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2008 - A LOOK AHEAD



Dr. Adam J. Gordon

ACMS Will Take New Direction

BY RON PAGLIA

Ask him about his primary goals as president of the Allegheny County Medical Society and Adam J. Gordon, M.D., MPH, FACP is quick with a response.

"Probably the question I have been asked most often the last year is, 'What are your goals for the presidency of ACMS?'" Gordon said. "Quite simply, the goal of any president of our Society should be the mission of the Society. Recently, our leadership and board went through a year of rethinking, reinventing and re-investigation of a strategic planning process. One of our first tasks was to reinvigorate our mission. My mission, and our Society's mission, is one and the same: Leadership and advocacy for patients and physicians."

Gordon took office as the new president of the 3,200-member ACMS on January 12 at the annual Inauguration Dinner at the Westin Convention Center and Hotel. At 38, he is one of the youngest presidents in the 143-year history of the Society.

Gordon, who received his Medical Degree from the University of Pittsburgh School of Medicine in 1995, has seen some dramatic changes in health care

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Familiar Fiscal Challenges Remain, Cibrone Contends

BY RON PAGLIA

Hospitals and health systems across the country walk a very tight financial line every day. And, according to Connie M. Cibrone, president and chief executive officer of Allegheny General Hospital, the mandate for fancy fiscal footwork isn't likely to disappear this year.

"The challenges to financial stability will be familiar ones," Cibrone said. "They aren't going to go away overnight."

These challenges, she emphasized, will include the escalation of such areas as labor costs and the cost of medical supplies; an increase in the number of uninsured or under-insured patients, and inadequate Medicare and Medicaid reimbursements from the state and federal governments.

"Our primary reason for being here is to provide quality care with skilled personnel and the best technology available," Cibrone, AGH president and CEO since 1998, said. "Our patients expect and

deserve nothing less. But we are being challenged in our efforts to advance and enhance quality care and customer service in the face of revenues that do not keep pace with cost inflation."

The issue of Medicare and Medicaid reimbursements is a basic lesson in economics, Cibrone said.

"(Health care) is no different than any other business," she said. "There's no way for the playing field to be level if reimbursements continue at their current pace or are decreased even more."

Recruiting and retaining skilled health care professionals will continue to be a major challenge in 2008, Cibrone said. These include, but are not limited to, nurses, pharmacists, physical therapists and radiology and laboratory technologists.

"The demand (for key personnel) keeps growing, and there are more and more opportunities for these workers to find employment in non-hospital settings," Cibrone said. "It is incumbent on us to offer



Connie M. Cibrone

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RECRUITMENT & RETENTION

Hospital Human Resources Administrators Anticipate Continued Staffing Issues in 2008

BY JOHN FRIES

As a new year gets underway, we're hearing projections and predictions about what the local business climate will be like in the months ahead. But, what kinds of challenges do local hospitals expect to face, from an employment standpoint? And what does the new year hold in store for their organizations specifically? We asked a few human resources administrators those question.

Rhonda Larimore,
Vice President and Chief Human Resource Officer,
Children's Hospital of Pittsburgh of UPMC

Rhonda Larimore says staffing is, and will continue to be, the biggest challenge health-care organizations will face in 2008. "This relates both to hiring new employees, and always ensuring that the employees we have will stay," says Larimore, who adds that medical institutions will have to do their part.

"Ensuring that employees want to come to work at Children's Hospital or any health-care organization requires competitive wages and a work environment that entices employees to want to join the organization and stay long term. Maintaining staffing sta-

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Rhonda Larimore

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I'M NOT DEAD YET

• • • BY HARVEY D. KART • • •

I thought a great deal before deciding on the title of this publisher's note. I really did. Announcing to readers that "I'm Not Dead Yet" might seem at first glance just a wee bit obvious. (Unless, of course, this was scheduled to be printed posthumously, which then makes it just downright eerie – and a complete surprise to me! Rest assured, at least at the time I wrote this, I was very much alive and well.)

For those who opt to read further (the title could strike them as too melodramatic), I assure you, these words reflect the way I felt when I had my recent epiphany and decided to embrace the incredible potential of social networking and, more specifically, blogging.

It's a natural evolution, really: like 45s and 78s to eight tracks to cassettes to CDs to direct downloads from the computer. Yet it's mind boggling to me how few healthcare professionals have accepted and embraced it. In fact, I've counted two: Paul Levy, President and CEO of Beth Israel Deaconess Medical Center in Boston and Nick Jacobs, president and CEO of Windber Medical Center and Windber Research Institute. Both will be remembered as pioneers when it comes to the effective use of blogging.

I was hesitant at first, seeing blogging as nothing more than a recreational activity, a way of blowing off literary steam and not to be taken too seriously – the last refuge of writer wannabees with limited talent. But I have seen the light and am convinced that the warm, welcoming glow of blogging will illuminate the path to success. (Let's see some writer wannabee come up with a sentence like that!)

Blogging, of course, is just part of social networking, the process of building community through the Internet. I believe this activity is no longer an option for a business that hopes to remain successful, it is an absolute necessity.

For sure, blogging has suffered because some blogs are not worth the time it took to write them. But, as with every innovation, it will only be a matter of time before the cream rises.

To be sure, there also are cautions, including legal liabilities and other consequences. While these should not be taken lightly, they should not become a rationale for avoiding social networking and blogging.

Our four healthcare publications serve the healthcare industry in western Pennsylvania, South Florida, Chicago, and Atlanta, and each has its own Web site. The number of visitors to those sites increases monthly and the reach these sites have given us to our market is nothing short of phenomenal. More importantly, this has provided interactive communication like never before: visitors often email us with questions or opinions; in turn, we can communicate to this select market via those same email addresses.

The healthcare industry in America prides itself on offering "state-of-the-art" technology and best practices. Yet as a group we have been slow to embrace this newest form of strategic communication. I would urge everyone to give it a look and to find a way to incorporate it into your communications strategy. Whether you proceed cautiously or jump in with abandon, I urge you to give it a try. We are quickly approaching the point where it no longer will be optional.

I would invite you to regularly visit our Web site, which is listed at the bottom of this page and see how our virtual community is developing. (You might also want to "Google" Paul Levy or Nick Jacobs to experience their blogs.) I am committed to keeping *Western Pennsylvania Hospital News* at the forefront of communications and a leader in advocating for our industry to do the same.

**You can reach
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Can Agree Arbitration Awards Be Appealed? The Jury is Still Out

Generally speaking, arbitration is a binding legal process outside of the scope of the federal and state court systems. Arbitration is mainly used to settle civil disputes. Parties choose one or more arbiters to decide the dispute and issue a binding award, rather than being randomly assigned a federal or state court judge or jury. Choosing arbitration to resolve a legal dispute makes it easier to maintain ongoing business relationships because the matters involved do not become public record.

Physicians and healthcare institutions often prefer to resolve their disputes through arbitration rather than the state and federal courts because an arbitration award usually cannot be overturned, unless the arbitrator has committed misconduct or exceeded his or her powers. The possibility of an irrational award, however, has caused some arbitration agreements to include an



BY RONALD L. HICKS, JR.

additional term called a de novo review clause. De novo review allows a court to set aside an arbitration award for errors of fact or law.

The problem is that Pennsylvania federal and state court rulings disagree on the question of whether de novo review clauses are enforceable. Relying on the general rule from United States Supreme Court precedent that arbitration agreements are to be enforced according to their terms, the Third Circuit Court of

Appeals has held that, under federal law, parties can agree to have their arbitration awards reviewed de novo. In contrast, the Pennsylvania Superior Court has ruled that de novo review clauses are unenforceable under Pennsylvania law because contracting parties are not free to impose their own standards of review on a court. According to the Superior Court, enforcing de novo review clauses would undermine the judicial process and result in no established

arbitration award review procedures.

The difference of opinion between the Pennsylvania state and federal courts mirrors the split among the federal circuit courts over whether de novo review clauses are enforceable. Recently, the U.S. Supreme Court granted an appeal in a case that is expected to decide the issue in the upcoming term.

However, until the U.S. Supreme Court renders its decision, and possibly not even then given the Pennsylvania Superior Court's reliance on Pennsylvania rather than federal law, healthcare businesses that want the option of having expanded judicial review of arbitration awards should consider including a number of very specific and complicated clauses in their arbitration agreements. For example, one should make certain that the arbitration agreement requires a written opinion by the arbitrator, so that the reviewing court will have specific findings and conclusions to review. Generally, the arbitration process does not include issuance of an arbiter's opinion, a stark departure from litigation that would otherwise enlighten parties to a judge's reasoning. The lack of a reasoned written opin-

ion maintains confidentiality of issues examined in arbitration, but also prevents parties from scrutinizing an arbiter's thought process. This differs from the transparent litigation process, where judges explain their rationales for their decisions. Arbitration agreements written with the aim of expanding judicial arbitration review should require the arbiter to issue a written opinion, which then can be analyzed by the reviewing court for errors of fact or law.

A physician practice or healthcare institution cannot wait until a dispute arises to learn whether it will receive under its arbitration agreement the greater review of an irrational arbitration award. Until both the U.S. and Pennsylvania Supreme courts rule on whether de novo review clauses are enforceable, physician practices and healthcare institutions will need to insist on specific and detailed arbitration contacts to allow for expanded award review, if the parties so choose.

Ronald L. Hicks, Jr., business law attorney with Meyer, Unkovic & Scott LLP, can be reached at rlh@muslaw.com.

Four Reasons to File an Amended Return

Suppose you are cleaning out your desk and you uncover a Form 1099 that you did not report on your 2006 return. Should you file an amended return? You definitely should file an amended return if you owe the IRS more money as a result of an error, especially if you underreported income from interest, dividends, stock transactions and the like. Because the IRS receives matching Form 1099s from payors, it's likely that its computers will identify your name. And if it takes awhile for the IRS to catch the mistake, you will owe extra interest on top of your original tax liability.

The IRS has three years to assess your return, but six years if income is understated by more than 25%. (There is no time



BY PAUL RUDOY, CPA/PFS

limit if fraud is involved.)

But if Uncle Sam owes you money, perhaps it's wise not to file an amended return. Some tax experts believe that filing an amended return opens up your original return for closer scrutiny. If there's a minimal amount of money at stake, it may not be worth the effort.

Maybe you might have inadvertently missed a tax deduction or overstated your income. Or maybe the tax rules might have changed since the time you filed your return, providing a refund opportunity.

If you stand to reap a windfall, however, you should file an amended return. If it's a close call, consider all the possible repercussions, as well as any extenuating factors.

Here are four common situations in

which you might file an amended return:

1) Joint versus separate returns: You and your spouse may have filed separate returns to take advantage of high medical or miscellaneous expenses for one of you. But now you discover that you would have saved more overall by filing jointly. You can both file amended returns in this situation, but you cannot do things the other way—file separately after filing an original joint return.

2) Overpayments: When you first filed your 2006 return, you may have asked the IRS to credit an overpayment toward your 2007 estimated tax liability. But suddenly you need the extra cash to pay for an emergency. You can apply for a refund instead by filing an amended return.

3) Casualty losses: If you suffer a casualty loss in a federally designated disaster area this year, you don't have to wait until you file your 2007 return to obtain tax relief. A special tax law rule allows you to claim a

loss on the prior year's return. File an amended return for 2006 to get cash back quickly for needed repairs.

4) Business cars or cars used in the practice: Instead of using the standard mileage rate for 2006 (44.5 cents per mile plus tolls and parking), you may fare better by deducting your actual operating expenses. Make the switch to the actual expense method by filing an amended return. Caveat: Once you start deducting actual expenses, you generally cannot switch back to the simpler standard mileage rate.

Every case is different, however. Before filing an amended section, you should consider all your options and certainly consult with a tax professional.

Paul K. Rudoy is a partner at the accounting firm Horovitz Rudoy & Roteman. He can be reached at (412) 391-2920.



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BY RON CICHOWICZ

After a successful run in St. Louis, Ron Miller is coming home.

Miller, who joined Amerinet in 1989 and was senior director of Amerinet Central, left his native Pittsburgh eight years ago for St. Louis to become vice president of the contracting areas that include executive resources and office solutions. While in the corporate office, he was responsible for expanding the contracting division from a regional program to a national presence.

"I left Pittsburgh because I wanted to build a program I started here on a national basis," said the University of Pittsburgh graduate. By 2007, Miller's division was experiencing a healthy growth, with expected annual sales in excess of \$250 million.

Meanwhile, back in Pittsburgh, Amerinet Central's president, Michael Costabile, was accepting an opportunity to move to St. Louis to become Amerinet's chief financial officer.

"When I saw the posting (for Amerinet Central president), at first it didn't sink in and I didn't think too much about it,"



Ron Miller

Miller said. "But once I did – after a few encouraging phone calls from some friends in Pittsburgh – I saw it as a chance to get back with family as well as a nice opportunity for me, in terms of my career. Because we had a great year in St. Louis, it was also a good time to leave on a high note and take on new challenges back in Pittsburgh, where I know the area and the market."

One of the primary challenges, according to Miller, who assumes his new post January 1, will be to maintain the relationships Amerinet Central already has forged while building new ones throughout the region.

"I'll need to get out and meet with our members," he said. "Some of these individuals I've known for years, and some I'll meet for the first time. I'll be presenting Amerinet programs to these facilities. All Amerinet members use our programs to varying degrees. It will be my challenge to educate them on the advantages Amerinet brings to the table and to get them to appreciate the value of all our programs."

According to Miller, most healthcare facilities look at group purchasing organizations for the commodities, or products, side of the business. "But we have more to offer than just good prices," he said. "There's a whole service side of the industry – executive resources – that we started in Pittsburgh and expanded nationally. We offer a portfolio of services and consulting products."

Miller said that hospital administrators often are looking for solutions to specific challenges – "the kinds of things that keep them up at night" – but they might not think of a group purchasing organization.

Amerinet launched its Total Spend Management strategy to address health care providers unique and specific needs through solutions including data integrity and price accuracy, savings identification, financial and operational benchmarking, and educational opportunities. What that means is that members have a strong advocate in Amerinet; one that is continuously looking for opportunities to reduce costs and help improve health care delivery. Our services impact care, safety and quality through targeted solutions at the supply chain, work force and revenue cycle levels.

Miller added, Amerinet has an edu-

cation series division offering free or low cost programs to members, and continuing education programs, which members can access through webcasts and audio conferencing.

"On the service side, if a facility is looking for an interim manager, we have a contract with a company to provide this," he said. "This gives a facility the opportunity to fill a position on a temporary basis while it looks for a full time replacement."

This can be a huge advantage in today's market, according to Miller. "There still is a shortage of professionals in the health-care field," he said. "Most administrators are running tight operations and when they lose an FTE, it's a hardship."

"Fortunately, Amerinet, which went through a major restructuring 19 months ago and now has new leadership in president Todd Ebert, is better positioned than ever to be helpful and successful," Miller said.

