said that it is the little things that make a big difference.

How good is your manager at recognizing you?

Sometimes all it takes is creating awareness to the problem. There is no doubt healthcare professionals have heavy and unpredictable work demands placed upon them. Make time to tell your boss how much you appreciate what they do for you when they genuinely go to bat for you. Tell them that you like to hear how you are doing and request periodic, quick, one-on-one opportunities for positive feedback.

Recognition preferences

Share with your manager and supervisors what some of your likes and dislikes are for how you want to be recognized. It's alright to express that you don't like public presentation of recognition, if that is the case. Tell them the things that are important to you – favorite drinks, foods, sports, family needs and after work interests. A manager informed and prepared can more easily demonstrate meaningful recognition.

Be a positive example where you work

Start looking for opportunities to express appreciation to your colleagues on the floor or throughout the department. Be a "good finder" by just looking for good things going on and by making positive statements to those who help you with patient care activities; fill a medical order on your behalf; or finish off an assignment when you were called away.

When wanting to give better recognition...be specific.

Our research has shown the more specific you can be with recognition giving the better it feels and motivates a person. Strive to cut out generalities such as just saying "well done" or "good job". When being specific use the "two-part specificity rule", namely, specifically tell a person what they did *and* tell them specifically how what they did made a difference - to you, a patient or your healthcare facility.

By simply creating a more gratitude oriented mindset and showing genuine care and expressing recognition to one another, you will not only create a more positive to place to work at you will likely help yourself and your colleagues have a healthier life as well.

Roy Saunderson is President of Recognition Management Institute, a division of Rideau, Inc. https://rideau.com/recognition-management-institute and author of Giving the Recognition Way. Saunderson is a global consultant and management trainer for companies on improving employee motivation that leads to optimizing productivity, efficiency, and initiative in the workforce. Listen to him weekly on Real Recognition Radio http://www.voiceamerica.com/voiceamerica/vshow.aspx?sid=1688 and send your comments to roysaunderson@rideau.com.

Rehabilitation after Concussion

By Sean Learish, MPT, and Anne Mucha, PT, DPT, MS, NCS

Concussion is a form of traumatic brain injury that affects millions of Americans each year. Recently, there have been significant advances in the recognition and diagnosis of concussion, mainly due to the use of neuro-cognitive testing (such as the ImPACT test). This has allowed improvements in treatment and management following a concussion.

Concussions are frequently seen in sports and in the military; but may occur after motor vehicle accidents, falls or other types of trauma. Fortunately, with proper rest and care most people who experience a concussion recover from their injury within a few weeks. However, there are many people who require several months to heal. From multiple studies conducted in people following concussion, a longer recovery time may be associated with younger patients, migraine sufferers, those who have had multiple concussions, those who are highly active after their injury, those who experience dizziness at time of injury, and female patients.

Concussion is best managed by a multidisciplinary team including neuropsychologists, physicians, physical therapists and athletic trainers. At the UPMC (Sports) Concussion Program, rehabilitation is also a key part of helping patients to recover faster and more completely after a concussion. The physical therapists from the Centers for Rehab Services have established a formal rehabilitation program focused on the treatment of lingering symptoms following concussion; and safe management of return to physical activity.

Disabling Symptoms after a Concussion

Many people experience dizziness, problems with balance, motion sensitivity, or difficulty focusing following their concussion. Often, these symptoms are quite disabling and result in difficulty at school or work, problems traveling, impaired reading, and trouble going to busy places such as grocery stores or malls. These problems may be helped by working with a *vestibular physical therapist* with specialized training in concussion management, who can prescribe exercises to help improve many of these issues. Vestibular physical therapy has been shown to improve these symptoms in patients following concussion (Alsalaheen 2010)

Sometimes, injuries that cause concussions can also cause injury to the structures in the neck. In many of these cases, neck pain may be related to headaches and other lingering symptoms following a concussion. Specialized orthopedic therapists with expertise in concussion management can often help to evaluate and treat neck pain and associated headaches after a concussion.

Safe Return to Sports and Activity

Immediately after a concussion, rest is typically prescribed to allow the brain to heal. When physical activity is permitted, physical therapy is important in helping to return to activity safely. *The International Guidelines for Return to Play in Sport* (Zurich 2008) recommends a gradual, monitored return to physical activity in athletes following concussion. At UPMC, a specialized Concussion Exertion Program has been developed to provide structure for return to activity. The UPMC Concussion Exertional Program involves a graded progression from low intensity activities through more dynamic and aggressive exertion activities in 3 or 5 stages, dependent on the individual's goal (sport or non-sports related). Stages 1 thru 3 will focus on a variety of cardio-vascular, strength/ conditioning, and dynamic balance activities that are necessary for typical recreational activity and exercise. Stages 4 and 5 are intended for athletes preparing for a return to competitive sport activity. The goal of this program is to monitor and facilitate healing in conjunction with medical re-examinations, in order to ensure a safe return to physical exertion and sport activity.

Because concussion is a type of brain injury, it is important that the physical therapists and the entire treatment team working with concussed patients have specialized training in the evaluation and management of concussion.

For more information on rehabilitation following concussion, please contact: UPMC Centers for Rehab Services at 1-888-723-4277.

WESTARM Physical Therapy Announces New Hire

WESTARM Physical Therapy of Lower Burrell, PA, announces the hiring of Jessica Galie, DPT, as a Staff Physical Therapist at their Lower Burrell facility and their other outpatient clinics located in the Alle-Kiski area.

Jessica Galie

Dr. Galie's professional interests focus on Orthopedic Rehabilitation and Sports Injuries. She currently holds certificates in Pathokinesiology and Psycho-Social Issues in Rehabilitation. Her treatment protocol utilizes an evidence based approach.

Dr. Galie earned a Doctorate of Physical Therapy (DPT) and a Bachelors of Science (BS) in Pre-Physical Therapy/Rehabilitation Science from the University of Pittsburgh. She currently resides in the Friendship area of Pittsburgh and enjoys training for marathons.

For more information, visit www.westarmtherapy.com.

