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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

2009: A LOOK AHEAD

Financial Challenges Facing the Healthcare Industry

BY BRYAN J. RANDALL

The financial challenges facing the healthcare industry in 2009 are many and historical in nature. The credit and financial markets are teetering and patient volumes are declining, which affect core operating results. There is uncertainty regarding a new presidential administration and its potential changes in the healthcare model and policies. Overall, healthcare is facing a broad array of challenges from a variety of sources.

The recent collapse of the credit market will continue to provide challenges to providers (hospitals and health systems) and their financial executives over the next

year. For those who were planning major capital expenditures and/or building projects, the cost and availability of credit will certainly affect these plans. The cost of borrowing tax exempt money has risen significantly as credit availability continues to tighten. Many hospitals and health systems are canceling or reducing the sizes of their projects. Any facility with borrowing needs over the next year will most likely have to pay a premium to borrow, even with the highest of credit ratings. Over the next year, the amount of money available is not expected to increase and the cost of borrowing not expected to decrease.

Financial markets will contin-

ue to pressure the balance sheets and statement of operations for health systems and hospitals. Both realized and unrealized losses will continue to decrement investment portfolio balances with offsetting declines in equity (net assets). Key financial indicators such as days cash on hand and measures affected by equity calculations will be negatively impacted.

Healthcare finance executives will be challenged with shrinking balance sheets and potential bond covenant violations. Non-operating activities will be impacted by the reduction in earned interest and dividend income as well as realized losses on portfolio trading. Even if trad-



Bryan J. Randall

ing losses are held to a minimum in the short run, the recording of other than temporary losses on

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Shelly McGonigal

2009 Nursing Leadership Forecast

BY SHELLY MCGONIGAL, MSN

The year 2009 is sure to be a challenging year in healthcare. Leaders will be faced with providing high quality services in an economically strained atmosphere. Headlines have been focused on the billion dollar bailouts, but what will the effect be on the health care system that is already financially fragile? Like many other non-profit organizations, hospitals are feeling the

crunch of the bottoming economy. Hospital leaders are convening to brainstorm on strategies that not only meet the demands of the patient, but also meet the demands of the yearly budget. With layoffs, terminations, and job loss, the amount of patients that will enter the hospital as under-insured or uninsured will surely increase which will create additional challenges for our hospital systems. Although there may be turmoil, the demand for

high quality, safe patient care must not be undermined.

There are many challenges in hospitals: nursing shortages, physician shortages, high patient acuity, reimbursement changes. Exemplary leaders will successfully manage the current issues as well as focusing on how to envision the difficulties that lie ahead.

Building strong professional relationships may be a key to suc-

Continued on page 10

Equitable Payment, Rate Transparency on Hospitals' 2009 Wish List

BY PATRICIA RAFFAELE

Reimbursement, clinical quality improvement, regulatory issues, and disaster preparedness continue to be issues western Pennsylvania hospital executives will face in 2009.

"As much as things change in healthcare, in some ways the major issues remain the same for the region's hospitals. It is the strong collective response to these regional issues which will be unique in the year ahead," said A.J. Harper, president of Hospital Council of Western Penn-

sylvania. Hospital Council of Western Pennsylvania is a regional health care trade association providing data, education, advocacy, and information to its members throughout a 32-county area.

"The western Pennsylvania healthcare market is unique" Harper said, "and because of this, these specific issues require very regional and local strategies." The three aspects of the region which contribute to the unique market are: low Medicare reimbursement; low Medical Assistance reimbursement and a mar-

ket with one dominant insurer.

Two of the key issues for hospitals in the region are reimbursement from both Medicare and Medical Assistance. "One of the differences between our region and the rest of the state is that our hospitals are receiving less reimbursement from both Medicare and Medical Assistance than other hospitals across the state. We have developed several strategies to address this, with some success already," Harper said.

For example, with Medicare, hospitals in several parts of western Pennsylvania, including the



A.J. Harper

Pittsburgh, Johnstown and Altoona areas, have some of the lowest wage indexes in the entire

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LETTER TO THE EDITOR

BY STACY CARBAUGH

I was disappointed to read in the November article by Beth Stroud *Cracks in the Foundation of Hospice Change Focus from Patient to Profit* comments that broadly stereotype for-profit hospices as organizations whose primary focus is money and cutting corners on patient care. The article even suggested that competition in end-of-life care is unhealthy.

Hospice agencies provide an invaluable service to the patients and families of those with a life limiting illness. The healthcare professionals who serve as referral sources in our community, place the highest value on quality patient care. If for-profit hospices performed hospice care in the manner the article suggested, referral sources could and should choose other, higher quality providers of hospice care. A competitive environment makes this possible.

Ultimately, the provider of hospice is the choice of the patient and caregivers. I strongly recommend that patients and caregivers interview hospice agencies prior to allowing them to provide services. This may help to prevent misleading stereotypes and broad accusations about the intentions of hospice companies.

Fiscal responsibility is something that can be accomplished while having a hospice that is mission focused on adhering to the philosophies of hospice care. Organizations with experienced and quality leaders can provide great patient care and survive in a competitive environment.

For many of us working in hospice, it is a passion, not just a job. I would like to suggest to anyone out there who feels that they are working for a company whose mission and ethics do not coincide with their own, that there are a lot of good hospices who would love to have them on their team.

Stacy Carbaugh, Senior Community Relations Liaison,
Bethany Hospice, can be reached at
scarbaugh@bethanyhospice.com.

LIGHT READING



Light Reading is a series of communications from MASSolutions that sheds light on common business challenges and provides solutions to strengthen your bottom line.

Lies of a Different Type

Have you ever received one of those emails from a former government honcho of Nigeria whose money is tied up and they need your help?

You are not alone.

The Federal Trade Commission ranks the "Nigerian Con" as the top email scam of recent history.

Most people know spam messages like the "Nigerian Con" or emails promising a revolutionary pill that will result in weight loss without diet or exercise stretch or even ignore the truth.

But what about lying in regular emails to co-workers?

"Being Honest Online: The Finer Points of Lying in Online Ultimatum Bargaining" a report authored by Liuba Belkin of Lehigh University, Terri Kurtzberg of Rutgers University and Charles Naquin of DePaul University, suggests e-mail is the most deceptive form of communications in the workplace.

"There is a growing concern in the workplace over e-mail communications, and it comes down to trust," said Belkin. "You're not afforded the luxury of seeing non-verbal and behavioral cues over e-mail. And that leaves a lot of room for misinterpretation and, as we saw in our study, intentional deception."

Researchers asked MBA students to divide \$89



BY DAVID M.
MASTOVICH,
MBA

between themselves and another fictional party, who only knew the dollar amount fell somewhere between \$5 and \$100. There was one pre-condition: the other party had to accept whatever offer was made to them.

Using either e-mail or pen-and-paper communications, the MBA students reported the size of the pot - truthful or not - and how much the other party would get. The rate of lying was almost 50% greater between the two groups. Students using e-mail lied about the amount of money to be divided 92% of the time, while less than 64% lied when using pen-and-paper.

"People seem to feel more justified in acting in self-serving ways when typing as opposed to writing," said Kurtzberg.

Building trust in the workplace and with customers is vital to a company's success. Since email might make it easier to be less than truthful, combine face-to-face and verbal communication with email as much as possible. When in doubt about the truthfulness of an email, make a point of circling back with the sender to probe for more information.

And work on getting everyone to swear to type the truth, the whole truth and nothing but the truth.

David M. Mastovich, is the president of MASSolutions, a Pittsburgh based Strategic Marketing firm that focuses on improving the bottom line for client companies through creative marketing, selling, messaging and customer experience enhancement. David can be contacted at (412) 201-2401 or info@massolutions.biz.

You can view the Light Reading Archives online at www.davidmmastovich.com/reading.html.

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ACHE of Western Pennsylvania Membership Approves Board of Directors

ACHE of Western Pennsylvania (ACHE|WP), the local chapter of the national American College of Healthcare Executives (ACHE) organization, elected its 2009 board officers and directors at its November annual meeting. The board is comprised of fifteen healthcare administrative professionals from various disciplines and healthcare organizations who have committed to the development and success of this group. Under this guidance, ACHE|WP plans to continue its growth and service to healthcare executives in 26 Pennsylvania counties, from Lake Erie to West Virginia.

Amy LaMothe Richards (Director, Business Planning Services, VHA Pennsylvania) was elected to her second term as president of the organization. "I am looking forward to the year ahead," she said, as ACHE|WP plans to re-invigorate its strategic plan and position itself for future growth.

Other members elected to the board include:

- **Vice President and Sponsorship Committee Chairperson:** Janet Cipullo, FACHE, VP, Professional Services, Jefferson Regional Medical Center
- **Treasurer:** David Fuller, Director, Business Services, Corazon Inc.
- **Secretary:** Michelle Robertson, FACHE, VP, Hamot Physician Network, Hamot Health Foundation
- **Past President and Nominating Committee Chairperson:** Karen Hartman, President, Corazon Inc.
- **ACHE Advancement Committee Chairperson:** Kathy Sankovich, CNO, Clarion Hospital
- **Marketing/Membership Committee Chairperson:** Edward Guzik, FACHE, independent consultant
- **Program Committee Chairperson:** Alice Pedersen, FACHE, Corporate Director, Practice Management, Warren General Hospital
- **Student Task Force Chairperson:** Kaneen Allen, Program Specialist, Transplant Services, VA Pittsburgh Healthcare System
- **Student Representative:** Kristin Powers, Student, Graduate School of Public Health, University of Pittsburgh
- **Other members at large:** Ronald Andro, VP, Operations, UPMC; Andrew Glass, FACHE, Director, Erie County Department of Health; Mark Kresse, FACHE, VP, St Vincent Health System; Frederick Peterson, Jr., VP, Professional Services/Emergency Management, Hospital Council of Western Pennsylvania; and Byron Quinton, FACHE, President and CEO, Clarion Hospital
- Congratulations to the winners of the 2008 ACHE Recognition Award for contributions to healthcare management excellence through your volunteer service to the profession, the local chapter and ACHE:



Amy LaMothe Richards



Janet Cipullo



David Fuller



Michelle Robertson

Distinguished Service Award: Michelle M. Robertson, FACHE, Hamot Health Foundation; Samuel A. Friede, FACHE, University of Pittsburgh; Karen L. Hartman, Corazon Inc.; Richard A. Longo, FACHE, FACMPE, Devon Health Services; Alice M. Pedersen, FACHE, Warren General Hospital; and, Amy R. Richards, VHA Pennsylvania.