While Miller exudes genuine enthusiasm for the professional opportunity awaiting him in Pittsburgh, he is equally excited about returning home. His wife passed away while they were in St. Louis, but he returns to two daughters, Jamie and Manda, and four grandchildren (Logan, Tyler, Tatum, and Piper.)

"You know what they say, Pittsburghers don't leave, or don't like to leave," Miller said. "Or if they leave and have the opportunity to come back, they do."



"You know what they say, Pittsburghers don't leave, or don't like to leave. Or if they leave and have the opportunity to come back, they do." – Ron Miller



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HUMAN RESOURCES BRIEFINGS

BY MARC CAMMARATA



FMLA Changes Imminent?

Congress seems intent on amending the Family and Medical Leave Act (FMLA) sooner rather than later. The FMLA, enacted in 1993, generally applies to businesses engaged in commerce or in any industry or activity affecting commerce that employ 50 or more employees (within 75 miles) for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year. A covered employee is one who has been employed by the employer for at least 12 months and has been employed for at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave. Covered employees are eligible for up to 12 weeks of unpaid leave during a 12 month period for one or more of the following reasons: the birth and care of a newborn child of the employee; the placement with the employee of a son or daughter for adoption or foster care; to care for an immediate family member (spouse, child, or parent) with a serious health condition; or when the employee is unable to work because of a "serious health condition".

The Wage and Hour Division of the U.S. Department of Labor (DOL) enforces the FMLA. As with most laws, the "devil" is in the dozens of pages of regulations implementing the FMLA that have been promulgated by the Labor Department. Space does not permit even a cursory overview of the regulations, but suffice it to say that employers have experienced untold difficulty from the beginning both developing policies that meet FMLA requirements and administering those policies.

The purpose of this article is to explore recent Congressional and regulatory initiatives aimed at changing the Act and/or its governing regulations to broaden its application to employers and workers. A search of Thomas (<http://thomas.loc.gov/>), the federal government's web site that contains information on legislation that has been introduced and other Congressional actions, reveals that 56 bills have been presented in the U.S. Senate and/or U.S. House of Representatives expressly dealing with the FMLA during the current session of Congress. Bills have been introduced to reduce the number of workers needed to trigger employer coverage, to reduce or eliminate the number of hours employees must work in order to be eligible for FMLA leave, to require employers to provide employees with a minimum guaranteed number of paid FMLA leave days, and to extend or expand coverage to include victims of domestic or sexual violence.

Most recently, both the Senate and House overwhelmingly passed HR 1585, the National Defense Authorization Act. Among other things, the legislation would have required employers to provide 12 weeks of FMLA leave to immediate family members of reservists or members of the National Guard who are called to active duty in the U.S. military and to offer up to 26 weeks of unpaid leave to employees who provide care for family members wounded while serving in the U.S. military. Workers could have taken the leave in increments of the shortest time period tracked by their employers' payroll system. However, on December 28, 2007, President Bush failed to sign the legislation within 10 days of its passage, thus issuing a "pocket veto", meaning the veto cannot be overridden and the legislation died. This is the second time this year the President has vetoed legislation that included FMLA expansion for military families. Previously, FMLA expansion legislation was attached to one of the SCHIP bills the President vetoed. That veto failed to be overridden.

On the regulatory front, the Labor Department issued a request for information in December 2006 seeking input on the FMLA regulations from employers, workers and other interested parties. After receiving nearly 15,000 responses and collecting more than 2,000 comments on the rules governing the Act, the Labor Department released its analysis and report in June 2007. The report does not propose any revisions to the regulations, and DOL officials were careful to point out that the report's release was not a prelude to any proposed rule changes.

Despite the recent failed legislative attempts to expand the FMLA, and the non-committal position of the Labor Department regarding FMLA regulatory changes, Congressional pressure is expected to continue to mount in coming months. Congress seems intent to win FMLA expansion, most likely as an amendment to legislation the President will sign or, if vetoed, that Congress can override. If continued Congressional efforts to successfully amend the FMLA are thwarted by the White House, it would not be surprising to see FMLA "reform" rear its head again in connection with the 2008 Presidential campaigns later this year.

Marc Cammarata is President of M.A. Cammarata & Associates, a consulting firm providing human resources and operations management solutions to healthcare organizations. If you would like more information on this or other Human Resources topics, you can contact him at (412) 364-0444, macammarata@verizon.net, or www.macammarata.com.

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COVER STORY: Familiar Fiscal Challenges Remain, Cibrone Contends

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salaries and other incentives that nurses and other (health care) professionals receive in the private sector. We must remain competitive."

The shortage of nursing faculty to teach new nurses also is a major problem that has limited some nursing schools' ability to train new nurses.

"Many nurses (in hospitals) are choosing to retire earlier," Cibrone said. "A similar trend exists among those who teach and train (nursing) students."

Allegheny General, part of the West Penn Allegheny Health System, seeks to alleviate those problems through its affiliation with nursing schools and high-gear recruiting efforts in western Pennsylvania and other areas.

"We go to the schools to talk with nursing students, especially those who are graduating, about our health system," Cibrone said. "We also have conducted creative job fairs, held open house programs, and have established forums where we can more effectively interact with prospective nurses to learn about their interests and talents and provide them with information about our system and what it has to offer."

On the matter of caring for the uninsured, Cibrone, like many of her health care colleagues, believes patients "don't fully understand" the situation.

By law, hospitals cannot turn away anyone seeking treatment.

"This also is a fundamental part of our (WPAHS) mission," Cibrone said. "We are committed to providing treatment to anyone who turns to us for needed care, regardless of their ability to pay. In this context, our health system and its hospitals recognize the challenges faced by the increasing numbers of uninsured patients in the region."

To assist these patients, WPAHS has in place programs and policies to ease the financial burdens for the uninsured. Those guidelines are available at www.wpahs.org or 1-866-680-0004.

The AGH web site also offers an abundance of information about its services, medical specialties, staff physicians and other subjects.

"We live in an information driven society and patients can never get enough," Cibrone said. "It's important that we pro-

"The demand (for key personnel) keeps growing, and there are more and more opportunities for these workers to find employment in non-hospital settings. It is incumbent on us to offer salaries and other incentives that nurses and other (health care) professionals receive in the private sector. We must remain competitive."

- Connie M. Cibrone

vide them with as much information as possible. We need to tell them about the finest care and best technology available to them, emphasize positive outcomes in such areas as (patient) safety and satisfaction and efficient and convenient access, and offer quality data that will help them make the right choice for their health care. Transparency in health care is a good thing."

Cibrone, 51, has seen many changes during her 30-year career in health care. Advancements in technology top those transitions.

"The changes have been phenomenal and all have benefited our patients," she said. "Who would have thought 10 or 15 years ago that we would be doing procedures that are available today? Non-invasive surgery continues to grow and significantly reduces the length of stay and recovery time. It wasn't that long ago that having a hip or knee replacement meant being in the hospital for 10 days or two weeks. Now, patients are going home in just four days."

Investments in technology are "extremely necessary," Cibrone said.

"No question about it," she said. "Healthcare is a technology-focused industry, so we must have current technology to stay competitive, especially in a market like Pittsburgh and the region. If you are going to say you're a leader (in technology), you have to set the pace, do all you can to be at the forefront. This becomes more imperative in the era of free-standing facilities offering similar services in the community."

The obligation to invest in technology is heightened at AGH because it is a teaching hospital.

"We have some 200 (medical) residents

and fellows here," Cibrone said. "We have an obligation to help them become the best in their profession and providing sophisticated technology and equipments helps us fulfill that responsibility. At the same time, it is imperative to provide the most advanced technology for the physicians on staff for treating their patients."

Like many others, Cibrone feels this being a presidential election year will help push health care into the national issue spotlight again.

"It's too early to gauge what will happen, because there are so many candidates," she said. "Health care is among the top issues with the economy and the war. But we will have a better idea of where we might be headed once the field is down to two candidates. Remember, it's easy for them to make promises, but will they deliver? There has been an emphasis on (patient) safety and (medical) transparency the past few years and that has been helpful. But we still have not seen any solutions to the problems of the uninsured."

Cibrone, who earned an MBA at the University of Pittsburgh, didn't set out to become a health care executive after graduating from Keystone Oaks High School in 1974.

"The steel industry was strong and stable at the time and jobs were plentiful," she said. "I was looking to get a management job at one of the Pittsburgh companies. My brother was working for LTV Steel and I thought that was a good (career) path to take."

That idea was sidetracked when Cibrone accepted a position as a management engineer at Presbyterian Hospital in Oakland.

She moved to Allegheny General Hospital in 1986 and held numerous posts there before becoming president and CEO nearly 10 years ago.

Cibrone said she feels no added pressure to succeed, or prove her mettle, as the top executive at AGH because of her gender. She is one of three chief executive officers in the West Penn Allegheny Health System who are women.

"Not at all," she said in response to the obviously often-asked question about women in leadership roles. "Health care is dominated by women, so the profession lends itself to opportunities for women to advance. I am not the first woman to be a hospital CEO, here or anywhere else in the United States, and I won't be the last. I don't believe such decisions are based on gender; it should be who has the best qualifications."

Had she not thought about the steel industry or gone into health care, Cibrone might have opted for a career in retail sales.

"I often thought it might be interesting, and challenging, to run a large department store," she said.

But she has "absolutely no regrets" about where she is.

"I can't think of a career that is more gratifying than health care," she said. "I've always been driven by a desire to be successful, and I love what I'm doing. I come to work every day with the satisfaction of knowing we are going to make a positive impact on the lives of so many people who need and rely on us for their health care. Allegheny General and our entire health system is blessed with people I truly admire and respect as they carry out our mission."

With nearly 12,000 employees, including 5,000 at AGH, WPAHS is the fourth largest employer in the Pittsburgh region and the second largest in the health care category. That means the health system provides an economic impact on the broader community as well as offering quality care in the traditional clinical sense.

"There are so many factors guiding health care," Cibrone said. "We face many challenges, but meeting the needs of our community and our patients is the driving force behind anything we do."

For more information, contact Dan Laurent, Director of Media Relations, West Penn Allegheny Health System, at (412) 359-8602 or dlaurent@wpahs.org.



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COVER STORY: ACMS Will Take New Direction Under Dr. Gordon's Leadership

Continued from page 1

during his career.

"The provision of health care has changed from physician-delivered to system-delivered care over the past decade," he said. "Along with this change, traditional business practices, both good and bad, have entered the vernacular of health care. There is no doubt the efficiency and effectiveness of the delivery of health care services has improved, despite ever increasing accountability and regulatory demands of physicians and other health care providers."

He emphasized that patients and other purchasers of health care "demand efficiency" of health services and providers.

"Unfortunately, the change from physician-centric to system-centric health care creates unique challenges for the traditional delivery of health care physicians," Gordon said. "It is my hope, and my passion, to better enable physicians to continue to lead the health care team and provide this leadership in every changing health care environment."

Acknowledging that the issue will gain more attention during the presidential election campaigns this year, Gordon said it is understandable that health care will be at the forefront of regional and national political discourse, "as it should be."

"It is clear that the ability of this country to afford health care in its current form is not sustainable," he said. "In addition, it is clear that this country demands more effective health care delivery. Physicians are asked to accomplish more unfunded mandates, accomplishing more 'work' rather than direct patient care. If systems of care are driving the provision of health care it is essential that physicians return to what they do best – that is, delivering quality health care."

Gordon said his hope during this major election year is to "assure political leaders, patients and our peers that physicians want to provide quality health care and will accomplish this care despite all the external financial, system and political forces which seem to be bent on distracting physicians from accomplishing the quality health care they've been trained to provide."

Closer to home, Gordon sees Gov. Edward G. Rendell's health care reform plan, Prescription for Pennsylvania, drawing mixed reviews.

"There are parts of the governor's proposal that are meritorious but other parts that are of concern for physicians," he said. "All in all, I believe most physicians want to provide insurance to underinsured or uninsured residents of the Commonwealth. However, we cannot underestimate the physician shortage problem in Pennsylvania and its effects on public health."

To emphasize that point Gordon noted that medical schools and facilities in Pennsylvania train many students and residents each year. But in 2004, he recalled, only 7.8 percent of medical residents remained in the Commonwealth to practice permanently. That figure, he said, was down from 50.5 percent in 1994.

"Only 3.4 percent of physicians in Pennsylvania are under the age of 35," he said. "In addition, we have an aging physi-

cian population and many are approaching retirement age."

Rural Pennsylvania is "sorely lacking" in many key physician specialties including orthopedics, obstetrics and neurosurgery, Gordon said.

"Primary care physicians are needed in many communities," he stated. "Physicians are the most caring and duty-bound professionals in the world. Therefore, the county and state medical societies will continue their collaboration with the state to create a more positive work environment for physicians, nurses and other health care professionals."

He also said the cost of professional liability insurance in Pennsylvania is "twice the national average."

"In other states serious health care initiatives such as those in Texas, Georgia and Florida have significantly improved the ability of physicians to provide outstanding health care services and have promoted an influx of physicians into these states," he said. "In Pennsylvania several initiatives to reduce liability issues for physicians have had a positive effect, such as requiring plaintiffs to file a certificate of merit with any lawsuit brought against a licensed professional and instituting a venue rule requiring that cases must be heard in the county in which the alleged injury occurred."

Gordon reaffirmed his belief that physicians, particularly those in private practice, are "similar to small business owners who have employees and pay for services needed to run the business."

"The excessive costs for mandated professional liability insurance for new physicians starting a private practice in Pennsylvania is a strong deterrent for these physicians to establish a practice in our state," he said. "Moreover, reimbursements to Pennsylvania's physicians from private health insurers, Medicare and Medicaid are perilously low and do not keep pace with the growing costs of running a medical practice. Such a competitive disadvantage is the driving force behind young physicians leaving Pennsylvania for better opportunities in other states."

The impact of health care on healthcare-affiliated businesses "is immeasurable," Gordon said.

"Private and small group practices employ personnel that may not be directly engaged in providing health care," he said. "Large health care systems including the University of Pittsburgh Medical Center and West Penn Allegheny Healthcare System are among the largest employers in the Commonwealth."

That being said, Gordon emphasized, "it is important for politicians and our governmental leaders to recognize that endangering" the sustainability of physicians practices "is not good" for the physician-employees, the citizens of the Commonwealth or the financial well-being of Pennsylvania.

Gordon, who has been involved in leadership and advocacy roles on the county and state levels for several years, sees that involvement as vital for all physicians.

"It is essential for physicians to be leaders in advocacy and other stakeholder roles,"

he said. "Physicians have a unique perception of health. They know how to provide health care directly but also have a unique ability to lead the health care delivery team. Leadership can be accomplished by leading physician peers, but also leading the provision of health care. Physicians can do this on an almost daily basis."