New Rehab Program Opens at Sharon Regional Cancer Care Center

Sharon Regional Health System's Cancer Care Center, 2320 Highland Road in Hermitage, is now offering specialized rehabilitation services designed for the unique needs of cancer patients. The services are provided in a new, dedicated area that is part of the Center's recent expansion/renovation project that features large windows that overlook the Center's beautiful memorial garden.

A team of physical, occupational, and speech therapists specialize in helping cancer patients with the many associated conditions that often accompany a cancer diagnosis. Specifically, the program helps cancer patients regain their strength and endurance to return to activities of daily living; manage their pain, fatigue, and/or nausea; address difficulty with walking, impaired balance, and swallowing/eating concerns; help with assistive devices; and provide assistance with managing lymphedema symptoms (swelling, heaviness, burning) that may result from surgery and/or radiation therapy.

For more information, call 724-983-3960.

Occupational therapist Aleah Songer, OTR/L (left) and physical therapist Tammy Meyerowich, PT, in the new therapy center within Sharon Regional's Cancer Care Center.

Artists Among Us—Dr. Carolyn Kubik: Reproductive Health Specialist Rediscovers the Oboe

By Christopher Cussat

Carolyn Kubik, M.D. is an obstetrician and gynecologist with expertise in male and female infertility. With a focus in reproductive endocrinology and infertility (REI) and experience with assisted reproductive technologies (ART), Kubik performs infertility treatments and additionally serves as co-owner and medical director at the privately-owned Reproductive Health Specialists located in Penn Hills.

While her fertility expertise has gained Kubik recognition and respect throughout Western Pennsylvania, she also has many creative talents beyond the medical field. In addition to being an avid oboe player, Kubik is also a member of the bell choir and gospel choir at the Garden City United Methodist Church in Monroeville.

Kubik recalls her lifelong affinity with, connection to, and challenge of playing the oboe. "I began playing the oboe in sixth grade and played throughout high school and college, but didn't really pick it up again until four years ago (after over 35 years). I always enjoyed playing, but the oboe is not really an instrument like a piano or guitar that lends itself to playing all alone."

Following college, Kubik found that she didn't have time to practice playing, first because of her professional training, and then because of her family obligations. She explains how she reconnected with the oboe later in life. "All of a sudden, when our youngest son went off to college, I had a lot more free time. But because I hadn't played in such a long time, I contacted the Duquesne University School of Music to take some refresher lessons." That is where Kubik said she was very lucky to be assigned to James Gorton, the co-principal oboist of the Pittsburgh Symphony Orchestra. "He not only got me on track with technique and moving away from sounding like a squawking duck, but he was also able to connect me with several performing groups."

Not wanting to lose this resurgence of her artistic outlet, Kubik has continued to study with Gorton. Plus, she currently plays with the Pittsburgh Philharmonic Orchestra and a double woodwind quintet composed mostly of musicians from the North Suburban Symphonic Band. "I'm also part of a duet with another oboist that I met when performing with a group called 'Dueling Donax.' In addition, I frequently play with the chancel choir at my church," she adds.

Kubik believes that she is drawn to playing music and the oboe because it is something that is a very personally rewarding experience for her. "Playing the oboe, performing with various groups, and singing are things that I do solely for myself. I really enjoy the practice of medicine, but for me, playing music and listening to music are very relaxing and exercises the other side of my brain."

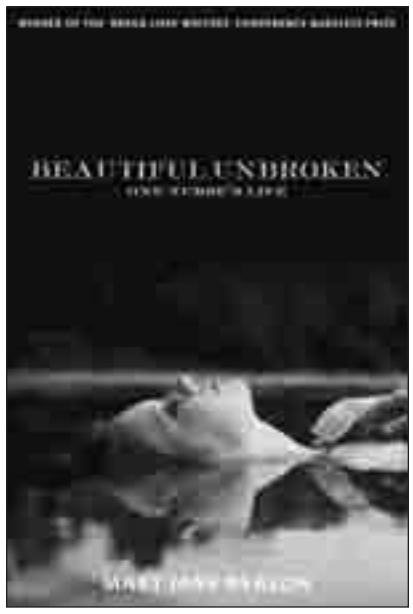
Although she never perhaps considered a career in musical performance, Kubik looks forward to future years where she can play the oboe and make music even more. "It's something that I can continue to do after I retire from medicine (which probably won't be for a long time). Plus, scientific evidence has even proved that continued learning throughout life diminishes the effects of aging on brain function. Just like your body, you have to exercise your brain. Use it or lose it!"

For more information on Reproductive Health Specialists, please visit: www.ivfpittsburgh.com.

Are you or someone you know an Artist Among Us? Western PA Hospital News wants to profile you or another artistically talented healthcare professional in our next issue. Please email: christopher@cussat.com to learn more and to share creativity with our healthcare community!

"Beautiful Unbroken: One Nurse's Life" by Mary Jane Nealon

c.2011, Graywolf Press $15.00 / $16.50 224 pages



The first step of the journey was easy: packing.

You'd been thinking about change lately, vacation or permanent. You needed to see something different outside your window, to eat food you've never tasted, to meet new people, to satisfy the restlessness you'd been feeling. And now - you're packed. Ready to go. It's a fresh start, if only for a week.

Wanderlust can strike any time but what if the journey you sought was filled with goodbyes? In the new book **"Beautiful Unbroken: One Nurse's Life" by Mary Jane Nealon,** you'll read about a woman's lifelong trip.

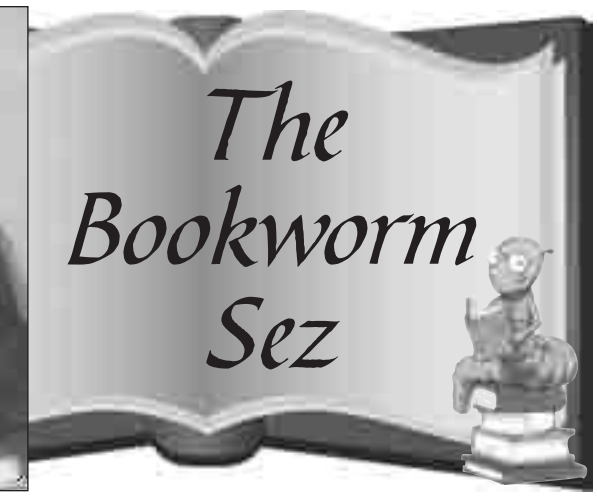
As a child, Mary Jane Nealon decided that she wanted to be a saint.