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COMMENTARY

*It has become exceedingly clear to me that
providing a happier and healthier workplace
has been the key to all of our successes.*

Kindness in the Workplace

Somewhere along the way, my body began to reject fat. Not only was it a substance that made me ill, it simply had become indigestible for me. It may actually be some type of Jack Sprat Syndrome. This condition is not dissimilar to a psychological variance that has also become part of my being, and that is my inability to embrace negativity. When business white water reaches

its highest level, my desire to overcome it does as well. In fact, if there was one thing that has come to me from 40 years of continuous employment, it has been deep insight into observing my bosses, embracing their positive traits, and rejecting their flaws.

One of my cyber-friends, Reut Schwartz-Hebron has been teaching me about how life could and should be in the 21st Century through her company, Kind Excellence. Reut is on to something that is the same something that we discovered in teaching in the 70's. In the book, *I'm Okay, You're Okay*, we learned that treating people as adults with respect and kindness will yield much better results than interacting with them in a parent to child manner. Let me repeat that in a different way. Being nice to people can lead to people being nice to you and others. As my brain surgeons would say, "That's not rocket science."

It has become exceedingly clear to me that providing a happier and healthier workplace has been the key to all of our successes. How does one make life richer, more meaningful, more secure, and more rewarding? The answer to these questions will make all of the difference in the world for every person involved.

There have been untold numbers of articles, books, and speeches regarding these topics, but, unless things change rather dramatically in the near future and positive revolution is unleashed in our profession, it doesn't appear that this combination of styles will be emerging as a dominant reality anytime soon.

As leaders we have a choice to either make life harder for our staff, or to make it better. Our leadership style and decisions are the basis for making these changes, and more valid information is emerging every day that indicates that our lives will not only be happier, they will also be healthier



BY NICK JACOBS

because of it. Not only will our employee satisfaction scores improve, our turnover rates will diminish, our employees will live longer, healthier lives, and our overall medical insurance costs will decrease.

Several experts have determined that health damaging stress comes from a feeling of lack of control in our daily lives, in our relationships, and in our work; a lack of

access, a lack of meaningful, fulfilling, rewarding experiences, and a lack of support from those to whom we report.

Last month I traveled down South to be with a sick friend. He was a patient at a well respected medical center. While walking in the direction of the cafeteria, I noticed a flat screen television with a single slide displayed on it. That screen read, "Striving to reach a 65.1 percent mean score in employee satisfaction." As a CEO, it was always my personal belief that anything below a 95% employee satisfaction rating would be indicative of a serious failure of leadership.

How does one achieve a 95%+ satisfaction rating? The staff must feel valued, secure, respected, and appreciated. They need to experience kind excellence in the workplace. None of this can be accomplished by management through fear. Common goals need to be clearly established. Communication at all levels must be ongoing and transparent. Bullying in the workplace cannot be tolerated because an environment of respect is paramount to success.

Remember, kindness is not weakness. Respect, dignity, and clear communications all lead to enhanced employee satisfaction and employee satisfaction leads to customer or patient satisfaction. Now that's a positive, recurring circle that works. Even for Jack Sprat.

Nick Jacobs is International Director of SunStone Consulting, LLC. He has been featured as a leading spokesperson for healthcare initiatives and as a featured speaker for the American Hospital Association, American College of Healthcare Executives and the World Health Organization. He writes a blog, "AskaHospitalPresident.com," and has a new book, "Taking the Hell out of Healthcare." Nick can be reached at jacobsfn@aol.com or nickjacobs@sunstoneconsulting.com.

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Health Policy Institute (HPI) Offers Special Governance Briefing

"May you live in interesting times," whether an ancient curse or blessing, accurately describes the current economic and political climate, a climate that leaves the healthcare field uniquely vulnerable. Leaders in the field face unprecedented challenges, particularly in the field of governance. In response to these uncertain times, the Health Policy Institute (HPI) is offering a Special Governance Briefing on March 6 entitled "Governance Challenges in the New Political and Economic Environment."

Health Policy Institute's Advisory Group, which is comprised of regional healthcare leaders, believes that recent changes in the political and economic climates call for a comprehensive discussion to fully appreciate the potential impact upon regional healthcare. Because the situation is so complex, a special half-day event is planned which features national leaders in the governance field as well as local perspectives from those directly involved in regional healthcare governance.

Two nationally-recognized authorities will present: Richard Chait, PhD, of Harvard University, and Lawrence Prybil, PhD, of the University of Iowa. Professor Chait will present "Governance as Leadership," a discussion of 1) change in the board's mind set and mechanics as they tackle today's governance challenges, 2) a fresh framework for governance, and 3) the practices to best support governance as leadership. Professor Prybil will present "Board Oversight of Community Benefit," a discussion of 1) the continuing consolidation of America's hospitals into networks and systems, 2) the community benefit responsibilities of nonprofit health system boards, and 3) the 2008 performance data of system boards addressing these responsibilities.

Following Professors Chait and Prybil will be a reactor panel featuring Laura Vassamillet, board chair, Heritage Valley Health System; David Burstin, board member, West Penn Allegheny Health System; and Michele Jegosothy, corporate secretary and assistant counsel, UPMC.

This Special Governance Briefing will take place Friday, March 6, 2009, from 8 a.m. to 1 p.m., at the Senator John Heinz History Center. In addition to the distinguished speakers, the event will offer participants the opportunity to network over a continental breakfast and box lunch, as well as the option to tour the facility afterward. Thanks to the generosity of HPI's funders, there is no charge to attend this Special Governance Briefing although advanced registration is required.

In addition to this Special Governance Briefing, HPI also will host two regular Governance Briefings this term. On Thursday, February 12, Joseph Bujak, M.D., of the Governance Institute will present a briefing entitled "Boards and Physicians: Finding Common Ground." On Friday, April 3, Jim Conway of the Institute for Healthcare Improvement will present "Boards on Board for Quality Improvement." Both briefings will take place at the Pittsburgh Athletic Association, Fifth Avenue, Oakland, 8-9:30 a.m.

Those interested in attending or obtaining more information may e-mail hpi@pitt.edu, call (412) 624-9144, or visit www.healthpolicyinstitute.pitt.edu/gov.html.

Profiles IN LEADERSHIP

LORI S. PUTNAM DIRECTOR, HUMAN RESOURCES CELTIC HEALTHCARE

Every day, Lori Putnam strives to surprise people by meeting their needs as quickly as possible. This personal goal is what makes Lori so good in her professional role – Director of Human Resources for Celtic Healthcare. Lori's background is a valuable addition to Celtic Healthcare not only because of her background in Human Resources, but also because of her aspiration to support her team. She feels fortunate to be part of such a great team:

"The positive energy at Celtic is phenomenal. I felt Celtic Healthcare's magic the moment I walked in the door."

Motivated by continuous learning and achievement, Lori gains immense satisfaction from the success of Celtic Healthcare. She sets high goals for her contributions to Celtic Healthcare and likewise, has high expectations for success. This self-motivation stems from Lori's inspirational leader, her father, who taught the principles of honesty, integrity, and servant leadership—principles Lori embraces and applies to her position with Celtic Healthcare.

Lori is also excited about the technological advancements taking place in the healthcare field: "Our industry is finding innovative ways to meet challenges via technology." Lori sites declining revenue and access to labor the two biggest issues facing the home healthcare industry. She is confident that areas such as Telehealth telemonitoring will help to educate patients on managing their disease process, prevent them from going back to the hospital, and enable them to lead a high quality of life.

Lori is optimistic about the benefits technology will have for the organization:

"Celtic Healthcare is a progressive organization offering a full continuum of home healthcare services and technological advancements that benefit our patients, employees and the healthcare industry."



Lori S. Putnam



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2009: A LOOK AHEAD

PA Hospitals to Provide Healing, Health, Hope Amid 2009 Turbulence

The nation's economic downturn is hitting home, significantly affecting Pennsylvania's hospitals. As 2009 unfolds, Pennsylvania's hospitals are faced with the parallel tasks of responding to the increased health care needs created by the recession and maintaining their own fiscal health in a turbulent economy.

Recession imperils hospitals, threatens patient access to care

Pennsylvania's hospitals are critical to the physical and fiscal well-being of our communities. They provide the world's best health care to all who come through their doors, and they are \$84 billion-a-year contributors to the state's economic health. The current economic crisis imperils hospitals-our community safety net-and the patients who depend on them.

A December 2008 survey conducted by The Hospital & Healthsystem Association of Pennsylvania (HAP) shows that the state's hospitals are being hurt by the national recession, and that the effects are being felt by patients as well.

The survey of the state's general acute-care hospitals reveals the following about the current impact of the economy on hospitals:



BY CAROLYN F. SCANLAN

- The economic crisis is significantly affecting the financial stability of Pennsylvania hospitals and health systems:

- 42 percent of hospitals report a moderate to significant effect on the day-to-day financial operation of their facilities.

- 75 percent of hospitals and health systems are forecasting a moderate to significant effect on the financial stability of their facilities through December 2009.

• Access to capital is jeopardized:

- 45 percent of Pennsylvania hospitals and health systems report increased expenses in accessing capital.

- 15 percent are facing greater requirements in accessing capital.

- 15 percent have experienced difficulty in refinancing debt.

- 15 percent have not been able to issue bonds.

• Most hospitals that planned to renovate or upgrade facilities and equipment are postponing or delaying capital spending:

- 48 percent are reconsidering or postponing renovation or upgrading of inpa-

tient facilities.

- 54 percent are reconsidering or postponing renovation or building of new outpatient facilities.