Gordon also is interested in integrating physicians into aspects of health care they traditionally have not been involved. This includes public health initiatives, debates on health care financing and insurance and improving the quality of health care delivery.

"Leadership involves engagement, and to be engaged physicians must be active," he said. "I hope to promote leadership opportunities for physicians and forward their leadership expertise to the public and public leaders."

Like many physicians, Gordon finds it a challenge to balance his medical practice and work schedule, community service activities and family responsibilities. (He and his wife, University of Pittsburgh faculty physician Margaret (Molly) Conroy, MD, MPH, are the parents of a daughter, Lillian.)

"Even in each of those domains, I am involved in heterogeneous activities," Gordon said. "For example, on a typical work week I'll work at the VA Pittsburgh Healthcare System, the University of Pittsburgh School of Medicine and a free care clinic. I enjoy the challenges of prioritization of issues that arise and multi-tasking various activities as they emerge."

Gordon said his leadership roles with various activities are all based on a common theme: Advocating for and achieving the highest possible quality care for patients.

"Luckily, my wife has the same passion," he said. "It is already a goal of mine to instill in my daughter the passion and professional drive that my wife has taught me."

As a clinician, clinician-investigator, clinician-educator and clinician-administrator, Gordon has seen significant advancements in health care.

"In my own field of addiction medicine new therapy for alcohol and opioid dependence is revolutionizing how we care for patients with addictions," he said. "Some day we will use gene therapy to treat or prevent such addictions as alcohol disorders and cocaine."

Electronic medical records, Gordon continued, have "simplified and improved my own delivery of health care."

"And I believe as this technology is advanced and enhanced it will drive patients to be more efficient and effective health care consumers," he said. "Who would have thought 20 years ago that more females than males are graduating from some medical school classes and that increasing diversity of racial, ethnic and alternative lifestyles are occurring among physician professionals?"

Gordon said it is important to understand that technology and medical advances are occurring at an "astounding rate."

"It is not enough to know the latest advances, it is more important to be abreast of what will develop from these advances," he said. "Medical school education, for instance, is not as much as knowing all the

current knowledge of medical care but how to obtain and apply that knowledge. What a medical student learns this year may be obsolete when he or she graduates."

Gordon's passion for his profession is buoyed, in part, by a strong network of mentors who have helped guide his professional development as an academic faculty physician.

"Mentor-mentee relationships are important to me and I hope to instill this model of professional growth among every physician," he said. "My first mentors are my parents, both of whom recently retired as professors of biological sciences and who were leaders in their fields. My mother, who also is a nurse, led the Missouri Nurses Association and developed nursing training programs. My father had a strong commitment to mentor developing health profession students. Their commitment to work, health care, their peers and students was, and still is, an important lesson for me. My family and my peers embody the idea that success cannot be enacted or perceived individually, but only the eyes and shoulders of a team."

If Gordon hadn't become a physician he may have been working in the news business.

"My original professional aspiration was to be an editorial cartoonist – a career goal that lasted through junior high school," he recalled.

In high school in Springfield, Missouri, however, he sought to join his parents, and eventually his younger brother, as PhDs in science and technology. In college he enjoyed patient interaction and involvement in public health activities and decided to be a physician.

"I firmly believe that being a physician is an honor," Gordon said. "Physicians are often assailed by patients and politicians alike. Yet, within each physician psyche, there is the unrequited desire to provide quality health care. To me it is a testament to physicians that despite all the external forces that often impede the provision of healthcare, most physicians confront and overcome these barriers, not for themselves, but for their patients. That is being a physician. We must never leave sight of this."

That philosophy will help guide Gordon's ACMS presidency and serve as a strong message to members and non-members alike.

"With the ever changing health care system, with various employer, insurance and business forces that assail physicians, it is essential that physicians have a significant voice in health care affairs," he said. "This voice is best heard in numbers. While we may not agree on all things, members of the Allegheny County Medical Society are leaders and advocates for all physicians and patients. The Medical Society is primed to confront and overcome all challenges to physician care of patients. I believe that members and non-members are well aware of this charge of the Medical Society. I hope to solidify, promote and expand this message in the new year."

For more information, contact Lisa M. Goetz, Communications Director, Allegheny County Medical Society, at (412) 321-5030 or lgoetz@acms.org.

"It is clear that the ability of this country to afford health care in its current form is not sustainable. In addition, it is clear that this country demands more effective health care delivery. Physicians are asked to accomplish more unfunded mandates, accomplishing more 'work' rather than direct patient care. If systems of care are driving the provision of health care it is essential that physicians return to what they do best – that is, delivering quality health care."

– Dr. Adam J. Gordon

2008: PA Hospitals Provide Healing, Health, Hope

Pennsylvania's hospitals and health systems exist to provide healing, health, and hope to people-from Pittsburgh to Philadelphia, Altoona to Allentown, and all points in between.

For patients, Pennsylvania's hospitals continue as leaders in health care quality and patient safety-including contributions in shaping Act 52, the Health Care-Associated Infection Prevention and Control

Act; advocacy for greater health care system public data disclosure that further empowers patients and their families to make health care and insurance decisions; and participation in national, regional, and local patient safety initiatives, such as southeastern Pennsylvania's Partnership for Patient Care, the Institute for Healthcare Improvement, the Pennsylvania Patient Safety Authority, the Pittsburgh Regional Health Initiative, and many more.

In the year just ended, Pennsylvania's hospitals worked to uphold that mission by advocating for continued government financial support of the Medicare and



BY CAROLYN F. SCANLAN

Medicaid programs and for critical and shrinking obstetrical and neonatal services; participating in, and helping to shape, the ongoing public discussion on health care reform; and pressing for a more thorough public dialogue about the state of the health care marketplace, ranging from hospital licensure to the proposed merger of Independence Blue Cross and Highmark, Inc.

In the new year, Pennsylvania's hospitals

expect a vigorous national and state discussion on health care reform-including expanding health care coverage and ensuring care for the uninsured-and we will be active participants in that process.

Pennsylvania's hospitals believe that any health care reform must assure that all citizens in the commonwealth have access to high-quality health care-now and into the future. Such reforms should incorporate the following four principles:

The good health of all Pennsylvanians must be a priority. Health care reform must allow our health care delivery system to achieve its full potential to prevent disease,

improve treatment, and sustain wellness. Reform must also improve quality and care outcomes, while restraining the overall growth in the cost of health care and health insurance.

Individual patients must be the core focus of the health care system. The relationship between a patient and his or her health care professional is fundamental to quality health care delivery. Patients have a right to expect quality care and useful information tailored to their needs in every health care encounter. Greater patient choice requires informed decision-making, and access to helpful information.

The health care system must work for all Pennsylvanians. All Pennsylvanians, regardless of health status, national origin, gender, race, age, or income, should have access to affordable health insurance and quality health care.

The best elements of our health care system must be preserved and enhanced. Health care reform should correct the shortcomings of the current system without sacrificing the features that allow the delivery of the most advanced care in the world. Health care reform should focus on improving quality, coordination, and efficiency of care. Reform should also encourage innovation in all areas of health care, including prevention, screening, diagnosis and med-

ical treatment, and communication between patients and providers.

In addition, in 2008, we will seek to assure that patients can expect all health care facilities, regardless of ownership or setting, to provide the same or similar services by adhering to the same or similar standards of licensure, public reporting, reimbursement, and provision of care to the uninsured, Medicaid, and other publicly-supported patients; that there is a work environment and marketplace that will sustain and support an ample and highly skilled health care workforce; and that there is flexibility for health care providers as they respond to changing demographics and an evolving health care environment. All patients should have these assurances.

As in past years, our goal for 2008 and beyond is to assure that patients get the right care at the right time in the right setting. The ubiquitous blue-and-white "H" sign has and will continue to stand for Healing. Health. Hope. Pennsylvania's hospitals look forward to working with patients, public officials, and other key stakeholders to sustain this mission.

Carolyn F. Scanlan, President & Chief Executive Officer, The Hospital & Healthsystem Association of Pennsylvania (HAP), can be reached at (717) 564-9200 or cscanlan@haponline.org.

Advocate in 2008!

BLACKBURN'S, and many of our peers who provide home medical equipment, supplies, pharmaceuticals and nutrition to patients at home had an "epiphany" this past year! We have power when we speak to issues! Two specific initiatives spurred us into action, one by our state government, one by our federal government that made us realize the importance of speaking out on issues that impact the patients we serve and the businesses we've built.

Pennsylvania Medicaid presented the first hurdle in the form of "Selective Contracting". If enacted, it would have severely limited the number of "contracted" providers supplying Durable Medical Equipment and Supplies to Medical Assistance recipients by dividing the state into five regions, then awarding contracts to only three to five providers in each region. Throngs of providers and Medical Assistance recipients communicated the inadequacies of the proposed program, which resulted in Selective Contracting being placed on the back burner. Secretary Estelle Richman will evaluate whether to reintroduce it or not after Medicare's Competitive Bidding project is released and patient outcomes are tallied.

This past summer, Medicare released bids for Competitive Bidding (CB) in 10 Competitive Bidding Areas (CBAs) nationwide. Competitive Bidding is Medicare's plan to significantly reduce the number of



BY GEORGIE BLACKBURN

providers and reduce the price of specific medical equipment and medical products. Beginning in 10 sites, CB expands to 70 more sites in 2009 and then nationwide. Pittsburgh is one of the initial CBAs, and comprised of the seven surrounding counties.

What products are up for bid? Hospital Beds, Oxygen, CPAP and BiPAP, Mail Order Diabetic Supplies, Negative Pressure Wound Therapy, Standard Complex Rehab Power Wheelchairs, Walkers and Enteral Nutrition Pumps and Supplies. Winning bids will be based upon a CMS formula combining the lowest bid with highest patient capacity and the winners are to be announced by February 2008. Competitive Bidding is to begin July 1, 2008 and is the government's vehicle for cost containment, but there is inherent problems with the plan because we're talking about patient care:

- 85% of home medical supply companies in America are small providers. If only 30% of the suppliers chosen must be small Businesses (\$3.5 annual revenue), won't that result in a critical access issue for patients and a financial disaster for small businesses providing excellent service to patients? Very serious quality and continuity of care issues surface when severely reducing providers. How can the elimination of thousands of providers in 10 CBAs equate with improved patient care?

- Our industry has very large regional and national providers that will bid in each CBA. These companies enjoy deeper dis-

counting or acquisition costs than smaller companies. Is the bid playing field level?

- Bidding reduces the delivery of medical services to a commodity and some items up for bid just don't belong there, like Complex Rehab Power Wheelchairs. Will patients with diagnoses of SCI, TBI, ALS, MS, MD or CP receive the same customized and time exhaustive approach to developing specifications in a bid scenario?

- Bids are individually awarded by category and even if a company provides all nine services, like BLACKBURN'S, it doesn't mean we'll win in all categories. If a patient has three products in the home from three different providers, how will this affect the patient when requesting service, returning equipment or managing the financial maze of co-payments?

Back to my "epiphany!" This year I moved into a new role, Vice President of Government Relations and Legislative Affairs for BLACKBURN'S. We needed to guarantee that our elected legislators understood our specific concerns about their intended actions. I emailed and called our legislators tenaciously regarding Competitive Bidding just as I had our PA legislators about Selective Contracting earlier in the year. Senator Arlen Specter and Congressman Jason Altmire both emerged as healthcare champions.

October 24, 2007: Senator Specter arranged a meeting in his office with CMS Acting Administrator, Kerry Weems and members of the American Association for Homecare (AAH), our national association representing home care providers of medical equipment and services. As spokesperson for the group on Competitive Bidding, Mr. Weems listened intently to my reasons

why high-level complex rehab power chairs should not be included within the bid process. He requested a comprehensive written report, which was sent in December. We now await Mr. Weems response to our request that he use his authority to eliminate Complex Rehab Power Chairs from Competitive Bidding.

October 31, 2007: Congressman Altmire (D) PA 4th Congressional District and Chair of the Small Business Sub-Committee on Investigations and Oversight, called a special House Hearing in D.C. to determine the impact of Competitive Bidding on small business providers. I was asked to give testimony on behalf of AA Homecare along with five other representatives of the industry. Our message resonated with the subcommittee. On December 12, Congressman Altmire and Ranking Member, Louie Gohmert of Texas sent a letter to Steven Preston, Administrator of the U.S. Small Business Administration requesting that he intervene with CMS to delay implementation of the final rule on competitive bidding until the Office of Advocacy can sufficiently assess the economic impact of the rule on small business.

Clearly, advocacy works! In 2008, we will have hurdles to leap...again. Our elected officials cannot know the facts if we do not commit time and energy to educating them. Let's find our voices and speak in unison. Together we can ensure efficient and cost-effective health policy is enacted.

Georgie Blackburn, Vice President, Government Relations and Legislative Affairs, BLACKBURN'S, can be reached at georgie.blackburn@blackburnsmed.com or (724) 224-9100 ext. 367.

A Look Ahead for 2008

As 2008 rapidly approaches, healthcare providers will find themselves amid a flurry of dramatic change. Moving into the next decade, the entire US healthcare system will continue the move towards a paradigm shift of a “consumer-driven” model. The American public will perhaps have the greatest impact on healthcare economics and operations over the next year. Healthcare facilities and providers will need to remain on the forefront of any proposed changes in federal/state regulations as well as the reimbursement landscape.



**BY ROSS SWANSON,
RN MSN**

Corazon has noted some factors will likely have a significant healthcare impact in 2008:

- Transparency of performance measures
- Inpatient reimbursement changes
- Re-structuring of Hospital-Physician business arrangements
- Increased utilization of information technology
- Integration of hospital networks and services

As healthcare providers look at the competition, there are vast amounts of information that is publicly available regarding performance in clinical, operational, and financial measures. CMS has supported a rapid adoption of public reporting of data so that consumers can make their own decisions. There are some states that have enacted public reporting of measures that were once considered “classified” to outside organizations. In fact, Pennsylvania was the first state to widely report clinical outcomes across clinical conditions as well as financial information. Some hospitals are now reporting outcomes and cost information on their own websites. The transparency movement is expected to grow in 2008 and the data being collected will be further refined.

In 2008, CMS will convert to the Medicare-Severity Diagnostic Related Groups (MS-DRGs) for inpatient reimbursement. Under the existing system, payment methodology is garnered from charge-based information. Using the MS-DRG system, CMS has made its first stride in a shift towards a cost-based reimbursement structure. This new system increases the current DRG structure to add an additional 207 DRGs (bringing the total to 745). In Corazon's specialty of cardiac and vascular, the existing 55 DRGs will be replaced with 87 new DRGs. There are several cardiac and vascular DRG groupings that will gain an additional tier based upon the patient's severity of illness. In order to capture the most appropriate DRG assignment, inpatient facilities will be required to have a much more focused

approach to documentation and coding than ever before.