Her Jersey City childhood was spent poring over books about Molly Pitcher, Clara Barton, and Kateri Tekekwitha. Nealon wanted to be like them, to "save somebody." So when her father offered to pay for nursing school after graduation, she saw her chance to be a heroine.

Nealon enjoyed "doing small things for the body" and nursing was a good fit for her so later, antsy to leave Jersey City, she took a job in Charlottesville, Virginia. She loved caring for stroke patients and life was good, but she was back home ten months later. Her younger brother fell sick and there was no other place she could be.

His death had a profound effect on her life. She couldn't escape the guilt.

Still, she tried: she investigated volunteer work in Cambodia, but she got "scared." Instead, she traveled to Hawaii to work and study with an antiwar poet, then she signed up to be a traveling nurse for hospitals in northern New Mexico and Savannah, Georgia. She considered Florida. She considered falling in love. She considered marriage.



But home kept calling and Nealon kept returning, grief for her brother keener every time. With each new death and into each new job, she carried with her the figurative bodies she'd cared for: too-young boys with cancer, skeletal men with purple lesions and bright eyes, women with AIDS, alcoholics, Bowery residents.

She carried them because those people, achingly in and out of Nealon's life and gone, helped her deal with the greatest loss of all.

Every once in awhile, I get a book that I want to last and last. I can't bear to put it down, but I can't bear to finish it, either. "Beautiful Unbroken" is one of those books.

In author Mary Jane Nealon's hands, loss is grace and there's an awful elegance in illness. Not only does Nealon grab your heart and wring it out completely with words, but she has a way with metaphors that will make you chuckle as she slams them into your gut. There's a satisfying pain to reading this book, but read it you must.

"No one understood that I was a poet when I sat with the dying men," writes Nealon in describing her dual life as AIDS caretaker and writer. But when you read this outstanding book, you'll understand that clearly. Indeed, "Beautiful Unbroken" packs a wallop.

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

The National Significance of the Highmark and West Penn Allegheny Merger

By James T. Parker

A health-care transformation is unfolding in Pittsburgh that has national implications for health care. Recently, Pittsburgh-based Highmark announced its purchase of West Penn Allegheny Health System (WPAHS), a five-hospital, health system that's the second largest health system in the Pittsburgh area.

With this announcement, the two organizations have begun to create a preview for what the future of health care may look like. In fact, the merger of these two organizations offers a glimpse into the challenges that await health-care organizations that take bold steps to reposition themselves into the future.

Others are better positioned to ascribe the true catalysts behind this acquisition. Nonetheless, it's entirely plausible to suggest that Highmark was driven to this acquisition out of a fear that UPMC was simply becoming too large a force in the Pittsburgh health-care market. If that's the case, Highmark's move can be seen as a defensive counter-response. Having said that, Highmark and West Penn Allegheny describe another motive for coming together, one that is more far-reaching and significant. Together, they describe their desire to create an integrated health-care system that marries the financing and delivery of care.

Why is this a big deal? After all, there are examples of integrated health systems across the country that also market health insurance to the public. The Geisinger Health System is an example of such a model. This one, though, is different. Highmark comes to this acquisition already well entrenched in the health-benefit market. Highmark's health plan includes more than 3-million members and holds significant market share in Western Pennsylvania as a stand-alone insurer.

Highmark also includes almost every hospital in the area in its network of hospitals and physicians. This means that Highmark will have to manage a hugely difficult transformation. The company occupies the leadership position in the benefits market and the market power that comes with this. It is less clear that the Pittsburgh market will cede to Highmark the same position as an integrated health system. Equally as significant, the company will eventually find itself in direct or indirect competition with many of the hospitals and medical professionals now in its networks.

Health plans have historically avoided ownership of health-care delivery systems for a couple of sound reasons. Agreeing to managed-care joint ventures with hospital systems has been about as far as health plans have been willing to go, and most of these have not performed up to their promise. In fact, these partnerships have underperformed because the two parties involved were not as aligned as they wanted others to believe.

What's more, health plans have sought competitively advantageous pricing from their partners, and health systems have sought competitively advantageous referrals to their systems. Neither party has been truly able to make a difference in how care was priced or delivered.

In their own words, Highmark and West Penn Allegheny are attempting to create what health-care thought leader, Clayton Christensen, in *The Innovator's Prescription*, describes as an integrated, fixed-fee provider system. As such, Highmark and West Penn Allegheny are undertaking a tremendous change agenda. In the future they describe when health-care practitioners will deliver care in a world in which revenues and resources are fixed, not variable.

This doesn't mean health care will be rationed. It does mean the delivery of health care will be rationalized. In other words, patients will be much more likely to receive care from professionals who are best matched to provide the care they need.

With this shift in focus, change of great magnitude is possible. The new health system will be encouraged to make resource allocation decisions based not on how best to generate immediate revenue, but on how to best maximize fixed, scarce resources. If accepted in the market, the new organization will be motivated to invest in the health of its members/patients to avoid longer-term costs.

It is too early to say whether this new, combined organization will be accepted into the Pittsburgh market or granted regulatory approval. But if the answer is yes to these two stipulations, Highmark and West Penn Allegheny have the opportunity to create a "super" accountable care organization (ACO)–an integrated health system that's also integrated into a large health plan.

The rest of the United States will certainly watch this development closely for its impact on the immediate and long-term impact on American health care. It's also worth watching because of the significant leadership challenges and questions the combination of Highmark and West Penn Allegheny presents.

Can the combined management bridge the cultural divide that has defined health-care payers and providers? If so, how long will it take?