- 64 percent are delaying or reconsidering the purchase or upgrading of clinical and health information technology and equipment.

• Patients are being affected by the nation's growing economic crisis:

- 50 percent of hospitals report a moderate to significant decrease in admissions, particularly elective procedures (such as knee replacements, shoulder surgery, etc.).

- 20 percent of hospitals and health systems are reporting increases in emergency department visits, and 17 percent are reporting an increase in patients with behavioral health care needs.

• 83 percent of Pennsylvania hospitals and health systems report significant declines in investment income.

• Uncompensated care provided by hospitals and health systems is growing:

- 51 percent of hospitals and health systems report a moderate to significant increase in uncompensated care-that is care provided to patients in need for which no payments or underpayment is made.

- 38 percent of hospitals and health systems report a moderate to significant increase in patients needing financial assistance.

• Pennsylvania hospitals and health systems have been working to make adjustments to address the impact of the economic crisis. In addition to postponing or reconsidering capital projects, hospitals have indicated that they are working to cut administrative costs further; have reduced or are considering reducing staff; and are reviewing services that they may need to consider adjusting or discontinuing.

Even before the recent economic downturn, Pennsylvania hospitals faced the challenges of growing uncompensated care; rising labor, technology, and utility costs; ongoing high medical liability insurance costs; the cost of physician shortages; and Medicaid and Medicare underfunding.

As more people lose jobs and or their insurance, the financial burden on hospitals will increase. From a human perspective, however, the implications are worse.

More patients will postpone preventive and routine health care, and they will be put at risk for more serious illnesses and complications before they seek care. The result will be sicker Pennsylvanians at a higher cost.

Healing, health, and hope require healthy hospitals

Failure to protect Pennsylvania's hospitals during this economic crisis will reduce the availability of health care and devastate the economies of our communities, from Pittsburgh and Philadelphia to the smallest boroughs and townships. It is imperative that reimbursement from Medicaid and Medicare not be reduced any further, and that critical funding for burn centers, trauma centers, and obstetrical services be preserved, even as government payers face their own financial squeeze in 2009. Pennsylvania's hospitals will continue to press federal and state policymakers to take steps to assure the health of our hospitals and our fellow citizens.

Pennsylvania's hospitals and health systems exist to provide healing, health, and hope to people in need. For patients, Pennsylvania's hospitals will remain leaders in health care quality and patient safety by advocating for public policy that assures adequate financing of hospital care; retains and recruits highly skilled and committed physicians, nurses, and other health care professionals; further reforms the medical liability system; continues the vigorous national and state conversation on health care reform-including expanding coverage and care for the uninsured; and advances the health of all Pennsylvania communities.

As direct employers more than 288,000 people, with another 250,000-plus employed by businesses that depend on hospitals for their existence (laundry, food service, and more), Pennsylvania's hospitals must be healthy enough to assure that every patient who comes through our doors in 2009 and beyond gets the right care at the right time in the right setting. Despite the economic turbulence to come, we are confident of achieving that goal.

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.



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JCAHO Requires “Zero Tolerance” for Disruptive Doctors and Administrators

Threatening, intimidating and otherwise disruptive behavior in hospitals endangers patient safety, according to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). And it doesn't matter if the tantrum-thrower is a physician or an administrator.

A new JCAHO leadership standard effective January 1, 2009 requires hospitals and other accredited organizations to adopt and implement a code of conduct that defines and manages disruptive or inappropriate behavior by physicians and administrators. Leadership Standard LD.03.01.01 was announced in Sentinel Event Alert 40 issued on July 9, 2008 entitled “Behaviors That Undermine A Culture of Safety,” posted at the website www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_40.htm.

Targeted behavior patterns include overt actions such as verbal outbursts and physical threats as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities, reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation, and impatience with questions.

Disruptive physician behavior has been the subject of medical staff investigations and sanctions for decades, and has resulted in considerable litigation over the years. The Physicians Health Programs of the Pennsylvania Medical Society, which was established to address substance abuse, also evaluates physicians with behavior issues. In a departure from the historical focus on “hothead” doctors, JCAHO noted:

“While most formal research centers on intimidating and disruptive behaviors among physicians and nurses, there is evidence that these behaviors occur among other health care professionals, such as pharmacists, therapists, and support staff, as well as among administrators.”

Factors contributing to disruptive behavior include increased productivity demands, cost containment requirements, embedded hierarchies, and fear of or stress from litigation, as well as the high-stakes healthcare workplace environment, fatigue, increasing workloads, and personality traits such as self-centeredness, immaturity, or defensiveness. Of particular concern is the widely-reported perception of a double standard which allows high-volume physicians (and powerful administrators) more leeway to engage in egregious conduct. Such perceived favoritism may also result in allegations of inappropriate inducements to profitable physicians and harsher treatment of their less-profitable colleagues.

Going easy on a profitable physician is a tempting trap for hospitals — Failure to adequately monitor a high-volume practitioner who allegedly performed medically unnecessary procedures was the basis for



BY WILLIAM H. MARUCA

a criminal prosecution that resulted in a three year prison term and seven-figure fine in the United Memorial Hospital case in Greenville, Michigan involving the self-styled “Sam Walton of Pain Management,” Dr. Jeffrey Askanazi. Although it was his quality, not his behavior, which caught the Justice Department's attention, there was clear evidence that the administration was willing to overlook problems with its most profitable physician, and that evidence contributed to the prosecution's victory.

The new JCAHO standards require each accredited organization to adopt a code of conduct that defines acceptable and disruptive and inappropriate behaviors, and requires its leaders to create and implement a process for managing disruptive and inappropriate behaviors. Further, the Sentinel Event Alert recommends that health care organizations take 11 specific steps, including the following:

1. Educate all team members — both physicians and non-physician staff — on appropriate professional behavior defined by the organization's code of conduct.

2. Hold all team members accountable for modeling desirable behaviors, and enforce the code consistently and equitably among all staff.

3. Develop and implement policies and procedures/processes appropriate for the organization that address:

- “Zero tolerance” for intimidating and/or disruptive behaviors, especially the most egregious instances of disruptive behavior such as assault and other criminal acts. Incorporate the zero tolerance policy into medical staff bylaws and employment agreements as well as administrative policies.

- Medical staff policies regarding intimidating and/or disruptive behaviors of physicians within a health care organization should be complementary and supportive of the policies that are present in the organization for non-physician staff.

- Reducing fear of intimidation or retribution and protecting those who report or cooperate in the investigation of intimidating, disruptive and other unprofessional behavior.

- Responding to patients and/or their families who are involved in or witness intimidating and/or disruptive behaviors.

- How and when to begin disciplinary actions (such as suspension, termination, loss of clinical privileges, reports to professional licensure bodies).

4. Develop an inter-professional organizational process for addressing intimidating and disruptive behaviors

5. Provide training and coaching for all leaders and managers in relationship-building and collaborative practice.

6. Develop and implement a system for assessing staff perceptions of the seriousness and extent of instances of unprofessional behaviors and the risk of harm to patients.

7. Develop and implement a reporting/surveillance system (possibly anonymous) for detecting unprofessional behavior.

8. Support surveillance with tiered, non-confrontational interventional strategies. These interventions should initially be non-adversarial in nature, with the focus on building trust, placing accountability on and rehabilitating the offending individual, and protecting patient safety.

9. Conduct all interventions within the context of an organizational commitment to the health and well-being of all staff, with adequate resources to support individuals whose behavior is caused or influenced by physical or mental health pathologies.

10. Encourage inter-professional dialogues across a variety of forums as a proactive way of addressing ongoing conflicts, overcoming them, and moving forward through improved collaboration and communication.

11. Document all attempts to address intimidating and disruptive behaviors.

These recommendations recognize the inherent subjectivity of behavior problems and, by utilizing a measured, respectful

approach, establish some limited “due process” to protect the wrongly-accused as well as the accuser. Many physicians accused of disruptive behavior suspect ulterior motives or double standards, and following these recommendations would help make the process more fair and transparent.

The Joint Commission notes that hostile and dysfunctional environments are readily recognized by patients and their families, and that failure to address and manage behavior problems exposes facilities to litigation from both patients and employees. Now that the new standards are in effect, plaintiffs' malpractice attorneys can be expected to use them to their advantage when there is evidence of tolerance of abusive, hostile or unprofessional conduct by physicians or non-physicians. Both sides now have a strong incentive to police their own colleagues and clean up their act.

William H. Maruca, Esquire is a health-care partner with the Pittsburgh office of Fox Rothschild LLP. He can be reached at (412) 394-5575 or wmaruca@foxrothschild.com.

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AMA's Board of Trustees Chair Hopes to Deliver Change to Medical Profession

BY DANIEL CASCIATO

One of the more ambitious goals that Dr. Joseph Heyman set for himself as chair of the Board of Trustees for the American Medical Association (AMA)—a post for which he was selected in June 2008—is to see a universal coverage health system reform bill signed into law, with the AMA representing the interests of all patients and physicians.

"I want to see a health plan that provides coverage to every person in the U.S. signed into law before my term as chair is over," he says.

At the AMA, Dr. Heyman was part of the team that designed the AMA proposal for expanding health insurance coverage and choice, a key element of which is providing individuals and families with income-related subsidies for the purchase of insurance.

"I'm proud that during my term as chair, we've accomplished a lot, including overcoming a presidential veto and thereby protecting patients' access to care by stopping cuts to Medicare reimbursements for physicians," he says. "Health care reform is becoming increasingly important as costs continue to rise with 46 million people in the U.S. without health insurance."

According to Dr. Heyman, AMA "Voice for the Uninsured" campaign began reach-

ing out to voters and candidates during the early presidential primaries in Iowa, New Hampshire and South Carolina.

"Our goal was to raise awareness across the country that there were 46 million uninsured Americans, living sicker and dying younger," he says. "During the final phase of the election, the 'Voice for the Uninsured' campaign has made great strides to urge candidates across the country to adopt AMA principles to cover the uninsured."

Since the campaign's launch, the AMA and its members have been in close contact with both political parties.