Over the last decade, hospitals have made great strides in aligning their strategies with physicians using formal business partnerships. Corazon has witnessed several partnership strategies that have provided economic win-wins for both parties. Over the next year, these arrangements will face increased scrutiny related to the structure of the relationship to guarantee no violation of federal

and/or state regulations. In fact, Corazon just recently evaluated several partnerships to determine whether the arrangement may need to “unwind” or undergo some form of restructuring so that it is compliant with legal and regulatory statutes.

The national goal of an integrated electronic medical record by 2010 is rapidly approaching. The OIG has already granted safe harbor status for those healthcare facilities that are willing to subsidize physician practices for the purchase of information technology (IT) platforms. There is an accelerating adoption of IT that provides clinical and administrative capabilities. Throughout 2008, it will become more evident that the ability to accurately capture and aggregate data is imperative, which will not be possible without use of robust IT systems.

On a final note, Corazon is finding that many facilities are now looking at efficiency in daily practice, which may be garnered through a network approach to delivery. Hospitals as well as physician groups are formally aligning themselves with health systems [and networks] to leverage the supply chain as well as gain operational efficiencies across specialty services. For example, in cardiovascular, there are hospitals that are staffing specialty areas such as the cardiac cath lab using a regionalized staffing pattern across several facilities.

It is clear that the year ahead looks to be a time to embrace change. Fortunately, the healthcare horizon looks bright as any changing forces do not appear to impede the quality or growth of our current healthcare system. Providers that are “early promoters” of these changes will likely be the healthcare leaders for the remainder of this decade and continue to build a foundation that supports further growth for tomorrow!

Ross Swanson is Director, Consulting Services at Corazon, a national leader in specialized consulting and recruitment services for cardiovascular program development. For more information, call (412) 364-8200 or visit www.corazoninc.com.

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Breaking Barriers: Changing Policy and Practice with Evidence

The knowledge base for healthcare is growing at an extraordinary rate. Advances in scientific knowledge in areas such as cellular biology, genetics, and infectious disease have stimulated research leading to new treatments in the areas of chronic disease. Research into patient lifestyles and motivations has contributed to improved patient outcomes. In addition, new technologies have had an impact on healthcare;



BY JACQUELINE DUNBAR-JACOB, PHD, RN, FAAN

some of these innovations make it possible to diagnose and treat illnesses more successfully, some prolong life, and others improve the quality of life for patients. Still other technologies make the ever-expanding information base more accessible to healthcare professionals, enabling them to gather, analyze, evaluate, and apply new information—leading, in turn, to more insights and more advances.

As technology has become an integral part of health care practice, communica-

tion, and decision-making, nursing has expanded in scope and demand. Nurses today need to be knowledge workers in an information age, able to access, evaluate, and synthesize an ever-expanding information base while adapting to a rapidly changing health-care environment. Technology has both expanded the scope of nursing and facilitated the movement to evidence-based health care practices. In response to a series of reports linking improved patient outcomes and safety to nursing education produced by the Institute of Medicine (IOM) and the American Academy of Nursing (AAN) there has been increased support for evidence based practice along with a national expectation to increase the science/evidence underlying nursing practice.

Clearly, health care policies and practice guidelines should be based on the best information available. We want our elected officials, and public bureaucrats to be

informed decision makers. And we want our health care providers to diagnose and treat our ailments based on the most advanced knowledge available based on science and evidence of effectiveness. The expectation is that advanced health information will lead to better clinical decision making, better health care, and better health policy.

But the dissemination and interpretation of information can present challenges as evidence moves from bench to bedside to policy. Evidence may be open to interpretation. Information may be preliminary rather than well established. Or, therapies may be too new for their long-term effects to be known. As well, assessments of the effectiveness of a therapy may vary across studies depending on a variety of factors.

Evaluation and conclusions may also be influenced by the bias of the group assessing the evidence. While health care providers, payers, and consumers share a common goal of improving the quality of health care, each of these constituencies has different, often conflicting, priorities. Patients seek greater control over their treatments. Providers seek more effective treatments to improve health and quality of life. And payers seek to control spend-

ing.

Nursing researchers have made strides in the areas of science underlying clinical, management, and educational practices and application to policy initiatives. But, the dissemination of this evidence and its integration into practice and support for policy initiatives has lagged behind the evidence itself.

Research results increasingly drive our practice, our protocols, policies, and procedures as we move to an evidence-based approach to our practice. Yet, when landmark studies are published, it still takes nearly a generation (17-20 years) to firmly set them in practice.

Studies evaluating health care practices are necessary, but they are not sufficient. It is incumbent on nurses to provide the necessary research to shape changes in policy and practice. However, producing data, evidence, even knowledge alone is not enough to change health care policy or practice. Nurses also must be advocates for change.

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, professor and dean at the University of Pittsburgh School of Nursing can be reached at (412) 624-7838 or dunbar@pitt.edu.

Wage Index Among Top Issues In 2008

BY PATRICIA RAFFAELE

A new year brings new issues, challenges and opportunities for the region's healthcare providers particularly in the areas of reimbursement, quality information technology and emergency preparedness. There are also certain issues which hold unique challenges for western Pennsylvania hospitals, including the ongoing downward spiral of the Medicare Wage Index for the region.

"Healthcare policy and politics will be at the forefront in 2008," said A.J. Harper, president of Hospital Council of Western Pennsylvania. "In this election year, the war in Iraq will be an ongoing focus. But, healthcare will also continue to be a focus of employers, the public and candidates running for office. We look forward to the policy discussion on healthcare as we get closer to the elections."

Hospital Council continues to assist its members with meeting regional challenges in 2008. One of these issues is the Medicare Wage Index. Key factors in determining Medicare reimbursement are the wages and benefits paid to hospital employees. Hospitals report this information to Medicare through their respective Cost Reports. Hospitals are grouped into different regional markets, called Core Based Statistical Areas (CBSAs) and the "wage index" is calculated specifically for each CBSA.

"The wage index for the Pittsburgh-area CBSA continues to be the lowest in the country," Harper said. "Hospital Council, through its Chief Financial Officers Committee, is addressing the problem on two fronts—the immediate audit and correction of current data reporting, and the long

term strategy specific to a national redesign of the process."

Hospital Council engaged the expertise of Carbis Walker and RSM McGladrey to work with each individual hospital in the Pittsburgh CBSA to validate and correct the data being submitted on the Medicare Cost Reports. According to Harper, the work has been completed and appeals have been submitted to the fiscal intermediary. "Operationally, a correction to the wage index could result in millions of dollars in reimbursement to the hospitals in the region."

"At the same time, we realize there needs to be a major overhaul to this at a national level," Harper said. To that end, Hospital Council continues to work with its members and the western Pennsylvania congressional delegation to find a solution. "Although it will be the American Hospital Association working with the Centers for Medicare and Medicaid Services and Congress in the end, the solution begins with regional input and recommendations."

While reimbursement is always a top priority for providers, retaining and recruiting a quality workforce is a critical priority. In 2008, Hospital Council will continue to work through its Human Resources Committee to offer salary surveys to assist members in recruiting and retaining employees. In addition, Hospital



A.J. Harper

Council will be introducing a new Benefits Survey in conjunction with Mercer and the Society of Healthcare Human Resources Professionals of Pennsylvania. Finally, Hospital Council is working with The Hill Group to develop a strategic plan specific to retention and recruitment.

"Physician recruitment and retention continues to be a major issue throughout the Commonwealth. The medical liability climate in Pennsylvania

remains extremely challenging," Harper said. The legislature did not pass legislation which would have extended abatement for physicians on their Mcare payments until the end of 2008. Governor Rendell instructed the Insurance Commission to proceed with the Mcare billing, but to postpone the collections of those bills until March 31, 2008. This issue has become linked with the Governor's Cover All Pennsylvanians program. "The Hospital and Healthsystem Association of Pennsylvania is diligently working with the administration and legislature on this matter," Harper said.

"This year also brings an opportunity to continue our members' excellent work in the quality arena," Harper said. A joint venture between hospitals and the state's four Blue Cross plans, known as the Pennsylvania Healthcare Quality Alliance

(PHCQA) will begin reporting data."

2008 will mark the implementation of Act 52, a piece of legislation which requires hospitals and skilled nursing facilities to report health care-associated infections to the Pennsylvania Department of Health, the Health Care Cost Containment Council and the Patient Safety Authority. Hospital Council will be holding a series of Forums on the implementation of Act 52 to assist its members with these new requirements.

Information technology advancements in the clinical and billing areas continue to provide a major opportunity for healthcare providers to improve communications and reduce costs. Hospital Council formed a Chief Information Officers Committee that will meet quarterly in 2008, to share best practices, to evaluate new technologies introduced in the market and to seek vendor agreements aimed at reducing costs.

An ongoing priority for Hospital Council is disaster and emergency preparedness, Harper said. "Hospital Council has had a strong focus in this area for several years, and last year we received a grant of \$250,000 from the Highmark Foundation to assist providers and their communities to prepare for pandemic influenza, or any similar emergency."

These are just a few of the critical issues our region's providers will face in 2008. Hospital Council will continue to assist members with meeting these challenges so we can continue to provide patient access to quality services." Harper said.

Patricia Raffaele, is Vice President, Advocacy and Communications, Hospital Council of Western Pennsylvania. For more information, visit www.hcwp.org.

Heritage Valley Prepared to Face Lingering Obstacles

BY RON PAGLIA

Pennsylvania is not unique to challenges confronting health care in the United States. And, according to Norman F. (Norm) Mitry, president and chief executive officer of Heritage Valley Health System, many of those stumbling blocks will remain in place this year...



Norman F. Mitry

Mitry, who has 21 years of experience in health care, said the major challenges across the Commonwealth in general at Heritage Valley in particular are:

Medical Staff Retention and Recruitment

"This continues to be a very important and focused topic for our organization," Mitry said. "We have created a Medical Staff Development Plan that identifies our physician needs by specialty over the next twenty years in five-year increments," Mitry said. "Given the continued medical malpractice issues in Pennsylvania, flat or declining reimbursement for physicians, and the continually rising physician office overhead costs, attracting and retaining physicians to the Commonwealth will be a short and long term goal of Heritage Valley Health System."

Mitry also emphasized that it is "more costly" to retain and recruit physicians in Pennsylvania as compared to other states in the country.

Growth Concerns

"The lack of significant economic development in western Pennsylvania is very concerning to our organization," Mitry said.

According to the Pittsburgh Business Times' 2008 Book of Lists, Heritage Valley Health System is the 17th largest employer in western Pennsylvania with 3,401 full-time employees (a total of 4,300 individuals). Among the 16 employers ranked ahead of Heritage Valley, Mitry said, there is only one manufacturer, with Healthcare, Government, Education, Financial and Service industries employing the majority of area individuals.

"Clearly, we need economic development in western Pennsylvania for the future," he said.

Prevention As Opposed to the Treatment of Disease

"We have been an industry about 'more is better' ... more tests, more pharmaceuticals, more diagnostic imaging, more, more, etc.," Mitry said. "We, as a culture, need to focus on prevention and wellness and address health the problems associated with obesity, diabetes, congestive heart failure, smoking, pulmonary disease, etc. If the health care industry does not start paying providers for wellness and prevention rather than treatment and utilization, I believe from a health care financial perspective, we as a society will self-destruct."

Focusing on Quality and Safety As Much As Finances

"This is a continuous goal of Heritage Valley Health System," Mitry said. "The Board of Directors of Heritage Valley believe that the focus on quality health care, patient and employee safety, hospital/health system acquired infections are all well overdue and

something that we have been focused on over the past several years and will continue to focus on in the upcoming years."

Like many of his colleagues in the profession, Mitry is somewhat skeptical about the importance of health care issues in the midst of this year's presidential election campaigning.

"The health care topic always surfaces at presidential election time," he said. "However,

while it is always part of every candidate's platform, nothing ever really materially changes. Small changes do occur from the payment perspective, some good and some bad — new models, capitation, risk contracting, for example. But nothing has ever been created to address the real problem. Americans take their health care for granted and do not participate actively from a health living perspective.

He reaffirmed Heritage Valley's position that the focus "needs to be on prevention of disease and not necessarily focused all on the treatment of disease.

On the matter of recruiting and retaining other key health care professionals, Mitry emphasized that Heritage Valley "is very blessed" to have its own School of Nursing, located in Moon Township, as well as "strong relationships" with Community College of Beaver County and Kent State University.

"We have not experienced a nursing shortage for quite some time," he said. "From time to time, there are retention and recruitment issues pertaining to such other specialties as radiology techs, pharmacists, occupational therapists and similar positions. However, these have never been a crisis for Heritage Valley Health System."

Mitry, who earned his undergraduate degree from Robert Morris University and Master's degree from Carnegie Mellon University, spent 10 years at Jessop Steel in Washington, PA before making the transition to health care.

"I left (the steel industry) in the mid-eighties to embark upon a health care career path because it appeared to be a challenging choice," he said. "Wow, was I right at the time. I also wanted to make a difference to individuals in the community."

Mitry has seen many changes in health care during his career. The most significant, he said, are medical and technological advances in clinical care areas such as cardiovascular, oncology, minimally invasive surgery, advanced diagnostics, orthopedic procedures and replacements.

"As an industry we have become very proficient in this type of care and procedures allowing individuals to now live into the ninth and tenth decade of life," he said.

"Health care has evolved into a business," Mitry continued. "While it still has a way to go, the health care industry of 2008 is far more strategic than it was in the eighties when I entered the field. Mergers, acquisitions, consolidations, closures, right-sizing, etc. are becoming the standard in this business, a model that has been in manufacturing and the service industry for years."

Mitry said he has been "very blessed" with a number of role models and mentors whose guidance and words of wisdom remain with him.

"First and foremost, my mother and father taught me a work ethic second to none," he said, poignantly.

He also acknowledged a number of professionals whose mentoring helped shape his career and life. These included vice presidents of finance, board chairmen, attorneys, priests, coaches, professors, "many individuals."

Much of what Mitry learned from those mentors has helped shape his philosophy of and approach to the business aspects of health care and efforts to overcome challenges to sound financial stability.

In order to successfully manage the business you need to understand and monitor your 'revenue stream/cycle' and understand and manage your costs," he said.

Expanding on that, he said:

- In performing Revenue Cycle Management, an organization needs to collect every dollar that is due to them, whether it is from a government payor, a commercial insurer, co-pays and deductibles from individuals, or from private businesses via various contractual arrangements.

- From a cost perspective, the on-going management of operating costs from both a "unit cost" perspective and a "consumption of resources cost" perspective must be managed each and every day.

"You want to make sure that you are getting what you are paying for from a supply perspective and a labor staffing perspective (unit costs), while also making sure that you are controlling waste, pillage, and over utilization of all resources (consumption of resources)," he said.

Mitry also said part of the future of a successful health care organization rests with ongoing investments in information technology.