Can the combined management effectively integrate the two organizations into a seamlessly integrated health-care financing and delivery system?

And how quickly can Highmark and West Penn Allegheny abandon their current ways of thinking and redirect their focus toward population-based care delivery and long-term health management?

The nation should watch this game being played in Pittsburgh. It doesn't involve the Steelers or the Pirates. But it is worth keeping a close eye on to see how it all plays out and how it advances a new form of health-care.

James T. Parker is Founder and President of Health Market Strategies, a firm dedicated to improving American health care through the advancement of unique, innovative strategies built on the foundation of voluntary collaborations. Visit www.healthmarketstrategies.com for more information. To reach Jim, call (317) 508-1662 or email jim.parker@healthmarketstrategies.com.

Can You Tell the Family When a Patient Needs a Guardian?

By Andrew G. Sykes

Every time you see your patient Joe his memory has worsened. Joe struggles to recall whether he took his medications this morning, and if so, what they were. He used to ask about your children, but now he seems not to recognize you. Yesterday he left his coat – containing his wallet and keys – in the waiting room.

You believe Joe now needs someone to look after him. Can you tell the family?

If a family member or friend of Joe's calls to ask whether you think he needs a guardian, can you answer the question?

Thankfully, the regulations under HIPAA (the Health Insurance Portability and Accountability Act) provide an answer.

In certain circumstances, HIPAA allows a health care provider to furnish information relevant to a patient's care to "a family member, other relative, or a close personal friend" of the patient, or to "any other person identified" by the patient for involvement in health care matters.

One circumstance appropriate for such disclosure is when the patient agrees to disclosure, or at least does not object when provided the opportunity. For example, if Joe brings his caregiver daughter to his appointment, he may agree to let you discuss his condition with her.

A health care provider may also make this type of disclosure if the patient is unable to agree to disclosure "because of the individual's incapacity" and the provider determines that "disclosure is in the best interests of the individual." In that case, disclosure may be made even if the patient is not present and has not agreed.

In either of these circumstances, the provider may "disclose only the protected health information that is directly relevant to the person's involvement with the [patient]'s health care."

(The regulation discussing these circumstances may be found in the Code of Federal Regulations at 45 C.F.R. §164.510(b).)

You can therefore tell an appropriate person in Joe's life that you believe Joe can no longer make and communicate decisions effectively and is unable to manage his financial resources or meet essential requirements for his physical health and safety.

So HIPAA not only protects Joe's patient information when he has all his mental faculties, but also allows his doctor to notify an appropriate person when Joe has lost capacity and needs guardianship.

When you see Joe next, you may have more peace of mind knowing that someone else is in charge of his finances and health care decisions.

Andrew G. Sykes, Esq. is the founder of Sykes Elder Law, LLC. You can follow his blog at www.elderlawofpgh.com/blog.

Pritchard's 'Other' Career In Tune With Health Care

By Lois Thomson

Genesis Medical is a moderate-sized primary care office located in the North Hills. Mt. Calvary Lutheran Church is a small church located on a residential street in West View. Sharon Pritchard has a connection with both.

Sharon Pritchard

Since 2003, Pritchard has served as a medical secretary and receptionist for Dr. Gurmit Singh and Dr. Ashim K. Dayalan at Genesis Medical. She said, "I put out fires and try to be a problem solver. I try to do as much independently without bothering the doctors." She also previously worked part-time with a surgeon.

But while Pritchard has many years of health care experience, her other love is music. She is a 1981 music education graduate of Duquesne University, with a major in piano and a minor in voice, and she has been music director and organist at Mt. Calvary since 1975.

She taught music in a parochial school for three years, but began to give lessons after she married and had two children. "When the kids were growing up we needed more income, so I started with piano and voice lessons. Before they were born I was doing it as a favor—people would bring their kids and say, 'Can you see if they like it? If so, we'll get a teacher.'"

Then Pritchard became the teacher. "I never advertised, it was all word of mouth. Now I have 65 students and several on the waiting list." She said most of her vocal students are involved in high school programs. "The competition is fierce to get leads or solos. The ones who are serious come to me to get 'one up,' they want to get ahead fast and do it the right way."

Her most well-known student is Jackie Evancho, who placed second in 2010's "America's Got Talent." "She came to me because she was participating in Kean Idol, a St. Barnabas venue, and the student who beat Jackie was one of mine. She wanted to know who he took lessons from. She sent me a video and asked if I would take her on. It humbled me to think that someone thought they had to audition.

"She is definitely gifted. It was very complimentary to me that she performed some of the music (on "Talent") that we studied."

Evancho is Pritchard's most well-known pupil, but many others have experienced success. Pritchard has been teaching Kirsten Hoover since 6th grade; Hoover won best actress in Pittsburgh's Gene Kelly Awards and was a finalist at the National High School Musical Theater Awards in New York City. She starred as Liesl in this summer's CLO production of "The Sound of Music" and is currently attending Point Park University. "She was very shy at first, but as her voice matured she became more confident. She's got it all together and I think she'll go far."

Photo by Jeff Comella

Kirsten Hoover

Among Pritchard's other students, Kendell Sawhill performs with an Alaskan cruise line during the summer. Piano student Danny Ficarri, 14, has given recitals and fills in for Pritchard as organist at Mt. Calvary when she is on vacation. Two brothers are organists at large Philadelphia churches ("that's very rewarding because there's a shortage of church organists"), and the one also performs as a jazz pianist in New York.

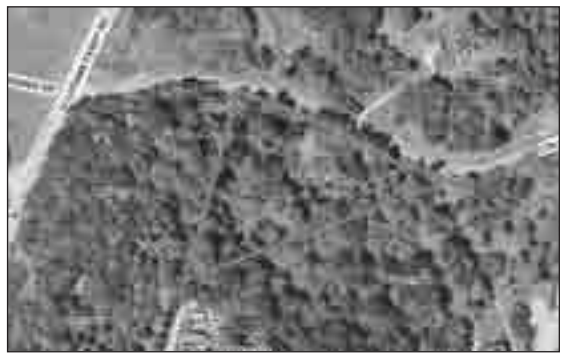
But Pritchard isn't concerned about her students' fame, she just wants them to enjoy music. "It's important to me to put music in your life. Whether you sing in a chorus or for 2,000 people—I'll give you the tools, you're the designer."