"We've been unequivocal in stressing the need to find a solution for the uninsured," says Dr. Heyman. "We're pleased that the parties have adopted many of the features of the AMA plan to cover America's uninsured."

Under the AMA plan, the vast majority of Americans would have the means to purchase health care coverage. The AMA plan gives individuals choices so they can select the appropriate coverage for themselves and their families. The plan also promotes market reforms in the insurance industry.

"The decision the AMA has made is to focus our efforts on a practical, workable solution that will reduce the number of the uninsured," explains Dr. Heyman. "And

we're going to get there by building a grassroots network of patients and physicians, so that when 2009 comes, we're moving forward with the force of patients' and physicians' voices from across the nation. We're going to get there because we've laid the groundwork with policymakers throughout the country; with leading health policy experts of both parties; with the key players at the table."

Dr. Heyman says that while the art and science of medicine is ever changing, the AMA's commitment to its mission is steadfast.

"We see a bright future for American medicine: greater emphasis on prevention, wider use of health information technology and a more efficient health care system," he says. "The AMA and its quarter-million members will continue to be at the forefront when lawmakers search for practical solutions to the nation's health care priorities. We'll continue in that role and do our best to pave the way for establishing realistic solutions."

Dr. Heyman's leadership traits were firmly established by his previous work with the AMA. An obstetrician/gynecologist from Amesbury, Mass., Dr. Heyman has been a member of the AMA board since 2002. He served as AMA secretary from 2005 to 2006 and as chair of the finance committee.

"I appreciate the AMA because it leverages the talents of people of every political stripe," says Dr. Heyman. "Members of the AMA of both political parties put the needs of patients first. My leadership has also been shaped by a career of physician and patient advocacy that has stretched over a quarter of a century. I'm passionate about getting things done."

Another concern of Dr. Heyman's is the physician shortage that the government predicts by 2020, where it's expected that there will be a shortfall of about 85,000 physicians in many medical specialties. To help alleviate this, Dr. Heyman believes strongly that medical education reforms in the country are needed, including increasing medical school class sizes and allowing for additional residency slots to train physicians, specifically in needed specialties and regions.



Dr. Joseph Heyman

"To improve the demographic distribution of physicians to underserved areas and undersupplied specialties we need to create incentives for those who choose to practice in areas of need," he says. "To maintain a strong workforce, re-entry programs must address the educational needs of physicians returning to practice after clinical inactivity to ensure they are current and proficient in their practice area."

Finally, to improve the attractiveness of careers in primary care, medical education and training will need to provide the key skills necessary for successful and satisfying medical careers, he adds. "The AMA supports partnerships between primary care physicians and patients to coordinate access to medical services and consultations and encourages physician reimbursement changes for those practicing primary care, for example, the medical home model."

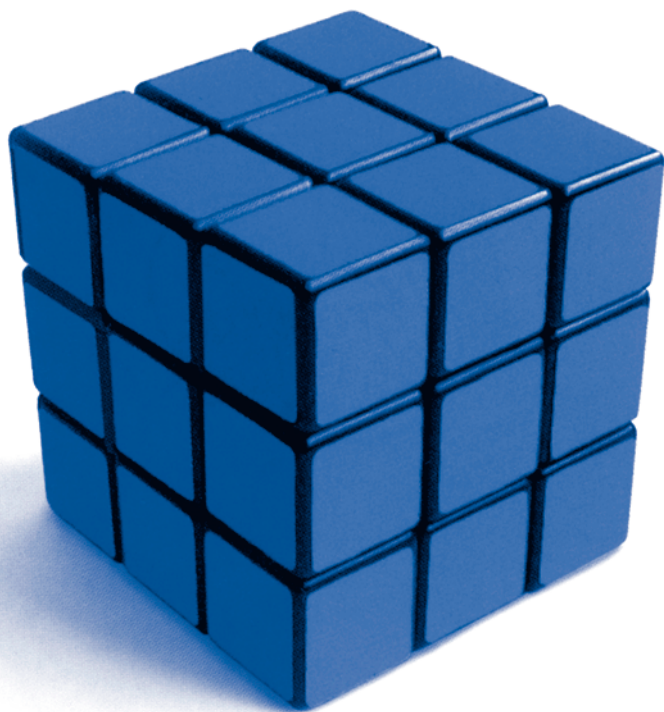
As he looks ahead to 2009 and beyond, Dr. Heyman says that some of the major trends and developments that will be shaping the medical profession is, and will continue to be, a greater focus on performance measurement.

"We need a single list of measures that are universal, are evidence based, and are shown to improve medical outcomes," he says. "Additionally, genetics will play a huge role in the future of medicine with personalized medications, treatments and technology."

In next month's issue, we will look at the AMA Foundation and its plans for the future.

For more information on the AMA, visit www.ama-assn.org.

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2009: A LOOK AHEAD PHYSICIANS

ACMS: Leadership and Advocacy for Patients and Physicians

Organized in 1865 with a total membership of 19 physicians and surgeons, the Allegheny County Medical Society's (ACMS) early years were filled with physicians taking on public health issues such as water and air pollution.

At the society's first scientific meeting in 1867, Dr. James King spoke of the dangers of the area's drinking water and connected a recent outbreak of typhoid fever with an unsafe water supply. This connection would come up again in 1888, and in 1900 the society stated that water and air pollution were the biggest health threats in the Pittsburgh area.

Later, the society was so concerned about a sanitary milk supply that it formed a Milk Commission that certified clean dairies for many years before the government took over the job. During the Milk Commission's existence, it also addressed tuberculosis and polio as public health problems.

In the 1950s, society members made international news when Dr. Jonas Salk developed the first successful polio vaccination. Dr. Benjamin Spock taught at the University of Pittsburgh School of Medicine, and Dr. William Hammon showed that gamma globulin provides temporary immunity against many diseases.



BY DOUGLAS F.
CLOUGH, M.D.

The physicians of the Allegheny County Medical Society continue to be active in developing answers and solutions to health care issues and problems. The society has partnered with many organizations and groups to address, develop and institute solutions to the area's health care problems and needs.

With the Allegheny County Bar Association the society created the Living Will and Healthcare Power of Attorney form in 1994. To date almost 286,000 forms have been distributed. In 2004, the form was introduced as a download on the society's Web site, where it has been downloaded more than 10,000 times.

And in 2004, the society created a body mass index (BMI) chart for use in doctor's offices. The society has distributed more than 14,000 charts as part of its Healthy Living Initiative.

The society's mission statement, "Leadership and Advocacy for Patients and Physicians," is as important today as it was in the past. Addressing issues of patient care and community health is still the society's number one priority. One of the ways we fulfill our mission is through the ACMS Foundation.

The ACMS Foundation, established in

1960, grew from donations for the polio immunization program. Allegheny County Medical Society helped to sponsor the immunization program with volunteer physicians and nurses. More than a million people in Southwestern Pennsylvania received the Sabin vaccine as part of a national campaign and a childhood scourge was about to be eliminated from American lives.

Since then, the ACMS Foundation has given more than \$2 million in grants and scholarships to medical and nursing students and community health service organizations including Angel's Place, Consumer Health Coalition, DePaul Institute, Health Policy Institute, North Hills Youth Ministry, Pittsburgh Action Against Rape, Rebuilding Together Pittsburgh, Three Rivers Youth and Woodlands Foundation. The complete list is too long to include here but is available from the ACMS office.

ACMS and the ACMS Foundation are committed to the education of future health professionals. In late 2007, the foundation awarded its first medical student scholarships. The scholarships are available for third- and fourth-year students from Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland counties enrolled full-time in a Pennsylvania medical school. Annually two \$2,000 scholarships are awarded.

Also, with help from the ACMS Alliance,

the ACMS Foundation provides scholarships to nursing and allied health students at the Community College of Allegheny County (CCAC). Since the program started more than 15 years ago, almost \$200,000 has been awarded to CCAC students. CCAC has the largest nursing program in Pennsylvania, and our community is the beneficiary of the services of these caring individuals.

ACMS continues this tradition of community service with a fundraising gala to benefit the ACMS Foundation. The ACMS Gala: A Celebration of Caring in our Community will install the 2009 officers of the society and present community awards. It will be held on January 31 and features a silent auction that will raise money to enable the foundation to help even more in our community.

The Allegheny County Medical Society, in collaboration with others concerned about our community, will continue to address the complex issues and public health challenges that confront us. Working to improve health care and alleviate illness is the continuing challenge before us. While physicians care for patients as individuals, we maintain our collective responsibility to our community through the Allegheny County Medical Society.

Dr. Douglas F. Clough, 2009 ACMS President, can be reached at clough@acms.org.

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Dr. Benedict Woo joins Tri Rivers.

Benedict C. Woo, M.D., joins Tri Rivers

Tri Rivers is pleased to welcome Dr. Benedict C. Woo, a North Hills native, to its team of physical medicine and rehabilitation specialists.

Dr. Woo is a board-certified physical medicine and rehabilitation specialist who has returned home after practicing in Ohio for eight years. He holds a medical degree from the University of Pittsburgh and completed his residency in physical medicine and rehabilitation at the University of Pittsburgh Medical Center.

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Dr. Esman expands North Hills hours

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A Nursing Shortage Without End

When it comes to the national nursing shortage, the prognosis is not good. Though some parts of the country may be experiencing temporary relief from the decade-long shortage of registered nurses (RNs), industry analysts caution observers from concluding that the crisis is indeed over.

In the November 26, 2008 issue of the *Journal of the American Medical Association*, Dr. Peter Buerhaus from Vanderbilt University reported that "a large and prolonged shortage of RNs is expected to develop in the later half of the next decade, threatening access and quality and increasing health care costs."

Signposts pointing to an ongoing nursing shortage are everywhere:

- Last year, the U.S. Bureau of Labor Statistics reported that more than one million new and replacement nurses will be needed by 2016.

- The American Hospital Association found that more than 116,000 RNs are needed now to fill positions in hospitals nationwide. This translates into a national nurse vacancy rate of 8.1%.