"We as an organization believe having the right information at the right place at the right time will ultimately reduce health care operating costs by eliminating redundancy," he said. "The health care industry needs to aggressively advance towards an Electronic Health Record. In doing so, physicians and clinicians will ultimately have all the necessary information at their fingertips in order to best diagnose, treat, and rehab patients without ordering and performing redundant tests and procedures, thus, reducing the operating costs of health care."

Those thoughts are significant in that Mitry says he probably would have evolved toward information technology in a manufacturing or service industry had he not chosen a health care career.

"I love technology," he said.

He also has a passion for teamwork, especially in light of the challenges that continue to lie ahead for the health care profession.

"In order to be successful in today's health care arena, it is mandatory for the boards, medical staffs, and administrations of organizations to work together, not in competition or conflict, in seeking solutions to the short-term and long-term challenges confronting health care today and tomorrow," he said. "At Heritage Valley, we have a Board of Directors of 24 members. Seven are physicians, so we are truly a physician led organization. It is helpful and provides for great discussion when seven physician board members interact with the 17 non-physician board members. It makes for exciting dialogue."

For more information, contact Scott Monit, Director of Public Relations, Heritage Valley Health System, at (724) 773-2046 or smonit@hvhs.org.

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27 Suncrest Drive
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Phone: (724) 468-8360
E-mail: hdkart@aol.com

Website:
www.hospitalnews.org

HARVEY D. KART
Publisher

NANCY CARROLL LAMMIE
Editor

MARJORIE ANN WILSON
Director of Advertising

JUDY GRAMM
Editorial Coordinators

ART/PRODUCTION
JMC Graphics
adsjmcgraphics@aol.com

Contributing Writers
Ron Cichowicz
John Fries
Nancy Kennedy
Ron Paglia
Vanessa Orr
Lois Thomson
Andrea Zrimsek

SISTER PUBLICATIONS

Atlanta Hospital News
Kristen & Josh Felix, Publishers
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Meeting and Beating Healthcare Recruitment and Retention Challenges

From the movie *A Few Good Men*

Jessep: You want answers?

Kaffee: I think I'm entitled to them.

Jessep: You want answers?

Kaffee: I want the truth.

Jessep: You can't handle the truth!

Ten years ago our hospital was facing a challenge that seemed insurmountable. We had a revolving door as employees came to the facility, completed their boards, got their certifications, and left for the three hospitals seven miles away that paid them more than we were able to pay.

Morale was at an all time low and the turn over rate was sky high. That was when we became a Planetree Hospital, and my years of experience as a teacher, the head of an arts center, and a convention bureau chief executive all came into play.

If you would like your organization to completely stabilize, to create a turnover rate that is consistently well below 10 percent a year, and to improve morale with your employees and physicians while growing the satisfaction of your patients, take a look at the actions below and then act upon them.

We began by meeting individually with each and every employee. The result was

simple; pay attention to their concerns, their fears, their needs and their dreams. We immediately instituted an administrative Open Door Policy, a web based Newsletter, monthly Birthday with the President meetings, quarterly Town Hall Meetings, a recognition program entitled Caught You Caring and a senior leadership policy of Management by Wandering Around.

Then we did something very dramatic. We made arrangements for 37 employees and 11 highly qualified physicians to LEAVE because they were bullies. Bullies have not been tolerated at this facility for over ten years, and our medical staff ensures that they will never again be accepted here.

We began to pay attention to our employees' health needs by offering them the following programs through Highmark of Western PA: an Osteoporosis Program, Smoking Cessation, Eat Well for Life with personal nutrition counseling, Strength Training, Cardiac Rehab and Six Weeks of Ornish Light. We also offered Healthy Choice Meals (fat and trans fat free vegetarian) and Healthy Vending Machines selections.

Then we added three staff members to offer the following to our patients, staff and



BY NICK JACOBS

volunteers; Pet and Music Therapy, Acupuncture, Aromatherapy, Drumming and Massage. We built Walking Trails, Labyrinths, and made available a ten dollar a month payroll deductible admission to our workout facility for all employees and physicians. Included are classes in kick boxing, aerobics, water aerobics, yoga, tai chi, ai chi, spin classes, over seventy pieces of workout equipment and a walking track.

On the personal side we took away sick, personal and vacation days and gave back in a block that gave the employees freedom to use all of their time as personal time. We also permitted our employees to donate PTO days for their fellow employees in their time of need and offered additional grieving time for the loss of in-laws and grandchildren as well.

We added fresh flowers from our own greenhouse, a Planetree relaxation room, healing gardens, gazebos, counselors and clergy. We began baking bread on each floor, carefully placed artwork, decorative fountains throughout the campus. We also placed a popcorn machine in the main lobby. Just for good measure we added Natural Lighting, Plants, Fish Tanks and two functional Fireplaces. During times of extreme patient activity we began having

Ice Cream Socials, special Pizza and Grinders days. We now provide a trip to the Pirates, Tickets to The Symphony, The Opera, local Theater, Hockey Games, and plenty of fund raising dinners.

Finally, we enhanced our Employee Recognition Dinner, initiated a Hospital Week Cookout and put thousands of extra dollars into a Holiday Party. We increased our training and input into our Employee Assistance Program, Stress Reduction Classes, Disney Training, EQ2/Emotional Quotient Training, Planetree and Dale Carnegie Training Programs.

This work has resulted in nearly a tripling of our business, payroll has gone from \$7 M to \$21 M. Our infection rate is below one percent and our length of stay is approximately 3.4 days as opposed to the 4.6 days that is the norm for hospitals our size.

If you would like to see this program in action, call us at (814) 467-3000.

F. Nicholas Jacobs is President of Windber Medical Center and the Windber Research Institute which is an international research center for heart, breast and reproductive diseases. Mr. Jacobs has been featured as a leading spokesperson for healthcare initiatives and change and featured prominently in the Wall St. Journal and other leading publications. His blog is also one of the most widely followed healthcare blogs in the nation with over 558,000 unique visitors. Nick can be reached at jacobsfn@aol.com or visit windbercare.com.

New Year, New Challenges for Healthcare Recruiting

Mention the phrase "healthcare recruiting," and one of the first remarks you'll usually hear in response is about the devastating shortage of nurses. But nursing is just one segment of the industry facing a dearth of workers: By 2010, healthcare employers must fill more than 14 million positions. As we see in the recruiting business every day, the shortage affects the entire spectrum of employees, all the way up to C-level executives. Not surprisingly, a top concern by hospital Human Resource professionals in survey research is recruiting quality employees.

As we look ahead to 2008 and beyond, finding viable solutions to the staffing issue will no doubt be a top resolution for many HR managers but a key focus with most hospital senior executives. But, there is no "silver bullet". The reality is, demand will outstrip supply in the coming years, competition will increase, and securing top talent who understand their employer's culture and are tied into the organization's success will be the key profit differentiator for hospitals and healthcare companies across the board. Here, a look at other upcoming



BY BOB RODGERS

issues on the horizon for healthcare recruiting.

Boomers will continue to significantly impact both sides of the healthcare industry. We're constantly flooded with headlines about the staggering effect of the 85 million baby boomers on the healthcare system. But what about the myriad effects of retiring workers within it? Just one of those is the vast institutional knowledge concentrated among experienced

workers within C-level positions, and executive search firms are already seeing an upswing in executive-level searches. Hospitals, meanwhile, are challenged with how to handle these employees retiring. At the very least this is a timely reminder for all of us to tune up the transitional strategies in order to retain the infinite amounts of job-related knowledge these retiring boomers hold.

Internet recruiting is here to stay. The Internet is an important source of job leads, making it a highly valuable recruiting tool. According to a survey by the New England Journal of Medicine, almost 45 percent of physician respondents said they

would use online job search sites if they began a search today. Although the Internet will not replace traditional methods of recruiting, done right it can provide a low-cost, complimentary and convenient option. According to the NEJM survey, physicians favor sites that offer quality listings, have excellent reputations, are secure, and are easy to use. Two-thirds of respondents rated the quality of job listings as important, and 52 percent said the site's reputation and ease of use were also critical. Sounds like a great incentive to make sure the career or job opportunities section of your organization's Web site is up to par.

"Hi, I'm the new Vice-President of Service Excellence." It might sound like HR jargon, but this is, in fact, a new position that's gaining ground, reflecting a sharper focus on customer service and satisfaction. In addition, other management positions are experiencing significant shifts in terms of duties and focus, starting with the CEO. Hospital boards are increasingly looking for CEOs with strong operational backgrounds but also the ability to connect within the community through fundraising and advocacy work. And with the growing external focus of the CEO, more COOs are rolling up their sleeves as they're delegated with additional operational tasks. The new

face of the CFO is one with not only financial savvy but strategic acumen. CMOs are becoming the point person for patient safety and quality. New positions include the aforementioned VP of Service Excellence and the VP of Business Development, which is becoming increasingly common in addition to (or in lieu of) a VP of Marketing position.

Workplaces tuned to the needs of mature workers. With the population aging in record numbers, employers need to refocus their recruiting and retention efforts with the needs of the mature worker in mind. In 2001, the American Hospital Association began identifying ways to stem the labor shortage. Since then, healthcare employers have conducted research to learn what mature workers want – phased retirement, flexible work option, part-time work with benefits, training. Increasingly, organizations are discovering that in order to stay afloat, offering such incentives needs to be a priority instead of an afterthought.

Bob Rodgers is the founder and president of Quantum Search, a nationwide retained executive search firm headquartered in Atlanta, GA. He can be contacted at (770) 495-8150 or brodgers@quantumsearch.com.

Visit us online at www.hospitalnews.org

Your Staff is Your Greatest Asset

"People are definitely a company's greatest asset. It doesn't make any difference whether the product is cars or cosmetics. A company is only as good as the people it keeps." – Mary Kay Ash, 1915-2001.

BY BETH CALDWELL

Mary Kay Ash, Cosmetics Empire Success story and billionaire, wrote a book in the 1980's detailing the philosophy of her business empire. The strategies were adapted by Harvard Business School and continue to be taught today as a great source of business wisdom. Her secret? Treat your employees as your greatest asset; make them feel important.

In the health care industry, this is a notable challenge. The pace of our business is already overwhelming, caring for others with health challenges and crisis; we are in the business of caring for others, many of our companies 24/7, yet we are overwhelmed at the prospect of nurturing our own staff who deal with day to day challenges of balancing family and career, health issues of their own, and the stress of caring for strangers in need on a daily basis.

Liken Healthcare works with over 300 families in their homes and in medical facilities each month. Our in home and hospital staff are the faces of our company to the clients we visit. Their representation of Liken Health is crucial to our success and longevity in this business. Like other companies, the hiring and retention of quality staff is one of our greatest challenges. Once you locate a quality individual to represent your company, do your best to hang onto them. Here are some ideas that will encourage appreciation and loyalty among employees.

- Keep staff apprised of company mile-



stones, achievements, and awards, having a sense of pride in a company is very important.

- Have staff appreciation days, if your vendors are giving you free products, save them up and give them away at special company lunches in appreciation of work and dedication.
- Offer free logo apparel to your staff, this is a write off and will also promote your business in the community. One local company gives each employee \$100 in company bucs to be spent on logo apparel every six months.
- Recognize your staff for their achievements even in their personal life. Have a company newsletter that recognizes birthdays, anniversaries, and personal accomplishments. Use pictures whenever possible.
- Nominate your staff for community awards whenever possible
- If you have a break room, take a good look at it—is it a comfortable place to relax and recharge, or is it a messy, dirty, stressful area? Make this area a haven for your staff. Make sure that there is positive and uplifting art on the walls, com-

fortable places to sit, healthy snack alternatives, current periodicals related to your specialty (no gossip or celebrity magazines)

- Affiliate your company with a local charity and allow staff to spend a portion of their annual work hours supporting that charity. Often a change of pace like this can be refreshing and rewarding.
- Encourage your employees to take care of themselves, physically emotionally and financially, and provide them with information from reputable sources on healthy living and dealing with stress.
- Take advantage of the many free employee programs that are offered to companies such as Prepaid Legal, Aflac, local discount programs at cell phone providers, office supply stores and automobile dealers, financial planning or budgeting workshops, college planning workshops, etc. These programs are free to you and either free or discounted your employees. Having extra perks like this can instill a sense of pride and loyalty among your staff.

Beth Caldwell is Community Relations Director, Liken Health Care, Inc. For more community tips, visit www.LikenCommunity.com.

Liken is proud to provide quality medical and non medical care to patients in their homes or in any medical facility. For more information, visit www.LikenServices.com.

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RECRUITMENT & RETENTION

BRMC Takes Multi-faceted Approach for Recruiting Nurses

E-blast part of strategy to maintain ongoing dialogue

For Bradford Regional Medical Center (BRMC), a 109-bed acute care hospital in northwest Pennsylvania, the ripple effect of the national nursing shortage could have been critical.

But with a unique multi-pronged approach to the challenge and first-time partnerships among several hospital departments, officials have already attracted the attention of potential new candidates.

"I've not encountered a collaborative environment like this before," said Mary Kay Delneky, RN, BSN, the hospital's physician and nursing recruiter.

The "Nursing Matters" campaign at the Medical Center brought the Communications Department to a place it had not previously been called before – Human Resources.

"With our in-house expertise in marketing, advertising, web development, public relations and graphic design, we had the tools we need to market hospital programs and services," explained Communications Director Kimberly Maben. "It made sense to use these same marketing methods to assist our recruitment team with their challenge."

For BRMC, the rural location was another critical issue, as well as the presence of several neighboring hospitals all competing for registered nurses. BRMC's comprehensive campaign includes direct mail, e-mail, advertising and public relations. Even though the campaign launched around the Thanksgiving and Christmas holidays, "I've had 12 calls and e-mail responses," Delneky said. "That's pretty good considering the time of the year."

The goal is to fill as many of the 20 RN vacancies as possible at BRMC. "I hope to fill 25 to 50 percent of our need through this campaign. If so, this will be a success," Delneky said.

Nursing shortages have been a widespread concern for healthcare facilities around the country which have resorted to the costly option of paying for traveling nurses at often double and triple the normal wage scale, said Dennis Getner, BRMC's Vice President of Human Resources.

According to a report by the American Hospital Association in April 2006, U.S.

Practice Nursing Matters
where your care Matters
www.brmc.com
BRADFORD REGIONAL MEDICAL CENTER

Apply Now!

This eye-catching billboard was posted in a neighboring town, just opposite one of the busiest intersections during the Christmas shopping season.

Screenshot of the e-blast sent to RNs across several counties neighboring Bradford Regional Medical Center to inform them of job openings as well as introduce them to educational opportunities.

nursingmatters
at bradford regional

Sign up for CEU News
Free Nursing Toolkit
Climbing the Clinical Ladder
Featured Article: Hassle-Free Holidays
Join our Mailing List for Nursing Matters

Job Search
Career Center
Ask Our Recruiter
Forward to a Friend

Nursing Matters is an online, one-stop portal to Bradford Regional Medical Center's educational and employment opportunities for members of the nursing profession.