Pritchard suffered a setback of her own when she had her thyroid removed. "It was so big they had to press on the vocal chords to remove it, and now one side (of the chords) is partly paralyzed. I had done solo work at weddings and funerals, but I can't any more, so I live vicariously through my students."

Her experience heightened concern for her pupils. "I am so intense about good vocal health. Vocal chords are muscles and can be damaged when not properly warmed up."

And Pritchard now has an additional way to combine her health care knowledge with her passion for music: one of her physicians, Dr. Dayalan, recently began to take piano lessons.

For information about voice or piano lessons, contact Sharon Pritchard at 412-366-8284. For more information about Genesis Medical, call 412-369-9943 or visit www.genesismedical.org.



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WASHINGTON CO. ~ For Sale. Once in a lifetime opportunity to own a winery. 42 + Acres, amazing views, rolling terrain and numerous natural springs. Equipment and licenses included. Excellent chance for growth, as current owner doesn't market business/products and has been presented with some great business opportunities. Property also includes a 2 bedroom apt. Located in Buffalo Twp. 10 miles from the Meadows Race Track and Casino. Call Michael Levenson or Laura Simon 412-548-1064.

BRIDGEWATER ~ For Sale. 10 Acre parcel development site. Zoned C-2. Professional offices and retail uses permitted. Located 1.6 miles from Heritage Valley Medical Center, Beaver, PA. Call Gary Dempsey 412-638-8782.

AMBRIDGE ~ For Lease. Current medical office. Approximately 3,400 sq.ft. Free parking. Reasonable rent. Can be subdivided. Available August 2011. Call Marv Levin 412-548-1064.

NEW KENSINGTON ~ 9th Street Café. Sale includes building and turn-key operation. Completely renovated 3 years ago. All new equipment, furnace, AC, roof and ADA bathroom. Two floors above may be used for offices or apartments. Across the street from shopping center and main bus stop to Downtown Pittsburgh. Great corner location. Traffic count 10,988. Only $90,000. Call Marvin Birner 412-403-9111.

KITTANNING ~ For Sale. 36 Acres of prime real estate. Big box retail potential for developers. Adjoins Kittanning Walmart and previous golf course. Road frontage on busy highway. Call Mike Podolinsky 724-942-1200 x298.

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DOWNTOWN ~ For Lease. 2 office suites, full service including receptionist. 1,221 sq.ft. each. Short walk to city-county office, courts and restaurants. Just off Grant St. across from the Grant Building. Each suite occupies 4th and 5th floor. Ideal for small law practice. Call Mitchell Cowan or Ted Knowlton 412-521-2222.

MERCER ~ For Sale. 73 +/- Acres, prime location near beautiful Lake Wilhelm. Excellent opportunity for development. Call Laura Simon or Bob Shapiro 412-833-5676 X-228.

BUTLER ~ For Sale. Very nice 1-story office/retail building. 3,200 sq.ft., adjacent to Pullman Park. Total interior renovations in 2003. Must see inside, ADA compliant, paved parking lot. Ok for office/retail or service uses. PRICE REDUCED. Call Denis Ranalli 724-612-8616.

GIBSONIA ~ For Sale. 38,000 sq.ft. sports/medicine/rehab and athletic training facility on 3.86 Acres with great access to PA Turnpike and Rt. 8. Fully leased with good cash flow. Call Denis Ranalli or Rob Strohm 724-612-8616.

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NEW KENSINGTON ~ Former law office. Zoned C-3. 2,400 sq.ft. solid brick building. Property in HUB Zone from the Small Business Administration as a designated Enterprise Zone from the Commonwealth of PA. Includes reception area, several offices, and conference room. Only $28,000. Call Marvin Birner 412-403-9111.

INDIANA TWP. ~ For Lease. Rt. 28 corridor, available office space. Nice suites from 750 sq.ft. to 1,500 sq.ft., full service. On Rt. 910 just outside of Harmar. Call Denis Ranalli or Rob Strohm 412-548-1064.

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Physician's Practice Management – A Wellness Program for Your IT Infrastructure

By James Troup

Much like a Wellness Program is key to maintaining physical health and longevity, a proactive approach to protecting data integrity and managing your primary IT infrastructure can make all the difference to your business and bottom line. Equally important is a prescription for a Disaster Recovery Plan. This secondary level of preventative maintenance provides peace of mind and could prove to be the lifeline that will rehabilitate your Practice in the event of a disaster.

As CEO of Pediatric Alliance, one of the largest physicians' practices in Pittsburgh, I recently went through the process of evaluating our IT infrastructure. When Pediatric Alliance moved patient records to an Electronic Health Records (EHR) system about 2 years ago, we rolled out each of our 14 practice locations one at a time, making adjustments along the way. During this implementation, it became readily apparent how much time I was spending worrying about our physical IT infrastructure, and how little time I had to focus on customizing the new EHR system and teaching our docs how to use it.

At the time, our computer equipment and servers operated from our corporate office, which was subject to various risks, including an air conditioner on the roof of the building that would overheat and periodically shut itself off without notice. It was clear that we needed to evaluate external data security solutions and providers. In addition to a secure, remote facility for our primary infrastructure, we desperately needed to supplement and augment our in-house staff with a team of experts that we could rely on to proactively monitor and update our equipment.

Ultimately, we made the decision to colocate our primary IT infrastructure to Ascent Data, a local data center just outside of Pittsburgh. They provided an end-to-end network solution with secure connectivity and a stable platform. They are also HIPAA compliant-ready and SAS 70 certified with redundancy, including backup cooling, UPS systems and diesel-powered generators.