- Research compiled by the Agency for Healthcare Research and Quality shows



BY C. FAY RAINES,
PH.D., R.N.

that increases in RN staffing is associated with reductions in hospital-related mortality, failure to rescue rates and length of stays. In settings with too few nurses, patient safety is compromised.

- The Council on Physician and Nurse Supply is calling for 30,000 additional nurses to be graduated annually to meet the nation's healthcare needs, a 30% expansion.

Today's nursing shortage is very real and more tenacious than shortages our healthcare system has weathered in the past. Simply stated, the need for nursing care is increasing, while the number of nurses available to provide that care is not keeping pace. The baby boomers are entering their senior adult years, and this demographic shift has triggered an increase in the demand for health care.

As the need for care increases, nursing schools are struggling to expand enrollment despite a growing shortage of faculty, resource constraints, and funding cuts in several states. The American Association of Colleges of Nursing (AACN) has just reported preliminary data from its fall 2008 survey and found that enrollment growth in professional

nursing schools has hit an 8-year low with a minimal 2% increase this year even though thousands of qualified applicants continue to be turned away. This sobering news may signal that nursing schools have reached capacity and are unable to graduate more students needed to work as nursing clinicians, educators, and researchers.

AACN is taking the lead on several fronts to address one of the underlying causes for the shortage: an insufficient supply of nurse educators. The association is advocating for new federal legislation and increased funding for graduate level nursing education; launching scholarships and new faculty development programs; encouraging innovation in nursing programs including the development of fast track programs; and highlighting potential solutions to this issue.

Nursing schools are struggling to find creative ways to bridge the faculty gap, and many are making headway. Some schools are partnering with clinical agencies and hospitals to "share" graduate-pre-

pared nurses who are also interested in teaching. Others are lobbying at the state level for additional funding and incentive programs to attract more nurses into teaching careers.

The nursing shortage has amplified the critical role nurses play in our nation's healthcare system, and all stakeholders must take a larger role in alleviating this crisis. Policymakers should champion programs that remove financial barriers to graduate nursing education. Business and practice partners are needed to fund scholarships, support outreach programs, provide space for student training, and encourage ongoing nursing education. Together we can effectively mitigate the shortage while ensuring access to quality health care for all citizens.

Dr. C. Fay Raines is President of the American Association of Colleges of Nursing. For more information about the nursing shortage, visit www.aacn.nche.edu or contact the AACN at (202) 463-6930 or rosseter@aacn.nche.edu.

COVER STORY: Nursing Leadership Forecast

Continued from page 1

cess. Developing a collaborative that can meet and discuss strategies could be one approach that merits attention. Bringing together experts that can discuss not only challenges, but interventions, may be the prescription needed to mend some of the ailments in hospitals currently. Nursing leaders, in particular, are paramount in developing and sustaining the future of our hospital systems. The nursing manager position has become one of the most challenging positions in hospitals in the current age.

Front line managers are a priceless asset in solving problems in our institutions. This individual must immediately possess high level leadership competency in order to be effective in their role. Unfortunately, due to time constraints, budget issues and staffing shortages, the leader of the unit often lacks the time or energy to develop the necessary skills to be successful. The availability of formalized training programs for nursing managers may be a luxury that some organizations can no longer afford. The result is a nurse manager feeling helpless, frustrated and incompetent to complete the required duties bestowed upon them. One strategy is networking with peers.

Networking within the nursing leadership circles can be a tool that provides the front line manager the opportunity to collaborate with peers outside of their particular hospital. Valuable insight can be gained by brainstorming with others that have similar circumstances. Joining a professional organization can facilitate members with networking within the nursing leadership circle.

The Southwestern Pennsylvania Organization of Nurse Leaders, (SWPONL), is an organization that is committed to supporting nursing leaders by offering networking sessions, with an

educational focus, as well as an annual conference that was held at Nemacolin this past November. The ability to meet peers, discuss current issues, hear evidence-based leadership strategies, and learn about new legislation is priceless. Collaboration and sharing of experiences may be the key to energizing and motivating the front line managers, as well as nursing executives. The goal is to develop our leaders and empowering them to juggle the demands of the position. There are many opportunities for managers to become involved in SWPONL. The working committees assist the members in providing current, evidence-based interventions that a nursing leader can immediately employ.

Membership in the organization is open to the nursing community. Planning is underway for the SWPONL 2009 Annual Conference which is being held September 10-11 at Nemacolin. For more information, visit www.swponl.org.

Planning for the future can be a daunting task when many hospital leaders are trying to concentrate on the current state of affairs. However, failure to prepare may be the recipe for disaster in health care. The future of nursing administration depends on having top talent candidates in pivotal positions that exemplify leadership attributes and positively affect job satisfaction. In 2009, the forecast may be cloudy, but through expert collaboration and visionary leadership, the end result could be sunny.

Shelly McGonigal, Nursing Director of Quality, Allegheny General Hospital, and Secretary/Treasurer, Southwestern Pennsylvania Organization of Nursing Leaders, can be reached at smcgonig@wpahs.org or (412) 359-3929. For more information about SWPONL, visit www.swponl.org.



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2009:

A LOOK AHEAD

Comprehensive Stroke Care: The Latest Boom for Hospital Expansions

DID YOU KNOW?

Stroke is the 3rd leading cause of death and one of the major causes of long-term disability.

Industry trends reveal that Stroke care is the new 'up and comer' service, quickly moving onto the radar for many hospital leaders. As a result of growing consumer need because of an aging population, greater awareness prompted by the focus on stroke education and prevention, and interventional trends in the news, Stroke Centers are the latest boom for strategic hospital expansions. With nearly 700,000 strokes occurring each year, savvy hospitals must find ways to provide the most effective care for this patient population while optimizing space, expert staff, and existing clinical infrastructure.

Stroke as a leading cause of death and disability in the U.S. is an indisputable fact. But...has the healthcare system failed this patient population? Have we become complacent in our approach to care, accepting the expensive costs of lifelong disability and long-term care?

Corazon believes that it's time to change the stroke care paradigm ...

The development of Primary Stroke Centers that advocate early recognition, rapid diagnosis, and timely intervention are on the forefront of a new approach that must be embraced nationally in order to significantly improve not only the quality, but also the availability, of stroke care.

As of the time of this writing, there are 533 Primary Stroke Centers accredited by the Joint Commission in the U.S., which is nearly double the documented number from just two years ago (218 in 2006). Florida leads the pack with 68 accredited programs. One would speculate that

Florida hospitals are ahead of the curve because of the large elderly population. Or, perhaps the driving force behind accreditation is fueled by regulations that stipulate that EMS services must triage patients with stroke symptoms to an accredited stroke center. Currently, Florida, California, and Massachusetts have state-mandated regulations for stroke transports.

Corazon recommends that organizations not wait for regulations, but instead proactively reorganize care and resources to do what is in the best interest of the patient and the community at large. There is no denying that some form of organized stroke care is necessary for a hospital to make an impact on the health of the community. Clearly, the role for community and mid-sized hospitals is expanding.

Indeed, there are vast similarities between stroke care and heart care, which allows hospital professionals to transfer their skills to this growing sub-specialty. The greatest similarity between a 'heart attack' and a 'brain attack' is the need for immediacy of an intervention. These acute patients follow a parallel track from admission, through discharge, to follow-up and/or rehabilitative care. Principles that have been hard-wired into the care of the cardiac population can be modified and duplicated for the care of the stroke population. Learning from cardiac program implementation histories and capitalizing on a faster organizational learning curve can be possible with diligent planning efforts.

But, in today's challenging world of limited access to capital, it is Corazon's belief that hospitals must critically evaluate their options for the development of a comprehensive stroke program. We recommend the below strategies for ALL hospitals – those just beginning to organize stroke services and others seeking to



BY SUSAN HECK

improve care delivery in this clinical area.

STRATEGY #1: Maximize existing resources. Creative and strategic thinking is essential. Our team often finds that sophisticated cath suites often have capacity to take on neuro-interventional services. Also, highly-skilled cath teams can be trained to learn new skills that allows for greater cross-over in terms of clinical care delivery.

STRATEGY #2: Organize a collaborative team. Regardless of stroke program size or scope, committed administrative and physician champions are key. Bringing together savvy leaders who can wade through challenging implementation issues and make decisions in the best interest of the patient and the hospital can be the basis for ensuring success. The development of a Stroke Program cuts across many hospital departments and specialties. In fact, comprehensive Stroke Centers can involve some or all of the following disciplines:

- Neurology
- Neurosurgery

- Interventional Neurology
- Interventional NeuroRadiology
- Cardiology
- Service Line Leaders

STRATEGY #3: Optimize outreach initiatives. Corazon believes there are significant opportunities for hospitals to leverage the dollars they spend in education for the public about risk modification and Stroke symptom recognition. While many organizations focus community education on the signs of a heart attack, many patients don't know when they've had a stroke. A well-designed community and physician education strategy can be valuable for improving the level of care, while also serving as a differentiator.

The opportunity for hospitals is great. With the majority of stroke patients presenting at non-tertiary facilities, leading-edge communities can take advantage of the clinical, financial, and market benefits of implementing a Stroke Program or Center.

Susan Heck is a Senior Vice President at Corazon, a national leader in heart and vascular consulting, recruitment, and management resources. You can reach Susan at sheck@corazoninc.com or (412) 364-8200.

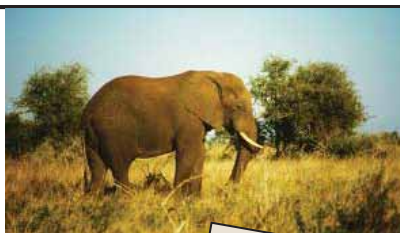
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2009: A LOOK AHEAD

FINANCIAL CHALLENGES

How to Collect What You're Owed



BY ANTOINETTE C. OLIVER

Collecting from patients who have not paid their medical bills can be a frustrating process for any physician practice group or medical provider.

But the collection of medical debt is a major consumer issue nationwide. A recent study from the Federal Reserve Board found nearly half of all collection activities that appear on consumer credit reports are for the collection of unpaid medical bills. The debt is mostly for elective surgery, something not covered by insurance companies.