Spotlight on Careers
Registered Nurses now being sought at BRMC in clinical areas including:
Child & Maternal Health (Obstetrics)
Bradford Recovery Systems Dual Diagnosis
Critical Care Unit
Emergency Medicine
All shifts available. Bonus and loan repayment opportunities available!

Spotlight on Wellness
At Bradford Regional, your health is as important to us as our patients' care. We offer onsite Employee Health Services and a Wellness Center through Upbeat Cardiac Rehab which provides our staff with the convenience of a workout in our new Outpatient Services Center with experts nearby who can assist you with a program that's specifically designed with you in mind.

Find Your Opportunity
In person or mail resume to:
Human Resource Center at BRMC
116 Interstate Parkway
Bradford, PA 16701
814-362-8575

Call recruitment officer:
Mary Kay Delneky, RN, BSN
phone: 814-362-8499
fax: 814-362-7477
email: mdelneky@brmc.com

Fax resume to:
814-362-8632 (Fax)
Apply online at:
www.brmc.com

Notice: Our Human Resource Center is closed on major holidays while we enjoy time off with our families, but job applications are always available online 24/7 at www.brmc.com, "Careers."

Rather than repeat the list of job openings already available on its website, the Medical Center positioned its classified advertising dollars with this striking and unusual ad that's designed to catch readers' attention and drive them to the call to action.

Practice Nursing Matters
where your care Matters

In life, change is necessary.
In your nursing career, it's critical.
Are you ready? Call us.
mdelneky@brmc.com • 814.362.8499

Currently recruiting full, part-time and PRN RNs in all clinical areas.
Bonus and loan repayments offered.
www.brmc.com

hospitals need approximately 118,000 RNs to fill vacant positions nationwide, while the U.S. Bureau of Labor Statistics estimates that more than 1.2 million new and replacement nurses will be needed by 2014. At BRMC, a hospital which covers a region with an unusually high elderly population, the need for qualified nurses particularly heightens in January, said Diane Irwin, RN, BS, CLNC, the hospital's Director of Nursing.

"January through March are typically the more demanding months because of higher inpatient census and increased patient acuity. Basically the patients are sicker and there are more of them," Irwin said. "Most hospitals struggle to meet the needs of the community during this time of the year, especially with the increase in pediatric and senior patients who are a special patient population in and of themselves," Irwin said.

"For a hospital this size the nursing shortage is a major concern because the Emergency Department visits increase and the admission acuties are typically higher.

Combined with an increased need in the number of patients requiring Critical Care beds, and nursing shortages in all Acute Care areas, the nurses on the Medical-Surgical units can find themselves taking care of sicker patients than is the norm. This is our challenge and also fuels our enthusiasm for the nursing recruitment campaign that is under way at BRMC." Along with traditional media advertising in newspapers and television, the Nursing Matters recruiting campaign includes direct-mail postcards to over 6,000 nurses within several surrounding counties and an e-blast, both using lists purchased from outside vendors.

In an effort to build an ongoing rapport with the audience, the e-blast sent to a specially designated RN e-mail address list gives them a link to BRMC's e-newsletter that provides information on how to apply for a job, details on flexible scheduling and articles of general interest. "The e-blast is not just spam coming into the nursing recipients' e-mail boxes. We hope they say, 'Let's look at this further,'" said Judy Harris, RNC, BSN, the hospital's Associate Director of Nursing.

One way to attract potential candidates' attention, officials hope, is by introducing them to the hospital's highly successful Education Center – a major selling tool for area nurses in need of continuing education units (CEUs). "On the e-blast there's a place to learn about and sign up to receive information about educational programs that we offer year-round at BRMC," said Beth Price, RN, BSN, CPN, the hospital's Education Development Coordinator. "Coming to BRMC's Human Resources Center via the e-blast gives area nurses a chance to see our hospital and also realize what a great place this is to work." The e-blast was developed by the Bradford-based Web consulting firm Protocol 80 Inc., the hospital's web development vendors, and designed in-house at BRMC. "We constructed the website pages and components to gather e-mail address-

es and other information from the people who are interested in BRMC's nursing recruitment campaign," said Jeremy Callinan, Protocol 80's co-founder. Additionally, "Protocol 80 converted the graphic design for the campaign into an e-mail-friendly format focused on getting recipients to opt in to receive further information," said Protocol 80 co-founder Donny Kemick.

The consulting firm also designed a monitoring system so "the appropriate officials at Bradford Regional have access to an administrative system with e-mail notifications, providing an easy way for staff to maintain contact and establish a relationship with interested parties," Kemick said.

Several high-profile feature stories in area newspapers have shown why it's so personally and professionally satisfying to work at BRMC. For example, one focuses on a psychiatry nurse who has worked for 17 years at the hospital and received financial assistance through BRMC's tuition reimbursement program while earning a bachelor's degree in psychology.

Marketing officials didn't discount the strength of their in-house audience, either. "By aggressively promoting an existing employee policy which offers cash incentives for referring RNs through eye-catching signage and stuffers in the employee pay envelopes, we hope to build on word-of-mouth advertising as well," Maben explained.

Deborah Price, Senior Vice President of Patient Care Services at BRMC who oversees the Communications Department, said she feels the overall marketing plan has helped drive nurses' inquiries and job applications – evidenced by the web analytics alone. "It also boosts BRMC's regional reputation as a leader in both the professionalism of our marketing message and our methods," she added.

To view the commercial, log onto BRMC's website at www.brmc.com.

A professional company offering the following services for your patients:

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Recruitment and Retention Strategies for Success

With rapid advancements in technology and changes in regulatory requirements, healthcare professionals must constantly adapt to new trends and protocols. As a result, recruitment and retention of a talented, flexible workforce has become critical to the growth and profitability of organizations within the healthcare industry. Effective recruitment requires considerable resources to locate prospective hires and assess how their backgrounds and skills will correspond with an organization's needs. The evolving and fast-paced nature of the industry often does not afford organizations the time necessary to look beyond qualifications on a resume or answers given in a 30-minute interview. Instead, many rely on the expertise of recruitment firms and staffing companies to locate skills and talent that will contribute to an organization's lasting success.

When I founded my own healthcare staffing company 13 years ago, I was amazed by the immediate success of my earliest placements. One of my first assignments was for a management-level position with a large teaching facility in the Chicago land that was unable to locate the talent it desired from standard employment ads. The organization was looking for someone with industry experience who could easily adapt to change. Although I immediately identified a potential candidate who had the requisite qualifications on paper, I decided to wait a couple days before introducing her to my client in order to conduct the most thorough screening possible. The candidate was soon hired by the organization, and she excelled and remained there for more than three years. The success of this and subsequent placements was due to three key factors: a detailed assessment of the organization's needs, the pursuit of all available channels for locating good talent, and a comprehensive screening of all candidates' strengths and work styles.

Investments in recruitment always carry some risk of spending resources on new employees who may not contribute as much to the success of the organization as desired. However, thorough screening processes significantly minimize this risk and maximize profitability and growth for both the individual and the organization. This is the overarching goal of recruitment, and there are several strategies available to help ensure success. These include but are not limited to: evaluating



**BY GERRI SMOTHERS,
MPA, RHIA, CSL, CPHQ,
FAHIMA**

past job patterns such as length of time and work habits in previous positions, identifying indicators of work ethic and integrity, screening personality traits that may either disrupt or enhance the organization's current culture and assessing skills and flexibility to change.

Recruitment efforts are further maximized by retention of talent. Organizations that contribute to the continuous growth of employees at all levels increase their internal stability and minimize

unnecessary costs of high employee turnover. One of the most effective retention strategies is teambuilding, and it is the best way to encourage innovation and enhance employee morale. To foster a productive team culture, management should strive to create an environment of inclusion that values personal differences and unique talents of all team members. Cross training in a variety of work and social skills such as communication, listening, sharing and respect can also be quite useful in bolstering organizational cohesion and growth. These initiatives require minimal investment from organizations compared to the unlimited rate of return they will see in their bottom line, quality of product and/or services and employee and customer satisfaction.

As the industry continues to evolve, it is more critical than ever to recruit and retain a talented, flexible workforce that can adapt to and grow with change. Recruitment and ongoing retention efforts are the most effective ways to ensure an organization's growth and profitability. Although both may require investments of time and resources upfront, the long-term returns are endless. When an organization does not have the means to recruit the talent they're seeking or implement retention programs for valued employees, they are well served to hire a staffing company with experience in their industry to locate potential candidates, screen qualifications and develop initiatives for cultivating growth in their existing workforce. Organizations that follow best practices in recruitment and retention, whether on their own or through a staffing company, see heightened quality in their product or service, employee morale, customer satisfaction and bottom line.

Gerri Smothers is President and CEO of Professional Dynamic Network, Inc. and President of The Jordan Evans Institute. She can be reached at (708) 747-7461.



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COVER STORY: Hospital Human Resources Administrators Anticipate Continued Staffing Issues in 2008

Continued from page 1

bility happens for us through a positive work environment, which includes things such as training, development, recognition for a job well done, ensuring employees have the tools to do the job, and more." She says that, "while this may sound easy, it requires my focus at all times to ensure that our entire leadership team is educated and sees the benefits of improving the work environment for our employees."

Larimore says her biggest concern regarding the state of healthcare in western Pennsylvania relates to staffing. "There simply are not enough healthcare workers—clinical, research and administrative, she says. "We need to begin educating students at a young age about all types of healthcare careers. What we do in healthcare is truly amazing, and we need to engage our youth and get them excited about helping those in need."

She notes that, while finding qualified candidates for nursing positions is at the top of her list, the fact is that there are many other healthcare positions experiencing shortages, as well. "I believe strongly that we need to invest in our current employees and provide continued career growth," she says. "Over the past years, we have implemented multiple programs for our staff to help them progress in their careers, while providing our organization staffing in areas of high need."

One example is an internal paid EEG training program. "We chose this as one area of focus due to several years of consistent recruitment difficulty," she says. "Because we knew we needed at least eight to 12 EEG techs by 2009 to staff a larger department in the new Children's Hospital in Lawrenceville, we opted to provide a career opportunity for current Children's and UPMC employees. The first year of the program, we had 75 internal applicants for four positions. This one year training program was implemented in January 2007. The first four graduates began their employment in January. Another four employees have just begun their one-year training program."

Larimore also acknowledges the need for employee recognition. "Another exciting tool we are implementing is our first ever recognition calendar," she says. "I believe that leaders want to recognize employees for a job well done. While it may be second nature to some, it is more difficult for others. The purpose of the calendar is to provide an easy to use tool for our leaders to recognize employees whom they witness doing something in support of Children's values. Each month of the calendar, leaders are provided with quick and easy leadership tips and guidance on what to recognize. This means that in any given month, all of the Children's leaders are actively looking for and recognizing behaviors that support our values. Employees will be rewarded with free meals and Children's give-always such as lunch bags and backpacks. It's a small idea, but one that we are excited about."

When asked about needs specific to Children's Hospital, Larimore says the bottom line, when it comes to working at Children's, is to ensure that both job-seekers and those currently employed at the hospital will keep the child and family as their focus.

"Dealing with sick children is extremely emotional and at the same time extremely rewarding," she says. "While it is rewarding, it's not for everyone. Because of this, we continue to focus our efforts on selecting the right individuals through interviewing, but also through job shadowing and a review of our mission and values. To work at a children's hospital, a person needs to be able to put his or her own desires behind what our children and their parents need at any given time."

John C. Caverno

Senior Vice President of Human Resources, Excelsa Health

Western Pennsylvania has experienced numerous hospital mergers in recent years. One of the most recent—the joining of Frick, Latrobe and Westmoreland hospitals—has resulted in a new entity called Excelsa Health. The hospitals along with their affiliates in Westmoreland County and parts of Fayette and Indiana counties, now encompasses more than 575 physicians representing some 35 clinical specialties to provide traditional inpatient care, outpatient treatment and specialty services. Excelsa Health is also the region's third largest health care employer.

Like many hospitals and health systems, Caverno says that Excelsa Health's biggest HR related challenge for the foreseeable future will be its ability to attract and retain employees. "To do this, we must make certain that our employees understand the strategic direction of the organization, that they are involved in the decisions that impact how they do their work and that they are recognized for their contributions," he says. "Also, the supply and demand in the healthcare labor markets make it even more critical for us to be viewed as an employer of choice," he says. "In the coming years, we will continue to work hard to ensure that we are perceived as being an excellent place to work."

Caverno adds that Excelsa Health continues to face significant pressure on numerous fronts "to improve our processes and thereby improve outcomes, while also looking for appropriate ways to reduce the cost of providing services. We do not expect these pressures to lessen, so we will focus our efforts on continuously improving all aspects of the care that we provide the communities that we serve."

This includes continuing to refine our communications capabilities, further developing our approach to engaging employees in the performance improvement process, and making



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— John C. Caverno



"Today, from a national perspective, boomers change jobs 10 and a half times before they retire. Right now, one-third of the nation's workforce is looking for a new job. In fact, 85 percent of information technology professionals are ready to change jobs."

— John Lasky

certain that our managers have the necessary tools to effectively manage all of the resources, both human and financial, that they are asked to look after."

John Lasky

Vice President of Human Resources, West Penn Allegheny Health System

West Penn Allegheny Health System's (WPAHS), John Lasky anticipates two specific staffing challenges that will face the health care industry in the months and, even, years ahead: a continuation of the current nurse shortage and a shortage of physicians. As he perceives it, the problem can be attributed to three factors.

"Number one," he begins, "the entire United States continues to experience a critical nursing shortage. According to an article published in 2004 by the Center for Health Careers, by 2010, there will be a shortage of 16,000 RNs and 4,100 LPNs. Here in Pennsylvania, 44 percent of nurses are between the ages of 35 and 60. They're reaching retirement age. At the same time, the first baby boomers are turning 60, so they're at the age where they're prolific users of health care."

Secondly, he says, there are now concerns about a physician shortage that's believed to be just down the road; a shortage that he says is expected to be particularly noticeable in Pennsylvania.

And third, "right now, there are 4.2 million Americans age 85 and older. By 2030, that number will more than double to about 8.9 million"

On the other hand, Lasky says hospitals are unique, desirable places of employment. If a hospital recruits and hires good employees and treat the members of its workforce well, an excellent employer-employee relationship can result, leading to job satisfaction and longevity. And, although a big paycheck is very important, Lasky believes it's not enough to keep today's employees happy for very long. Flexibility, opportunities for growth, good benefits, and other items need to be in the plus column to keep staff members engaged and happy.

Consider this: years ago, people worked at one or two jobs for their entire career. That's not the case anymore,

according to Lasky. "Today, from a national perspective, boomers change jobs 10 and a half times before they retire," he says. "Right now, one-third of the nation's workforce is looking for a new job. In fact, 85 percent of information technology professionals are ready to change jobs."