My motivation was not only driven by the need for a secure, resilient facility for my primary IT infrastructure, but also to ensure that we were prepared in the event of a disaster. Accurate and accessible records are critical to the health of our patients and business. And it doesn't take just an historic hurricane or earthquake to wipe out EHR applications. Cyber attacks, extended power outages, hardware and software failures, burst pipes, or human error can all bring a business to its knees. When disaster of any caliber strikes, having a clear IT recovery plan is like having a pacemaker for your Practice. It will make a critical difference in the extent of downtime, amount of money and data that are lost, and most importantly the ability to bounce back and provide quality patient care.

Our move to the data center was seamless and the coordination with our communications carrier was transparent. Now Ascent Data's technical staff performs IT maintenance and application updates and monitors our systems around the clock, while I spend my time managing EHR applications, evaluating emerging technologies, growing our business, working with providers and improving patient services. I no longer worry about security, data loss and downtime. If the air conditioner shuts down or a pipe bursts, I can rest assured that our data will be safe and our practice will remain up and running.

Your IT infrastructure is the heartbeat of your operation. If you don't have an IT Wellness Program in place, everything from Electronic Health Record (EHR) software and confidential patient records, to Accounting, Billing and Payroll applications are at risk. Don't wait. Evaluate and adopt an IT preventative maintenance plan that works for your Practice.

Learn more about how to protect your IT infrastructure by visiting www.ascentdata.com.

James Troup, M.S. MIT, currently serves as the Chief Executive Officer of Pediatric Alliance and BI Consulting. He has twelve years of senior management experience with a major focus on technology, and business strategic planning and alignment. He is an active member of HIMSS, PAeHI, MGMA, ACHE, and the Project Management Institute. James holds a Master's of Science in the Management of Information Technology from the University of Virginia.

Formed in 1996, Pediatric Alliance has grown to be the largest physician-owned group pediatric practice in Southwestern Pennsylvania. Pediatric Alliance is devoted to providing high-quality, comprehensive primary car to infants, children and adolescents through clinical expertise, advocacy, education, collaboration, research and information management.

Don't Count on a Retaliation Loophole

By Jane Lewis Volk

It is illegal for an employer to retaliate against any employee who voices or files a discrimination complaint, but what about actions taken against the employee's family or friends who work for the same company?

A recent court case closes the loophole. In the case, the Supreme Court had to decide whether a third party had a right to sue his employer on grounds of retaliation if he was not the one who committed the action that the employer was supposedly retaliating against.

In the case, a female employee filed a gender discrimination complaint with the Equal Employment Opportunity Commission. Three weeks later, her fiancé, who worked for the same employer, was fired from his position. The fiancé then sued the company, claiming that his termination was an unlawful method to punish the employee who filed the complaint. The employer maintained that the termination was performance-based.

Title VII of the Civil Rights Act of 1964 prevents employers from threatening any retaliatory act, including changes in wages, working conditions or employment, that might dissuade an employee from filing a discrimination complaint. Although the employee who filed the complaint clearly is protected, the law does not specify if protection from those unlawful actions spreads to other employees associated with him or her.

The employer claimed that no third party who does not take part in protected activities should be allowed to sue, but the Supreme Court decided in favor of the fiancé, holding that he could take his case to trial. It ruled that the intention of the law was to prevent employers from taking any action that might dissuade any employee from making a complaint, and the possible firing of a close relative is a consequence that certainly might deter an employee from complaining. Therefore, the fiancé fell under the protective provisions of the law and had a right to sue.

The case carries an obvious reminder to healthcare employers that no retaliatory action should be taken against any employee who files a discrimination complaint, including punishment inflicted on friends and family and that all employee discipline may become subject to scrutiny. The fact that third parties can sue for violations of Title VII should serve as an eye-opener to healthcare providers that Title VII's provisions may reach further than they previously expected.

There is no precise definition of exactly what actions and relationships meet the standard for the right to sue, but healthcare employers could see more lawsuits for violations of Title VII cropping up. For example, a nurse who has had her wages reduced could sue on the claim that she was punished because a friend had filed a discrimination complaint. Even if the two events are mere coincidence, a healthcare provider that cannot provide clear evidence about why the employee's wages were reduced could be vulnerable to a charge and a lawsuit.

The best way for a healthcare employer to protect itself against Title VII lawsuits is to diligently keep records of all actions and decisions regarding employment and making sure that employment actions are taken for legitimate, non-discriminatory reasons. Consistency is always paramount. A court would certainly be suspicious if a terminated employee's file was filled with glowing reviews. But if the employee was terminated for reasons like poor performance or a layoff due to a downturn in business, there should be documents that support the objectivity of the termination.

Healthcare employers should always assume that there are no loopholes to the anti-retaliation provisions of Title VII and not attempt to retaliate in any way against an employee who files a complaint, including by taking action against another employee. But by opening up the possibility that third parties can file a retaliation lawsuit without ever having taken part in protected activities, the Supreme Court has made it more important than ever that healthcare employers leave a carefully documented trail for every employment decision they make.

Jane Lewis Volk is an attorney at Meyer, Unkovic & Scott. She may be reached at jlv@muslaw.com.

RE-IMAGINING From **Page 1**

partially online. According the American Association of Colleges of Nursing, there are 173 programs available nationwide to transition RNs with diplomas and associate degrees to the master's degree level. How to choose? Many practicing RNs are finding that the opportunity to complete a graduate degree provides them with more opportunity and more flexibility. Programs that facilitate the achievement of both the BSN and MSN or MS degree, with a subgroup of BSN courses counting toward the master's degree, can accelerate the process of graduate education. Practicing RNs may find that these RN to MSN/MS programs are a better fit and provide more recognition for what they have already achieved.

In 2010 Robert Morris University decided to re-imagine the RN to BSN program it had offered since 2003. In addition to changing the focus to an accelerated RN to MSN curriculum, the format of the curriculum delivery was changed from partially online to fully online. The change to the fully online format, with multiple points of entry, increases the flexibility for students. The curriculum at RMU focuses on enhancing the education of practicing RNs at both the undergraduate and graduate levels. Content at the undergraduate level has been revised to include a competency-based curriculum that reflects current practice. For example, Quality and Safety Education for Nurses (QSEN) competencies and content on genetics have been enhanced or added to the curriculum.