The problem of debt collection will only get worse. Employers are shifting more of the cost of health care to employees with higher deductible policies and benefit limitations. And many consumers have joined or will soon join the ranks of the uninsured.

If a practice group or medical provider is faced with this problem, the first thing to find out is if there is a legitimate reason the bill is unpaid. It is possible the patient invoice is missing information that the patient requires, such as an approval or a client reference number. More than 30% of bad debt write-offs for medical providers occur due to unavailable patient

data, which shows that adequate personal information is often not collected or verified at the time of treatment.

Once it's verified there is no legitimate reason for non-payment, then the practice group or medical provider should send a formal demand letter that details the services performed, the amount owed and the consequences of not paying. It might be wise to have an attorney draft this letter, or at least have an attorney

review it before sending. Either way, the attorney should have a copy of the letter.

Getting paid by patients begins with policies that organize the process of billing and collecting from patients. The health care provider should develop and follow a written internal credit policy which details the criteria for extending credit, payment terms, credit limits and the collection of bad debt. Also, the health provider needs to institute an organized billing process with a regular schedule and uniform procedures for handling past-due accounts including the application of finance charges and late fees, withdrawing credit, internal collections practices and third-party collections.

When past-due notices are sent to patients, follow up by making a collection

call. All collection activity should be documented in writing. When internal collection efforts fail, then the practice group attorney should send the patient a letter demanding payment. There is also the option of turning the matter over to an outside collection agency.

The Health Insurance Portability and Accountability Act (HIPAA) allows health providers to disclose billing information to a collection agency, including patient's name and address; date of birth; Social Security number; payment history; account number and the name and address of the one claiming debt.

If all else fails, the health care provider could proceed with a lawsuit. Before taking this action, the practice group manager should weigh these options:

- What is the strength of the claim?
- Does the customer have any counter-claims against the practice?
- What is the value of the past business relationship with the potential for future business?
- How much will attorneys' fees and other related costs run?

Only after thoroughly and carefully evaluating these options should the health care provider proceed with a lawsuit.

Antoinette C. Oliver, Meyer, Unkovic, Scott LLP, is a business litigation and employment law attorney. She can be reached at aco@muslaw.com.

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2009: A LOOK AHEAD

FINANCIAL CHALLENGES

Pill-Splitting Can Safely Cut Pharmacy Costs for Your Patients

With the skyrocketing cost of health care, one way your patients might be able to save money on their medication is by pill-splitting. But physicians rightfully are concerned that pill-splitting is safe, or it could lead to possible under dosing or overdosing and will lead to possible overdoses.

It's simple: patients should consult their doctors to see if their prescriptions may be eligible. If so, a doctor can write a new prescription for double the strength and half the quantity with instructions to take one half-tablet. The patient will then "split" larger-dose tablets in half to double the amount of smaller-dose pills they receive in a single prescription. Since drug companies and pharmacies don't usually double the price of medications as the dose doubles, consumers can reduce their overall per-pill drug costs and drug store co-pays.

According to the Henry J. Kaiser Family Foundation, spending on prescription drugs in the United States rises more than 10 percent a year, and patients who pay for their own medications can reduce their drug bills by up to 50 percent with pill-splitting.



BY TOM PAPPAS

One example of a pill-splitting program offering proven savings is the Half Tablet Program, a first-of-its-kind pill-splitting initiative launched nationwide by UnitedHealthcare in 2005. This voluntary initiative makes prescription medications more affordable for consumers and employers. Members who choose to participate pay a reduced co-payment for 16 different medications in five categories: ACE inhibitors, angiotensin receptor blockers, anti-depressants, lipid-lowering medications and antivirals. These medications have no change in effectiveness when pills – and dosages – are split. Plus, these eligible drugs have a "line" down the middle that makes them easier to split.

The cost savings are possible because the medications included in this program have "flat" or similar pricing across dosages and are generally prescribed for one dosage daily. For example, a 20-milligram tablet of Lipitor, a drug used to lower cholesterol, is priced the same as a 40-milligram tablet. A patient may purchase a 40-milligram tablet and then split the medication for his or her daily dosage amount (patients should not split their

pills without the permission of their physicians, who then write out a new prescription as well as instructions on how to take the medicine).

UnitedHealthcare found that 11 percent of members whose physicians prescribed one of the medications included in the program chose to participate. Nationally, UnitedHealthcare has distributed, at no charge, more than 100,000 pill-splitting devices in only a two-year period. In Pennsylvania, 10 percent of UnitedHealthcare's health plan customers participate in the Half Tablet Program, saving an average of \$300 annually on co-payments.

Additionally, more than 90 percent of UnitedHealthcare participants indicated safety was not a concern; 62 percent said their doctors were already aware of the Half Tablet Program; and 74 percent indicated their doctors were positive about the program.

Why should consumers and employees participate in a pill-splitting program? Studies have shown that lower co-pays may result in higher compliance because patients are better able to afford their medications. This can lead to improved clinical outcomes and reduced overall health care costs. When patients have affordable access to the medications they need, they are more likely to comply with their treatment program.

To determine if pill-splitting is an option, consumers should check their health plan's list of drugs eligible for pill-splitting or ask their doctor or pharmacist if a medication is available in a dose double the normal dosage. If so, patients should ask whether there would be any problems with splitting the tablets or capsules. Certain medications require a finely tuned dosage, or their pharmacology effectiveness may be altered if their protective coating is damaged.

To meet criteria for splitting, UnitedHealthcare recommends: use of medications that have a wide margin of safety so that minimal differences in tablet sizes will not result in underdosing or overdosing; tablets that can be split relatively evenly without crumbling; and medications that remain stable after splitting.

Pill-splitting enables consumers to reduce their prescription drug costs and helps ensure ongoing compliance with important drug therapies. It also encourages patients to foster an open dialogue with their physicians regarding their health, which is a critical component of a patient's overall well-being.

Tom Pappas, chief executive officer of UnitedHealthcare of Pennsylvania, can be reached at Thomas_Pappas@uhc.com.

Financial Trouble for Medical Practices Due to Unpaid Services

Most physicians don't realize how many of their services are going unpaid and are written off each year. This is becoming a growing problem among physicians who are trying to stay afloat in a struggling economy.

The average physician Accounts Receivables is \$200,000 Nationwide. It doesn't seem like much, but if your A/R is not addressed on a monthly basis the receivables could escalate to a million dollars. The end result is a loss for your practice at the end of the year. If you're a solo practice, even a \$200,000 loss could be devastating.

Cutting corners in your practice also contributes to this problem. Addressing unpaid claims is a very timely process. Most staff members don't have the time it takes to pursue, correct and reprocess the claims. Thus, again adding to the A/R problem.

You can take steps to fix this so your A/R doesn't escalate to a point where it will impact your practice.

- Having a knowledgeable billing staff or billing service
- Running monthly reports to determine what claims are still unpaid
- Contacting the insurance companies to find out if claims were received and if they were, have them reprocessed if possible.
- Resubmit claims that were never



BY SALLY ANTHONY

received by the insurance company

- Claims that were denied or rejected should be worked in addition to the report
- Resubmitting the corrected claims immediately because most insurance companies only accept claims submitted within their specified time limit
- Filing appeals for claims that were denied or paid at a lower level
- Updating your fee

schedules yearly so you can compare what the insurance company paid you and what they allow

- Billing correct diagnosis and procedure codes on the first claim submission
- These are just some things that can be done to reduce your A/R. Correctly submitting claims and following up on your A/R can drastically reduce unpaid services by 90%.

Taking the extra time to determine what your A/R is and how it is being addressed can make a big difference in the financial stability of your practice.

Don't be one of the physicians that gets involved late in the game. You could be spending more money to fix a problem that shouldn't have gotten out of control in the first place.

Sally Anthony, President, Anthony Medical Services, can be reached at (412) 257-1980 or www.anthonymedicalservices.com.

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2009: A LOOK AHEAD

COVER STORY: *A Look Ahead: Equitable Payment, Rate Transparency on Hospitals' 2009 Wish List*

Continued from page 1

country. The Medicare wage index is part of a formula which determines what hospitals are reimbursed for treating Medicare patients.

"This is a challenge for the region's hospitals," Harper said. "To begin to address this issue we worked with consultants and each individual hospital to make sure the data they were submitting was correct." This data scrubbing project, now in its second year, has already improved the wage index for the Pittsburgh region and brought approximately \$15 million each year back to hospitals in the Pittsburgh CBSA.

For 2009, this will continue to be a focus for hospitals in the region, Harper said. "Last year we started to work with our federal legislators to raise awareness of this issue and we will continue to advocate for funding for western Pennsylvania hospitals to raise the base of the wage index."

In addition, Hospital Council will continue to work with regulators on this issue, including the Centers for Medicare & Medicaid Services (CMS).

"The same holds true for Medical Assistance reimbursement," Harper said. "Our region's hospitals receive less reim-

bursement than hospitals across the state." During the past year, the Department of Public Welfare has been developing a redesign of the payment program for Medical Assistance.

"We will continue to advocate for equitable payment for the region's hospitals under any new Medical Assistance payment redesign," Harper said.

Another compounding factor is that there is one dominant insurer in the market. With one dominant insurer, there is less competition, thus impacting what hospitals are paid. "Regardless of the outcome of the potential merger between Highmark and IBC we are looking for a more even playing field for hospitals," Harper said.

For example, hospitals in western Pennsylvania are asking the Insurance Department to consider some type of rate transparency, giving a better opportunity to negotiate contracts with insurers.

In addition, 2009 will bring other financial-related changes, including a new tax form for non-profits to complete. These new Form 990s issued by the Internal Revenue Service will require several new items to be reported. Hospital Council held several educational sessions on this last year and will continue to assist its members with this in 2009.

Finally, hospitals will face new audits from the federal government. These audits, conducted under CMS by Recovery Audit Contractors, may be extensive and challenging. Hospital

Council has developed several strategies to assist members in preparing for these audits.