There may be a good bit of job dissatisfaction in the overall workforce, as Lasky says, but not so much in the healthcare field. "The national average for nurse turnover is only about 17 percent per year," he says. "And at West Penn Allegheny, it's less than seven percent."

So, what do RNs like about working in a hospital environment? According to Lasky, there are three factors that make hospital work appealing. "Hospitals offers nurses a long-term professional track," he says. "There are specific career ladders with built-in opportunities for professional growth and personal satisfaction. Also, the compensation is solid, and the job security is unparalleled."

This year at WPAHS, Lasky plans to continue devoting considerable energy to nurse recruitment. "We're going to do it progressively," he says. "In today's world, that means becoming more attentive to employees' work lives, what they require to do their jobs effectively and what their professional ambitions are. To be successful in maintaining a satisfied workforce, an employer has to realize how important these issues are."

He also offers his insights on how to keep employees happy.

"People in senior leadership positions need to interact regularly with members of their staff and make them feel like they are part of the team," he says.

"This can be accomplished through any number of forums, from formal open meetings with administrative leaders to less formal one to one hallway conversations. Accessibility is the key."

Lasky said an organization's entire workforce needs to be aligned in its focus on the organization's goals and strategic priorities.

"Employers need to genuinely engage their employees. One way to do this is by setting up employee councils that are charged with helping address key issues impacting the organization," he said. "By embracing employee input before big decisions are made you create an element of employee ownership in the organization that is vital to its progress and long-term success."

He goes on to mention the importance of instilling pride in employees. "Everyone wants to be proud of their workplace," he says, "so doing things like keeping the work environment clean and celebrating organizational successes can help foster pride."

Finally, he recommends promoting opportunities that exist for professional enhancement.

"Embracing and helping cultivate an employee's professional aspirations is one of the most important investments an organization can make, engendering a degree of loyalty and commitment to the organization's success that has an indelible impact," he said.

Lasky notes that, at WPAHS, all these things and more are already taking place.

For more information about these organizations, visit www.chp.edu (Children's Hospital of Pittsburgh of UPMC), www.excelsahealth.org (Excelsa Health) and www.wpahs.org (West Penn Allegheny Health System).



Education and the Future of Nursing

The pursuit of education and its importance within today's society is evident, as more people compete for quality jobs in what can be viewed as a very competitive market – no matter what your profession. When your profession is part of the health care industry, in particular, pursuing a degree has been hotly debated during the past year. It's a discussion that's likely to continue in 2008 and beyond.

In the nursing profession, people are actively working in a career that's in high demand – another trend that likely will continue, according to industry experts. Education is of great importance as nurses move the profession forward. No matter what level of experience nurses have, they can expect plenty of opportunities for advancement early in their career. Today, nurses have a wealth of opportunities for employment, for learning, for personal and professional growth, and for advancement.

So why is it that more nurses do not pursue higher degrees? According to a National Survey by the U.S. Department of Health and Human Services, records show that the associate's degree is the most common initial preparation for nursing, serving as the entry-level degree for 42 percent of nurses in 2004. Only 13 percent of RNs nationwide have attained a graduate degree beyond the



Rosemary McCarthy

entry level.

"This is a significant point as we continue to promote advanced education to nurses," said Rosemary McCarthy, Ph.D., associate professor and chair, Department of Nursing, La Roche College, Pittsburgh. "Every other health care profession has raised the bar when it comes to educational requirements. The issue here is not about who is the

better-prepared nurse, but about acquiring the knowledge we need to think differently about the care we give in order to improve the quality of patient care."

The health care delivery system of today is vastly different from one of 20 or even 10 years ago. Today's system is constantly changing thanks to improvements in technology and research, and it is a system that demands quality patient care with improved health care outcomes. As such, nurses who compete in the health care field for top jobs and career advancements can only benefit from continued education.

And what better time to pursue an education?

"This is a dynamic time for nursing," Dr. McCarthy noted. "In the educational arena, we offer flexible education, mobility and distance learning programs for nurses. Graduates and employers continue to identify additional content and experiences

needed to practice in today's health care environment. Programs available to nurses are advanced degrees, certificates, certifications and required continuing education units."

Today, many colleges and universities with nursing programs have bachelor of science degree nursing (BSN) completion programs and articulation agreements, which are important mechanisms that enhance access to baccalaureate-level nursing education. These agreements support education mobility and facilitate the seamless transfer of academic credit between associate degree (ASN) and BSN programs. In addition, there are RN-to-MSN and RN-to-Ph.D. programs available, almost all of which also support education mobility. With most everyone multi-tasking home, work and family chores, a program that offers mobility to nurses is quite attractive, Dr. McCarthy said.

"Information technology has taken education to places where it never could be possible, and online programs are very popular for the working adult who has numerous commitments and harried schedules," she said.

Advanced education for nurses also may benefit employers. In the Pittsburgh area, many hospitals are considering Magnet status, which is a designation from the American Nurses Credentialing Center that recognizes hospitals that sustain a culture of excellence in nursing. Hospitals that receive this designation are found to excel in three

areas: leadership attributes of nursing administrators, professional attributes of the nursing staff, and the environment that supports professional practice. Studies have shown Magnet-designated facilities outperform non-magnet organizations in relation to better patient outcomes and lower mortality rates.

In Dr. McCarthy's opinion, employing nurses with advanced degrees will enhance a health care facility's chances of achieving Magnet status. The benefits for the organization do not overshadow the benefits to nurses themselves.

"Nurses choose their profession because they possess an inherent desire to care for people," she said. "As patient care becomes more complex, nurses can learn to be more educated in the principles of care."

From a career standpoint, the nursing profession cannot afford to be the least educated profession at the health professions' table, Dr. McCarthy continued. "We must look at education creatively – where the ultimate goals are a highly educated nursing workforce, increased access to high-quality care, and improved health-care outcomes. Because there is a need for nurse educators and nurse leaders to advance nursing education, there should not be hesitancy in advancing education. The future for nursing is in advancing our education."

For more information, contact Rosemary McCarthy, Ph.D., associate professor and chair, Department of Nursing, La Roche College, at Rosemary.mccarthy@laroche.edu.

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<p>12-1:30 pm Thursday, March 6</p> <p>William Pitt Union 5th & Bigelow Oakland</p>	<p><i>Capital Needs: The Board's Role</i></p> <p>Kenneth Kaufman, Managing Partner KaufmanHall</p>
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Carlow University Nursing Faculty Meet the Challenges of Today and Tomorrow

Enrollment in baccalaureate nursing programs across the nation increased in 2007, but the American Association of Colleges of Nursing (AACN) warns of an intensifying shortage of nursing faculty that caused more than 30,000 qualified applicants to be turned away.

“Carlow University’s School of Nursing is addressing these challenges – attracting excellent nursing students and turning out competent, qualified professionals and educators – through a variety of innovative graduate and undergraduate programs,” said Carol Caliendo, ND, CRNP, dean of the College of Professional Studies at Carlow University. “Nursing faculty have the opportunity to benefit from the best of both worlds. They are able to continue their clinical practice and scholarship while they enjoy the status of holding a university faculty position all while having an impact on the next generation of the profession.”

New technologies are having a tremendous impact on nursing education. Carlow recently unveiled its nursing skills lab (see sidebar), which will allow students to practice skills in a safe and effective way.

“With our new state-of-the-art nursing skills lab at Carlow, we now are able to introduce the use of simulation technology, providing both undergraduate and graduate nursing students the opportunity to develop and test their skills prior to actual practice,” said Nancy Jo Keller, RN, BSN, MS, the nursing skills lab coordinator at Carlow. “The use of simulation is exciting and can lead to an effective model of education that will strengthen clinical accuracy and competence in nursing practice in this highly complicated and technologically advanced healthcare arena.”

Advanced technology can be its own challenge, as several Carlow nursing faculty members were quick to point out.

“I think one of the challenges facing us as nurse educators is ‘squeezing’ in all of the necessary education needed to care for such critically ill patients in four years. When I attended Carlow 21 years ago, I gave one



Janice Nash, MSN, (right) an instructor in the School of Nursing at Carlow University, says that patients being sent home sooner means less time for nurses to teach patients what they need to know.

med my first day of clinical and it was an antifungal cream,” said Renee Barrett, MSN, CRNP. “Our students are faced with much sicker patients that are on many meds with potential toxicities and interactions and this requires them to have a more in-depth knowledge base that is becoming more difficult to teach to them in the time allotted.”

It’s not just the faculty that has a shorter time to teach, either.

“The patients are sicker now, and they are

sent home sooner, too,” agreed Janice Nash, RN, MSN. “Nurses have a shorter time to teach patients what they need to know to promote health and prevent diseases. Because this is so important, Carlow has a strong emphasis on patient teaching throughout our program.”

Patient education is especially important in the field of community health. Carlow students go out into the community to share what they have learned. They often

find an eager audience.

“Today, many people are very interested in their health. If they are healthy they want to know how to maintain their health and if they are not, they want to know how to improve,” said Mary Louise Bost, BSN, MPH, DrPH. “The trouble is that there is a great deal of misleading information out there. This is where our students in community health nursing come in. They are immersed in the community, providing guidance and accurate information about issues people care about.”

Despite the challenges offered by changing technology and time constraints, the greatest wisdom that the Carlow faculty tries to impart to its students is that caring for patients is what nursing ultimately must be focused on. A nurse can do that, and still keep an eye toward the future too.

“One of the most interesting technological developments that may help with the nursing shortage is the use of robots for clinical teaching,” said Michele Upvall, Ph.D., associate dean and director of the School of Nursing, who is interested in the results of research being conducted by the Nursing Institute of West Central Ohio using the Remote Presence Robotic System. “This could allow nursing faculty from a distant site to be with students at the bedside. All the faculty needs is a laptop computer to interact with the students. In essence, it’s like a mobile interactive television with students receiving direction from their instructor as they normally would in the clinical area. The faculty can see what the students are doing and saying to their patients. This technology has the potential to expand enrollment and utilize faculty in a creative way to bridge physical distance.”

And when that happens, Carlow nurses will be touching more patients – and more students – than ever before.

For more information about graduate and undergraduate nursing programs at Carlow University, 1-800-333-CARLOW, or visit www.carlow.edu.

Carlow University Unveils New Nursing Skills Lab

Carlow University unveiled its new Nursing Skills Laboratory on Monday, December 10, 2007, on the fourth floor of Curran Hall.

The Nursing Skills Lab – which resembles a six-bed hospital acute care unit – provides students with the opportunity to practice nursing techniques – such as listening for heart arrhythmias – on lifelike mannequins that can simulate a patient’s breathing, pulse rates, and levels of consciousness. The mannequins are even programmed to say a few words to the students or writhe in pain. An instructor, standing behind double-sided glass – can control the mannequin’s reactions to the students’ care. Each student’s performance is videotaped, so the instructor can demonstrate exactly what went right or wrong with the way the students cared for the mannequin.

“The Nursing Skills Lab provides a safe environment to practice nursing skills,” says Michele Upvall, Ph.D., associate dean and director of the School of Nursing at Carlow, who added that advances in medical simulation allow the school to expose students to things they might not see during a hospital rotation. “When you take students to a hospital setting, they may not be exposed to every disease process, but we can expose them to different scenarios in the lab, and they develop confidence to deal with this situation in a clinical setting.”

Carlow University received special funding from Eden Hall Charitable Foundation, the DSF Charitable Foundation, The Heinz Endowments, the A.J. and Sigismunda Palumbo Charitable Trust, the George I. Alden Trust, Highmark Blue Cross Blue Shield, the Bozzone Family Foundation, The Rust Foundation, and the Pennsylvania Department of Labor and Industry through the Three Rivers Workforce Investment Board. The total cost of the project was \$1.5 million.



Carlow University’s new nursing skills lab, which opened in December, provides students with a safe environment to practice nursing skills.

“Carlow’s nursing program is one of the region’s oldest and most respected programs with more than 4,000 of its nurses serving here in Western Pennsylvania and around the country,” said Patrick Joyce, EdD, vice president of Advancement and Government Relations for Carlow University. “The foundations responded to the critical and increasing health care needs of our region and in recognition of the ability of Carlow’s nursing program to serve those needs. While they were impressed with the history and growth of Carlow, they were moved to invest in the vision of the program our nursing educators proposed.”

JHF and PRHI to Launch Tomorrow's HealthCare

The Jewish Healthcare Foundation (JHF) and the Pittsburgh Regional Health Initiative (PRHI) plan to create a "virtual community" for clinicians engaged in healthcare process improvement.

JHF and PRHI, one of the Foundation's operating arms, will launch a web platform featuring online training in their Toyota-based healthcare process improvement methods, the latest findings from demonstrations worldwide and peer support networks where doctors, nurses and administrators engaged in process improvement can exchange information.

Pittsburgh-based CECity, the nation's leading developer and provider of online continuing education and performance improvement technologies for healthcare professionals, will collaborate in launching the website, to be called Tomorrow's HealthCare, and in developing additional tools and training packages. Jim Mitnick, a technology consultant who established the award-winning Turner Knowledge Network for Turner Construction, also will play a key role in the new venture.

"The pioneers of process improvement in health care need the latest information as soon as it's available, not a year or more afterward when it's presented at conferences or published in peer-reviewed journals," said Karen Wolk Feinstein, Ph.D., President and Chief Executive Officer of JHF and PRHI. "They also need to turn information from demonstrations in their specialties into curriculum to teach and

inspire students and peers."

JHF has committed \$500,000 over two years to launch the web platform and DSF Charitable Foundation has joined the effort by committing to match JHF's investment in the project by up to \$1 million.

"We believe Tomorrow's HealthCare holds tremendous promise and will constitute yet another way that JHF and PRHI remain at the forefront of efforts to improve quality and safety in health care," said Nick Beldecos, executive director of DSF Charitable Foundation.

With support from JHF, PRHI began offering its Perfecting Patient CareSM (PPC) curriculum for applying industrial process improvement methods in health care more than seven years ago. Adoption of these disciplines in health care still is not widespread.

"Process improvement in health care has been largely the work of passionate clinical leaders," said Stephen Raab, M.D., who has done groundbreaking work applying PPC/TPS principles in pathology. "Training in these methods still is not part of the established curriculum in medical and health professional schools."

However, recent developments, including Medicare's plans to withhold payment for certain errors and hospital-acquired infections, are beginning to increase demand for work redesign methods that enable clinicians and institutions to meet new standards of safety, quality and effi-

ciency.

JHF and PRHI have offered fellowships to support "champions" of quality. The new web platform will help these champions expand their learning networks and advance JHF's ongoing initiatives in healthcare quality reform. Education and training available on the site responds to the lifelong learning requirements health professionals must fulfill with continuing education credits.

Portals, maintained by gatekeepers and content developers for various medical specialties, will be added to the site over time. Specialties will be chosen based on process improvement areas in which JHF and PRHI have provided support, such as pathology.