The graduate portion of the RN to MSN program focuses on preparing clinical and community nurse educators. For those with an interest in a role as an academic nurse educator this MSN program can be an important first step en route to doctoral preparation. Educational programs like the one at RMU provide exciting opportunities for career advancement for nurses and help to provided practicing nurses with the education necessary for today's complex healthcare systems. Master's degree-prepared nurses are in high demand for roles in administration, teaching, and as advanced clinicians.

The cost of education is still a barrier and employers who value the benefits of advanced education for their nurses must support their efforts in tangible ways. Tuition reimbursement, or the preferred advanced payment of tuition benefit, is an important motivator. Support from administrators related to the need for flexibility of work scheduling and recognition of the efforts of those who pursue advanced degrees are also important. One of the most significant motivators for those who are considering advanced education is support and encouragement from their supervisors.

Recommendations from national organizations have helped to focus attention on the need for systems that facilitate advancing education for nurses. *The Future of Nursing: Leading Change, Advancing Health* calls for increasing the number of nurses who are educated with a BSN degree or higher to 80 percent by 2020. Healthcare systems, employers, and educators must work together to facilitate the achievement of these goals by reducing the barriers to continuing education for nurses.

For more information, contact Lynn George, PhD, RN, CNE, Professor and Associate Dean, Robert Morris University at george@rmu.edu. For more information about the RN to MSN program at RMU contact: Constance Barlamas, Admissions Counselor at barlamas@rmu.edu.

Top Trends in Today's Healthcare Job Market— Only the Nimble will Survive

By J. Larry Tyler

After more than 33 years working in healthcare executive recruitment, one thing is certain – change.

Imagine an inverted pyramid. Within the top and widest part lies the evolution of the U.S. healthcare industry with reform, mostly governmental. As broad as its contents, this layer encompasses everything from healthcare access and delivery to quality and payor mix. Changes in this area impact the next level of our pyramid, the midsection. Within this layer are the organizations that service the industry. They are health systems, hospitals, physician practice groups, insurance companies, third-party administrators, etc. Transformations in the midsection affect the tip of our inverted pyramid – the ranks.

Current and proposed changes in the healthcare and insurance sectors continue to disrupt career paths. Reform tightens the belt and squeezes our midsection into further and accelerated consolidation. These alterations favor larger health systems and fewer free-standing hospitals and independent physician practice groups; the purchase of non-profit organizations by for-profit ones; and a reduction in the construction of new hospitals. So what top healthcare job market trends do these create?

1. *Emphasis on centralized or system-level positions, affecting acquired hospitals and physician practice groups.* Consolidation renders redundant local-level boards, CEOs and their colleagues in finance and strategic planning especially. That is, treasury, reimbursement and billing functions generally are handled at the corporate level, as is strategy.

2. *Increase in compensation. Higher compensation rewards longer hours, more stress and an increase in responsibility, notably at the corporate level.*

3. *A demand for hospital-level physician-practice managers.* Although hospitals purchase physician practice groups and consolidate this manager position, we are starting to see a demand for physician practice managers at the hospital level as few existed. Moreover, the acquisition of practices by hospitals opens up a new career path for practice managers who may morph into hospital executives.

4. *CEO role functioning like the traditional COO position.* While some CEO functions of acquired hospitals and physician practice groups become redundant with the advent of a system CEO, local operations still may vary and/or be necessary to effectively manage at the ground level.

5. *Cutbacks in opportunities for senior-level management due to flatter organization models.*

6. *An increase in the supply of C-suite executives.* Layoffs and refusals to take nicks or steps back in responsibilities cause the supply of senior leadership to outweigh demand. Understanding the above, you can no longer plan your career with certainty. All employment is temporary, and jobs are difficult to win. Many executives are taking steps backward in roles and compensation to stay employed. Despite these realities, opportunities exist for change agents. Risk taking is rewarded. For example, career paths that branch into other healthcare-related sectors are becoming more popular. Sectors include hospitals, managed care, physician group practices, consulting, suppliers and vendors, pharmaceuticals, public health and associations.

Differentiating yourself from your competition never has been more vital. Get credentialed early in your career; an MBA is essential. Look into becoming a Fellow of or credentialed by the association that matches your profession. A few are American College of Healthcare Executives (ACHE), American College of Medical Practice Executives (ACMPE), Healthcare Financial Management Association (HFMA) and Medical Group Management Association (MGMA). Undergo a 360-degree assessment to determine your strengths and areas for improvement – as your subordinates, peers and supervisor(s) see them.

Another tip is to review Competency Models at healthcareleadershipalliance.org and strengthen your core competencies. Although general characteristics are professionalism, leadership, communication skills, organization and analytical skills, and technical knowledge and skills, you may be surprised to learn that mastering communication is crucial when stakes are high. As health systems grow and free-standing hospitals thin out, the skills required to succeed in a hospital-level C-suite vs. system-level C-suite are changing. You have to be flexible, adaptable and nimble.

Whether you move onward and upward, accept a lateral position, downgrade in responsibilities and pay, or take a healthcare-related job, change is inevitable. You have the power to make it good.

J. Larry Tyler, FACHE, FHFMA, FAAHC, CMPE is Chairman and CEO of Tyler & Company, a member of Signium International. Signium International is an executive search firm with 40 offices in 26 countries serving clients in the Americas, Europe/Middle East/Africa and the Asia Pacific regions. Tyler may be reached at (770) 396-3939 or ltyler@tylerandco.com.