During the year ahead, hospitals will continue to enhance their clinical quality improvement programs. For example, this year hospitals are voluntarily working in a statewide coalition to address one specific issue—pressure ulcers. This effort, led by the Hospital and Health-system Association of Pennsylvania, Hospital Council, ECRI, the Health Improvement Foundation of the Delaware Valley and Quality Insights of Pennsylvania, provides tools to healthcare facilities across the continuum of care to work to reduce pressure ulcers among their patients.

As part of their quality initiatives, hospitals will continue to implement new standards related to emergency preparedness as outlined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

"These are just a sample of the many issues hospitals will face in 2009," Harper said. "Hospital Council will continue to work on these and other issues with its members through education, committees, task forces and work groups, advocacy and by providing data and information to our members."

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

Action Plan Leads to New Efficiencies at Kane

John J. Kane Regional Center's Action Plan has shown foresight in many ways, including instilling new efficiencies that are allowing the organization to continue to provide the highest level of care during these difficult economic times.

In October of 2006, Allegheny County Chief Executive Dan Onorato unveiled the Kane Action with an eye on creating a continuum of care throughout the Kane System. The plan also took on a budget deficit affecting the system in 2006 and set up the centers to operate at a break-even level for the foreseeable future.

"The Action plan has instilled a number of new efficiencies to our operations and economic discipline that allows us to continue to provide county residents with the best services and care even during an economic downturn," said Dennis Biondo, executive director. "We're still evolving as the plan is being executed, but the results are already benefitting our residents."

The plan called for a reduction in staffing of 110 positions to be accomplished through the process of attrition. Each position to be phased out was considered individually, examining how the responsibilities of each one could be absorbed elsewhere throughout the system. The Action Plan concurrently called for a natural reduction in census of 85 residents, which eliminated the need entirely for some positions.

Kane's center in Ross Township has served as a model for the new efficiencies within the system. Last year, the facility completed the phasing out of an entire floor reducing the number of beds from 360 to 240. Kane is in the process of leasing that vacant space to an outside agency that will provide assisted living services on site.

At the same time, Kane announced a new, 60-unit independent living facility would be constructed on the Kane Ross campus with the possibility that a second similar unit could follow in the future. Resident services for the new units will be provided through existing staff and capabilities at Kane Ross. The project will create a new revenue stream while keeping costs stable.

Prior to the announcement of the Ross Township project, Kane undertook similar changes at its Glen Hazel center. The system has added a 12-unit independent living facility to existing space at the center also to be serviced through existing staff and assets.

"Providing a continuum of care for our residents is our No. 1 concern," Biondo said. "But we must also act in a fiscally responsible manner. These projects at our Ross Township and Glen Hazel centers are accomplishing both ends of our goals."

COVER STORY: *Financial Challenges Facing the Healthcare Industry in 2009*

Continued from page 1

portfolio holdings are sure to result in negative non-operating activities and total margins at either fiscal or calendar year end.

A new president and cabinet also signal unknown changes to the healthcare delivery system and payment model. We have read and heard about potential changes such as universal healthcare under a single payor model, looming payment reductions, and coverage for the uninsured. With a shrinking revenue base and pressure to fund failing business segments such as financial institutions and auto manufacturers, funds available for the Medicare program will continue to experience downward pressure. On a state level, the economic downturn will continue to strain revenues during 2009 which will result in potential Medical Assistance payment reductions to providers and physicians. One thing we can be certain of is that change is inevitable and the true challenge will be how we react and position our institutions to operate under the new payment and care models.

On a national and local basis, providers are experiencing declines in patient admissions and outpatient activities.

Individuals are postponing elective procedures and patients are cutting their outpatient therapies short due to deductible and co-payment issues. At the same time, both bad debt expense and charity care write offs are increasing over previous years. The economic outlook for the next one to two years is not stellar. Both Moody's and Fitch rating agencies have issued negative outlooks for the healthcare industry over this time period. Healthcare executives will, indeed, be challenged to maintain positive operating results and balance sheet strength during the upcoming calendar year.

In conclusion, the challenges faced by healthcare institutions will be great in 2009. Healthcare executives and boards will need to work closely on a variety of fronts including investment strategy, capital plans and deployment, and core operations to maintain organizational strength and viability. The most successful entities in 2009 will be those whose management have foresight and can quickly adapt to the market forces and changes that will surely occur.

Bryan J. Randall, Chief Financial Officer, Heritage Valley Health System, can be reached at brandall@hvhs.org.



2009: A LOOK AHEAD

FINANCIAL CHALLENGES

Financial and Legal Implications of the Economic Crisis

Even before the traumatic events of 2008, substantial difficulties loomed on the horizon for health care in the United States. Per capita health care costs have been rising for decades. Increasing numbers of elderly suggest the potential for even larger increases in demand for health care and even greater cost increases. At the same time, the number of health professionals has not been increasing in a way that will meet projected demand. While we might like to think that health care is effectively recession-proof, because people need medical care regardless of economic conditions, history shows that this is not the case. Indeed, health care is often the last industry to be affected by an economic downturn and the last to recover. The literature shows that economic problems increase demand for care while constraining resources available to provide it. For example, unemployment contributes to a wide range of mental health problems at the same time that unemployed workers lose insurance coverage. Even before the crisis it was clear that we would have to "do more with less." Recent developments only make this more urgent. Of course, other nations have coped with shortages



BY STEPHEN
FOREMAN, PHD, JD,
MPA

for many years. The United States spends one-third more of its gross domestic product (as a percentage) on health care than any other nation in the world, and two to three times more than many developed nations. People in other countries simply do not get much of the health care that we take for granted. At the same time, many countries provide health care in a much more efficient manner.

One of the best ways that we can do more with less is to be more efficient. Students in a recent health law and ethics class at Robert Morris University – experienced nurses all – came up with 100 ideas to make hospitals more efficient. Current challenges suggest that we need to take these types of ideas seriously. Moreover, increasing demand for primary medical care, diminishing availability of primary care physicians, eroding economics for primary care physicians and the need to provide more care with diminishing resources suggest the need for developing new, more efficient ways to provide medical care. One possibility is to develop new types of professionals, such as the doctor of nursing practice program at RMU.

Doctors of nursing practice can provide

*One of the best ways that we can do more
with less is to be more efficient.*

– Dr. Stephen Foreman

substantial amounts of primary care for patients in an extremely efficient manner. Challenging economic times may also require us to rethink our approach to the way that we provide medical care to the elderly. Very large amounts of resources are used to care for people in their last year of life. No other nation does this. Economic constraints could prompt us to reconsider ethical, legal, financial and medical implications of end-of-life treatment decisions. Effective solutions will require concerted efforts in health education and politics. Of course, the development of better efficiency, the use of new types of professionals and changes in the way that we approach end-of-life treatment will require substantial changes in health care law. In particular, we must reconsider laws that restrict the scope of practice. This should not threaten doctors. There is and will be more than enough work for all. Moreover, now is the time for legal changes to eliminate unintended inefficiencies, such as defensive medicine. Finally, altered approaches may also require legis-

lation that clearly describes treatment options. Even before the economic crisis, it was clear that current health care policy in the United States is not sustainable in the long run. The economic crisis has simply advanced the timetable for action. If we are to weather the economic crisis with the least disruption possible while planning for the best health care in the future, we will need to find ways to be much more efficient.

Dr. Stephen Foreman, an associate professor of health care administration at Robert Morris University, is currently a Fulbright Scholar at Crimea State Medical University in Ukraine. He can be reached at foreman@rmu.edu

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2009: A LOOK AHEAD

HOME CARE/HOSPICE

Hospice Care Can Soothe Physical, Emotional and Financial Pains

When patients and their families are dealing with a terminal illness, the physical and emotional challenges are burden enough. But sometimes the financial stresses associated with serious illness are more than a family can bear. That is especially true today, with unemployment on the rise and the economy in decline.

With a timely and appropriate referral to hospice care, however, physicians and others involved in terminally ill patients' care can help ease not only the physical or emotional stresses that patients and their families might be experiencing, but also any financial stresses they might have.

Not a luxury item

Contrary to popular belief, hospice care is not a luxury service available only to the wealthy or those who have private insurance. Hospice care is a Medicare benefit available to anyone with a prognosis of six months or less.

The often crippling financial burdens of a life-limiting illness can be lessened because the Medicare Hospice Benefit includes 100 percent coverage of physician services, nursing care, home medical equipment and medical supplies, prescription drugs and



BY DONALD GADDY

over-the-counter medications related to the patient's terminal illness. It also covers counseling, spiritual support and bereavement support for the patient's loved ones. Patients and their families receive these benefits without any co-pays, deductibles, coverage limits or any other ancillary payments. Most states, including Pennsylvania, also provide similar coverage for Medicaid beneficiaries.

If a patient referred to VITAS does not qualify for Medicare or Medicaid and does not have private insurance, he or she is not turned away because of an inability to pay. VITAS absorbs the cost of those patients' care and provides them the same level of care as it does to all of its patients. In fact, VITAS' genuine charity care company-wide averages more than 1 percent of its gross revenues, reportedly a higher percentage than the majority of other for-profit and non-profit U.S. hospice providers.

Beyond the basics

VITAS Innovative Hospice Care® provides a number of services that go well above and beyond basic hospice care, services that help to ease patients' and families' physical and emotional strains.

VITAS' Telecare provides peace of mind to

patients and their caregivers by giving them direct access to hospice clinicians if a problem occurs after hours or on weekends and holidays. VITAS Intensive Comfort CareSM (called Continuous Care by Medicare) is bedside care provided in crisis situations up to 24 hours a day. Intensive Comfort CareSM often allows patients to remain safely and comfortably at home, avoiding unnecessary—and costly—hospitalization.

Most hospice patients do prefer to receive their care in the comfort and familiarity of their own home—be that in a private residence, a nursing home or an assisted living facility. But if the patient needs care beyond what can be provided at home, VITAS has special arrangements with local hospitals and other facilities where patients may receive necessary and appropriate inpatient care and return home as soon as possible.

Ease of pain for everyone

Hospice is unique in that it provides care for both the patient and the patient's loved ones. For example, all Medicare-certified hospice providers must provide an organized program of services to meet the bereavement needs of the family for at least

one year after the beneficiary's death. VITAS is no exception—offering bereavement support groups, memorial services, individual counseling and referrals, if needed.