Dr. Raab, who introduced PPC/Toyota methods at UPMC Shadyside Hospital's pathology lab, said the new web platform "will facilitate and strengthen working relationships between clinicians seeking to improve their specialties."

Under a grant from the Agency for Healthcare Research and Quality, Raab, who recently was named Pathology Vice Chairman at the University of Colorado Health Sciences Center, has worked on quality and process improvement in concert with pathologists at nine institutions across the country.

"My expectation is that Tomorrow's HealthCare will stimulate more collaborations like ours and possibly accelerate the work we're already doing," he said.

Pitt's School of Pharmacy and Katz School of Business Partner to Offer Course on Business and Medicine

The University of Pittsburgh's School of Pharmacy and Joseph M. Katz Graduate School of Business are forming a milestone partnership and will begin by offering a unique course on the "business of medicines in health care." This is the first step toward a dual doctor of pharmacy/MBA degree program. Beginning January 2008, the course will help prepare students to be senior leaders in the pharmaceutical and health care industries.

In an executive boardroom format, this interactive elective will engage students in a structured understanding of the business side of medicines in the health care industry and other related fields. For instance, students will study different leadership styles and corporate cultures in an organization, follow health spending on medicines longitudinally from consumer to product and service, discover how market conditions affect operations and profitability and learn about the executive's career-development path.

"We are taking the first critical step to meet the strong demand for business leaders in health care and pharmacy," said Gordon J. Vanscoy, Pharm.D., C.A.C.P., M.B.A., associate dean of business innovation and associate professor of pharmacy and therapeutics at the University of Pittsburgh School of Pharmacy. "This gives pharmacy and business students a unique opportunity to view the industry from the top and identify market and career opportunities."

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LECOM Offers International Outreach and Medical Missions Opportunities to Medical Students

There is an increasing interest among U.S. medical schools to expose students to issues in the delivery of health services in other countries, with a focus on community-oriented primary care. For a decade, students in Lake Erie College of Osteopathic Medicine (LECOM) worked with their foreign clinical preceptors to engage in activities to broaden their knowledge of medicine, Public Health, and cultural competencies. The balance between clinical activities, didactic instruction and investigative activities varies with individual student interest and preparation and the options available at a given site.

Most placements are in developing countries. LECOM medical missions and international outreach are designed not only for medical students considering careers in international health, but to increase the understanding of any future physician practicing Family Medicine or Primary Care in the US who may care for patients from other countries. The experience is also designed to deepen the awareness of all future physicians regarding the determinants of health and illness and diverse methods of approaching health problems in settings with varied cultural and socio-economic characteristics.

While the fundamental orientation of such initiatives is toward experience in community medicine and international health, the goals are focused teaching medical students how to approach the patients in developing countries, where access to laboratory/medical technology as well as clinical con-

sultation is minimal. The program is specifically designed for students to learn how to approach the patient of different ethnic and cultural backgrounds.

As a result of LECOM offering of opportunities on global health to its students, there have been a number of medical mission and outreach programs in countries like Dominican Republic, India, Nigeria, Kenya and Haiti to improve the quality of the health and education in these developing countries through osteopathic practice and passion. A central component of such a program is a unique initiative of students, motivated by their medical education at LECOM, who have developed interested in administering medical relief in developing countries with the major focus to take care of needy people. This program serves as a cornerstone initiative to specifically engage LECOM pre-clinical students to get a hands-on experience in the medical field while carrying forward important medical relief efforts. LECOM students work alongside experienced local physicians to obtain a truly applied educational experience.

Of particular note is LECOM students collect donated medical supplies and medical devices which are intended to increase the availability of resources to medical professionals in developing countries. (Source of supplies: Millcreek Community Hospital, LECOM Satellite Clinics).

In conclusion, LECOM students have shown a strong commitment to international medicine, as evidenced by their continued involvement in medical missions and outreach programs abroad.



LECOM Erie and Bradenton class of 2009 students traveled to the Dominican Republic for the International Medical Society's Summer Abroad Program. Pictured (l-r, bottom to top) are: Maricela Ashman, Aida Kousheshian, Nery Diaz, Deisha Malones, Shital Rana, Patrice Paolucci '09, Somnang Pang, Samantha Durand, Yang Carlos Sang, Dr. Mark Brown, Reza Nassiri, D.Sc., FACCP, Carol Lee, Katherine Lund, Dempisie Morrison and Annika Storey.



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Doctor of Nursing Practice: The Chatham College DNP prepares nurses to practice as clinical leaders in the health care delivery system or as nurse educators. Graduates of the DNP program gain skill sets and competencies to function in executive leadership and nurse educator roles depending on the student interest and career trajectory.

Doctor of Occupational Therapy: One of the few online OTD programs in the US, Chatham's OTD enables practicing OTs to develop in areas of public policy, professional advocacy, and business management, as well as to gain additional theoretical knowledge and clinical competence.

RN-to-BSN: This program is designed for practicing and licensed RNs who wish to earn a bachelor's degree. The RN-to-BSN helps registered nurses develop the professional knowledge and skills to advance in the workplace and provides the framework for earning graduate-level nursing degrees.

For more information about Chatham University, call (866) 815-2050 or visit www.chatham.edu/ccps.

Region's Healthcare Institutions and Health Professionals to Get 'Test Drive' of Patient Safety Education Program

A team of nationally recognized experts will make Pittsburgh the beta site this spring for teaching a patient safety curriculum that is expected to become the U.S. standard. The national Patient Safety Education Project (PSEP) will offer the first of its "train-the-trainer" programs May 30th through June 1st at the Pittsburgh City Center Doubletree Hotel & Suites.

The project, for which the Jewish Healthcare Foundation (JHF) is a major funder, is being launched at a time when patient safety is becoming the top priority of healthcare regulators, healthcare policy-makers and many legislators. The groundswell of attention and the dissemination model PSEP is using – first employed by the highly successful Education in End-of-Life and Palliative Care (EPEC) project – are expected to rapidly turn the curriculum into the universal language of safety for healthcare professionals across the country.

Registrations already are being taken for the Pittsburgh program. Healthcare professionals are required to register in teams, though individual applications will be considered on a case-by-case basis. Enrollment will be capped at 120 and learning groups will be kept small, with no more than 25 students in each. The program is designed to meet the needs of professionals in acute, long-term and community care settings. It is aimed at physicians, nurses, hospital administrators, and executives as well as at pharmacists, EMR specialists, technology managers, infection control professionals and others in health care. Attendees will earn certification as PSEP Trainers. Physicians who complete the program can earn up to 16.25 AMA PRA Category 1 CME credits; education credits for nurses and administrators will also be available.

PSEP grew out of collaboration between experts from the Buehler Center on Aging, Health & Society at Northwestern University's Feinberg School of Medicine, the Kellogg School of Management at Northwestern University, the American Hospital Association's Center for Healthcare Governance, and the Partnership for Patient Safety. Their goal was to foster industry-wide cultural literacy among healthcare workers about patient safety problems and methods for solving them. To do so, they developed a curriculum tapping established templates such as the Australian National Patient Safety Education Framework as well as recommendations from a Blue-ribbon panel of advisors that included representatives from the American Hospital Association, the Joint Commission on Accreditation of Healthcare Organizations, the Centers for Medicare and Medicaid Services, the Institute for Healthcare Improvement, the Institute of Medicine and other major arbiters of healthcare quality and safety.

The EPEC project (www.epec.net) on which PSEP modeled its dissemination method has taken training to improve care for terminally ill patients to more than 1 million clinicians.

"If a hospital really wants to get a jump-start on safety, this is the way to get it," said

Linda Emanuel, M.D., Ph.D., Professor of Geriatric Medicine and Director of Northwestern's Buehler Center. "This will be very high impact for the investment."

Dr. Emanuel, who also is the founder and principal of the EPEC project, said that by training a single team, any hospital can disseminate the national curriculum among all of its employees. Attendees not only are taught the safety curriculum, they also are instructed in how to teach it and how to apply it to projects within their institutions. They receive take-home teaching materials.

The PSEP curriculum encompasses disciplines have been widely used to improve safety in other industries, but have largely not been adopted in healthcare settings because they are not part of the curricula of medical and health professional schools. Included are modules on the principles and applications of human factors engineering, systems thinking and effective communications, among others. There also are targeted sessions for urgent and intensive care, chronic care and interventional care.

Among other things, attendees will learn and be able to teach co-workers:

- how to identify environmental factors that contribute to medication errors;
- how to stimulate acceptance of patient safety as an essential part of daily work through enhanced understanding of factors that cause mistakes or accidents in the workplace;

- how to contribute to institution-wide safety by using different approaches to risk management and by ensuring that managers are able to identify error-prone practices.

Teaching methods include traditional didactic instruction, but rely heavily on small group teaching with case-based, role play, discussion and "trigger tapes," or videos portraying safety situations and incidents that could arise in any healthcare setting.

Those who are trained as institutional trainers can later apply for advanced training to become master facilitators as the PSEP curriculum is rolled out nationwide. Dr. Emanuel said she expects the train-the-trainer curriculum to be offered about three times annually in different locations around the country.

The master-facilitators who will teach in Pittsburgh and elsewhere – all recognized experts in health care or in the disciplines needed to ensure healthcare quality and safety – will be gathering for training in Atlanta in January. Among them will be nine from Pittsburgh, including seven staff members from the Jewish Healthcare Foundation and its two supporting organizations, the Pittsburgh Regional Health Initiative and Health Careers Futures.

For further information about the program or about how to register, contact Nancy Ziotts, JHF's Vice President for Programming and Planning, at (412) 594-2559 or at ziotts@jhfc.org; or Andrew T. Harris, at the Buehler Center on Aging, Health & Society, at (312) 503-1422, or andrew-harris@northwestern.edu; or visit the website at <http://patientsafetyeducationproject.org>

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Nurse Educators Experience Challenges and Rewards

Nurse educators face many challenges in today's society. One of the main challenges is finding optimal clinical experiences for their students. The current nursing shortage and increased acuity of patients amplify this problem. According to Auerbach, et al. (2007), the shortage of nurses is predicted to increase three-fold by the year 2020. As the nursing workforce ages, 55 percent of nurses are predicted to retire between 2011 and 2020, according to the Nursing Management Aging Workforce Survey (2006). Compounding the nursing shortage is the nursing faculty shortage. Current trends indicate that due to lack of faculty, many applicants to baccalaureate nursing programs have been denied admission. Nursing education is unique in that it demands a smaller instructor to student ratio during clinical rotations, when students actually apply their knowledge obtained through lectures and implement the nursing process in actual practice with human patients. Nonetheless, many nurse educators rise to meet this



BY VALERIE HOWARD,
ED.D., R.N.

challenge.

The use of state-of-the-art technology can supplement the academic preparation of nursing students, assisting in information retrieval, data gathering, and actual practice. Personal digital assistant (PDA) technology allows the student nurse to immediately retrieve pertinent information related to the patient's diagnosis, pathophysiology, medications, and critical laboratory values, thus decreasing the chance for medical errors. Health care agencies are moving toward the use of electronic medical records so that critical patient information can be entered and retrieved anywhere in the world. The use of high fidelity human patient simulators can supplement the clinical experience for nursing students by allowing students to practice on real-life "patients" without jeopardizing patient safety. While all of this technology is valuable, learning how to use this correctly may be challenging, especially for nursing faculty members, who, because of the shortage, have limited time and resources for education. Yet,

the RMU nursing faculty have led these efforts, incorporating this innovative technology in the academic preparation of their students. Keeping abreast of current health care systems and technology is a daunting task for staff nurses, let alone for nursing educators who must learn how to use this technology while supervising students on the unit and maintaining safety. With all of the challenges of being a nurse educator, there are certainly many rewards. Perhaps it is seeing the struggling student finally grasp that difficult concept, or the "thank you" received from a patient who has just spent the day with a student nurse, or an expression of appreciation from a staff nurse after a long, grueling clinical day that keeps the nurse educators moving forward. Or, perhaps it is knowing that the future of health care is in better hands because of our work. Whatever it is, there is a core group of dedicated nurse educators who know that patients will receive better care because of them.

Expert nurse educators were honored this past October at the Cameos of Caring ceremony, and Robert Morris University is proud to have Dr. Carl Ross, Professor of Nursing, as this year's recipient. Dr. Ross has been committed to the education of nursing students for over two decades. At RMU, he teaches at both the undergradu-

ate and graduate levels and has developed the Test for Success Program and the Center for International Nursing. But, his role as professor of nursing does not end in the classroom. Dr. Ross has been instrumental on the negotiating team for the faculty federation of RMU and has provided service on numerous university, state, national, and international committees while continuing with his publications and research agenda. He manages all this while maintaining his practice as a Family Nurse Practitioner. At RMU, we are thankful that the Cameo of Caring Award is now honoring expert nurse educators like Dr. Ross, who exceed expectations within the university in the roles of teacher, scholar, and researcher, and continue to develop themselves professionally by staying abreast of current trends and maintaining proficiency with modern technology. Dr. Carl Ross is an exemplary role model for faculty, students, and the nursing profession, embracing new educational technology, mentoring new nurse educators, while always focusing on students first.

Valerie Howard, Ed.D., R.N., Department Head / Assistant Professor of Nursing, Robert Morris University, can be reached at howardv@rmu.edu.

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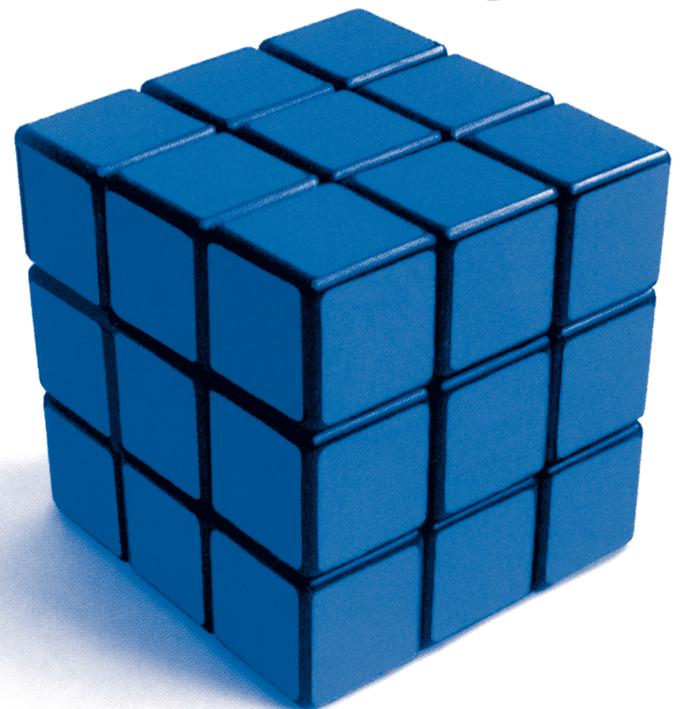
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