What Hospice Isn't

By Beth Stroud

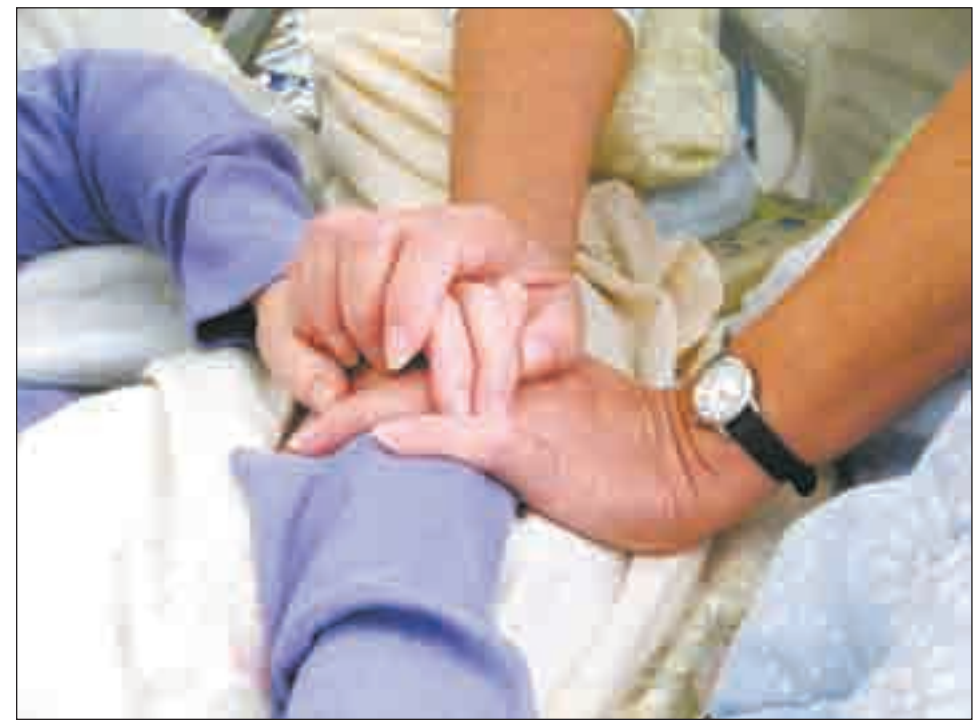
I've spent much of my time telling people all about hospice. I've explained who needs hospice, when hospice is needed and how to get hospice. I've informed people about their rights at end of life and explored goals for patients. I've introduced the hospice team and explained their roles. I've helped people understand the Medicare Hospice Benefit, reviewed end stage diagnoses, and broken down admission criteria. The more I knew, the more I shared. So imagine my dismay when I picked up the phone recently and the woman on the other end – whom I had spent the last 21 years educating about hospice, asked me if the man carrying the satchel who had just entered the neighbor's house was hospice and if they'd be administering morphine right away. "Mom, seriously?" was the immediate response I uttered. "Haven't I taught you anything?"

I felt defeated. But then I realized, I had spent so much of my time explaining what hospice is, yet there are many factors in today's society that build people's perception of, not what hospice is, but what hospice isn't. The looming question is how to get beyond the misconceptions. It occurred to me, that rather than only telling people what hospice is, it's also important to tell people what hospice ISN'T.

Hospice is not who you call to help you die. The misconception that hospice kills, stems from a few different origins. First, the portrayal of hospice by the media is often misconstrued and one sided. Take for instance a recent article published in *MORE* magazine(May 2011). Entitled *The Good Daughter*, one might assume it's a heart-warming story of the relationship between a daughter and her parent. Instead, it's the unfortunate journey of a woman stricken with terminal disease who wants to hasten her own death by starving herself. When she seeks direction to make her intention a reality, her daughter directs her to "talk to hospice." Wrong! Hospices are to promote quality of life each and every day…not to hasten death. Second, many individuals believe that hospice personnel administer medications in high doses to terminally sedate their loved ones. Neither of these philosophies should ever be followed by a hospice program…and if they are, the program should be reported.

Hospice is not meant to be utilized only for the final hours/days of life. Early intervention is most beneficial to the patient and the family. Statistics show that more people die on palliative home care than hospice each year. It's extremely unfair for the patient and their family. When hospice originated it was palliative care – comfort care. Today, palliative care falls under the umbrella of homecare which, due to insurance regulations, restricts services to the patients. When a patient is on homecare, insurance companies dictate the number of visits a patient can receive from their nurse, home health aide and social worker. Under hospice, the program designed to provide care at end of life, the team sets a unique care plan for each individual as to what team members visit and the frequency of visits. In addition, spiritual care, volunteer support and bereavement services are provided.

Hospice is not always offered by physicians in a timely manner. Beyond the debate of palliative care vs. hospice care, many patients die without a referral of any kind. They are often treated to death. I recently met a grieving son whose father had undergone radiation therapy for pancreatic cancer. Originally his physician had ordered him 44 radiation treatments. The patient did not do well with the treatments and ultimately passed away. It wasn't until afterward that the son found out through insurance issues that the amount of radiation his father had received in 44 treatments, could have been given in 22 treatments. The radiation did not extend this man's life. It did not provide quality as he was constantly making the trip back and forth for treatment which was exhausting not only for the patient but for the family member accompanying him. There was no benefit to the patient – no quality of life.



Hospice is not about giving up hope. Hospice began as healthcare for those faced with a limited life prognosis, however there are times that the patient's condition improves and they are discharged from hospice. A hospice which truly abides by Medicare law will reassess patients and the designated times and either continue with hospice care or discharge to care more appropriate for the patient's condition.

Signing on with a hospice program does not mean giving up your doctor. Even if receiving care from a hospice program, patients may still see their attending doctor for routine visits. However, the hospice team serves as the eyes and ear for the referring physician, making it possible to keep the patient comfortable at home rather than unnecessary trips to the physician's office and/or hospital.

Aristotle was quoted as saying "The worst form of inequality is to try to make unequal things equal." Despite the public image, no two hospices are created equal and so much of what people perceive to be hospice practices is not true. All hospices are independent from one another and the level of care provided is not always the same. For that reason, it is essential to interview a program prior to signing on for care.

Even more important is learning about hospice services before needing such care for yourself or a loved one. You do have rights. The right to choice…the right to dignified care… the right to truly understand what hospice is – and what hospice isn't.

Beth Stroud is assistant director for Catholic Hospice. For more information, visit www.catholichospicepgh.org.