VITAS' growing ranks of volunteers also help family members. By providing patient care and companionship, VITAS volunteers offer respite to patients' caregivers, giving them some time for respite—to relax or “get away,” if necessary. And in many VITAS programs, volunteers sew Memory Bears—Teddy bears made for grieving family members from a favorite clothing item of the deceased. Experienced and specially trained volunteers also often help organize or even conduct caregiver support groups.

In sum, hospice care provides more than palliative and emotional care to terminally ill patients. It also provides—especially in times when money is tight—a welcome change from the co-pays, deductibles and coverage limits that can cause real hardship.

Donald Gaddy is Vice President of Market Development and Sales at VITAS Innovative Hospice Care®. For more information about VITAS Innovative Hospice Care®, call 1-800-93-VITAS.

The Journey to Improve Hospice Care in America

More than ever the role of physicians in hospice is changing. Ever since the first Medicare Hospice guidelines in 1983, physicians have played a significant role on the hospice team and in the care of the patient. Now, new Medicare regulations are emphasizing the importance that physicians play with hospice staff, patients, and to the overall programs. They also promote a new level of collaboration between physicians and the hospice clinical and administrative staff.

Recent revisions to the Medicare Hospice Conditions of Participation have further defined the physician's role at hospice. These federal guidelines outline the regulations that hospices must follow when caring for Medicare recipients. The new regulations continue to set a higher standard for the quality of care—one that requires hospices to expand the role of physicians within their organization.

Under these guidelines, hospices must appoint a medical director to oversee all medical components of the plan of care. All other physicians working at the hospice will fall under the oversight of the medical director. Physicians will be involved in many additional areas of care such as the development of assessment tools and processes, as well as helping to define methods to measure meaningful outcomes.

Because the medical director is responsible for the medical component of the hospice plan of care and the patient assessments, the physicians involved in hospice will play a more active role in both of these areas. The medical director



BY RAFAEL J. SCIULLO, MA, LCSW, MS

and/or team physician will participate in the certification and recertification of the patient's prognosis. More than ever, physicians will play an active role in creating and updating the plan of care.

For the first time in Family Hospice and Palliative Care's 28 year history, we have appointed an administrative medical director. She is available to consult with the physicians at our inpatient facility and

the Interdisciplinary Group Team physicians. Many of these physicians are now making home visits to patients.

Increasingly, the medical director will be involved in administrative aspects of the hospice. At Family Hospice and Palliative Care, the medical director and other physicians have joined management on a number of committees to further improve the services provided to patients. Committees such as Infection Control/Patient Safety, as well as the Pharmacy and Therapeutics Committee, will now have the benefit of having physician experience and expertise.

Increased physician participation helps to further empower the hospice organization with additional knowledge, experience and skill. The patients, families, and staff at all hospices will certainly reap the benefits of these new guidelines.

Rafael J. Sciuлло, MA, LCSW, MS is the President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciuлло@familyhospice.com or (412) 572-8800.

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2009: A LOOK AHEAD

HOME CARE/HOSPICE

Home Care Challenge and Change in 2009

The coming year will test our endurance as we skillfully attempt to educate the Obama Administration and 111th Congress on healthcare issues!

Competitive Bidding

In July 2008, equipment and supply providers thwarted Medicare's plan for Competitive Bidding – nothing short of a miracle! Speaking with a united voice, we sent a clear message to legislators that this initiative equated to poor patient care and Congress voted to delay the project. President Bush vetoed their vote and that resulted in one of only three overthrown vetoes of Bush's second term. Now the stage is set for the next round of battle, which is sure to arise this year.

Affecting 10 MSAs (Metropolitan Statistical Areas) including Pittsburgh, Competitive Bidding is the brainchild of the Bush Administration and involves costly and volume products supplied under Medicare's Part B plan. If implemented, our senior citizens, disabled and referral sources will suffer the consequences of reduced providers, inadequate service, and most importantly, elimination of beneficiary choice.

The 18-month delay was pushed through by Congressman Pete Stark (D-CA) Chair of the House Ways and Means Health Subcommittee, who insisted upon several safeguards and improvements before CMS



BY GEORGIE BLACKBURN

(Centers for Medicare and Medicaid Services) re-introduces the plan. CMS has been hard at work and will roll out a new bid proposal later in 2009. The difference...a new Health and Human Services Director (Sen. Tom Daschle) and a new CMS Administrator will be at the helm. Will they agree with Competitive Bidding? The goal of this writer, AA Homecare (the American Association for Homecare - our national association) and state associations

is to educate them on the plan's failed methodology and find a better way to care for our growing Medicare demographic.

Home Oxygen Coverage and Policy Reform

Oxygen is an FDA approved drug, but CMS felt Medicare patients should own it if they used it consistently for 36 months. In 2008, the provider and medical communities convinced CMS they were wrong and the new guideline states title will not transfer. Yet, providers must continue to service until the unit is 60 months old. CMS only permits only two labor calls per year paid at approximately \$30 per call and any new oxygen related supplies are not payable. Additionally, the provider must make arrangements for oxygen for traveling beneficiaries, like snowbirds who winter in Florida. Providers are scratching their heads, wondering how they can afford to provide 60 months of service when paid for 36 and are in a quandary about continua-

tion of service.

Patients who have been on oxygen therapy since January 1, 2006 are the first to be affected on January 1, 2009. Throughout November and December AAHomecare held meetings with CMS officials; now the new administration and the 111th Congress must look at this remnant of the Bush Administration and tackle it head on. One solution is to totally revamp the Medicare Oxygen benefit to insure patients receive the adequate modality and provider's adequate payment for round the clock service. AAHomecare has slated Oxygen Reform as a priority for the new administration and we'll be working hard to get Congress's ear on this vital issue.

Universal Healthcare Reform

In America, healthcare accounts for 16% of the GNP while over 46 million people remain uninsured – an embarrassing statistic. Senator Max Baucus, Chair of the powerful Senate Finance Committee submitted his recommendations for reform immediately following the election and Senator Ted Kennedy and at least four other congressional leaders plan to do the same. Preventative medicine will likely be a key discussion point. It's imperative that we take care of our children, working poor, elderly and disabled. Plus, broad bi-partisan voter sentiment called for improved healthcare policy that will propel it to the top of the White House list in 2009.

Homecare ... a Solution!

One in five adults are currently providing some level of care to a loved one at home. Medicare even recognized the need to provide a CAREGIVER PAGE on the CMS website recently and our state legislators embraced Group Home arrangements in lieu of skilled care. These interesting facts highlight the focus on homecare as a solution to our nation's budgetary concerns. In 2006, a Morrison Infomatics study of 600,000 Medicare beneficiaries using Oxygen in the home said home oxygen cost \$7.60 per day as opposed to \$4,600 per day if hospitalized. Hospitalization is a vital part of patient diagnosis and care, but upon discharge, most modalities required in skilled care can now be delivered in the home setting in a more cost-effective and psychologically beneficial way for the patient. This part of the Part B benefit must remain intact.

Advocacy ... our Tool!

Seize the opportunity to educate and advocate in 2009. A new administration and new Congress is waiting to hear from you!

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.

When Regulations Change, Who is the Expert?

Celtic Healthcare Chosen as Leader in Homecare to Educate Other Agencies

On October 2, 2008, Pennsylvania joined the many other states that allow Physical Therapy Assistants (PTAs) to work in the field of homecare. With this regulation change, homecare providers all over the state had many of the same questions: What are the new rules? How do we hire, train, and manage PTAs?

Celtic Healthcare was chosen by the Pennsylvania Homecare Association to host an informational session for Pennsylvania Homecare Association representatives, as well as homecare agency administrators throughout the state. The informational session drew over 40 people who were taught the new Pennsylvania guidelines pertaining to indirect supervision of PTAs, how to hire, train, and manage PTAs, and to review patient case scenarios and PTAs performing treatment interventions.

Celtic Healthcare presented this session with Ashlee Burchianti-Esplen, PTA, MS, CMT. Burchianti-Esplen is an experienced speaker and has held various leadership positions throughout the American Physical Therapy Association (APTA),

including national and chapter (Pennsylvania Physical Therapy Association) elected positions and district committees over the past 12 years.

With a clear dedication to education, both internally and externally, this is only one example of Celtic Healthcare's educational reach. Celtic Healthcare is pleased to announce that they will now offer specialized teleconference educational sessions to interested parties, such as home health associations, agencies, and private insurance companies.

Celtic Healthcare features teleconference sessions to maximize learning efficiencies and create a simple way for organizations to tap into their wealth of knowledge on today's healthcare issues, which range from homecare and hospice-based management to interdisciplinary topics that span the healthcare field. Celtic Healthcare's teleconference programs create significant value for participants – minimizing the cost of continued education and increasing operational efficiencies.

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Healthcare Professionals in the News

ALTOONA REGIONAL

Anthony J. Bartkowiak Jr., M.D., a member of the Altoona Regional medical staff, has been recertified by the American Board of Internal Medicine through December 31, 2018. He practices with Blair Medical Associates, Altoona.



■ **Dr. Anthony J. Bartkowiak, Jr.**

Anne Stoltz, M.B.A., of Patton, was recently promoted to the position of development/communications associate. Anne started her career in Marketing and Communications in 2005 as a Web site coordinator/writing assistant. She received her bachelor's in public relations from the Pennsylvania State University, University Park, and her master's in business administration from Saint Francis University.



■ **Anne Stoltz**

THE CHILDREN'S HOME OF PITTSBURGH

Dr. Fred Sherman, a local resident of Squirrel Hill, will be honored for his years of service to The Children's Home of Pittsburgh & Lemieux Family Center at its annual charity gala. Dr. Sherman has been on the Board of Directors for The Children's Home for the past 19 years, and has been an active member of the Executive Committee and President of the Medical Staff since 1997. A professor at The University of Pittsburgh, Dr. Sherman founded the Department of Perinatal Cardiology at Magee-Women's Hospital and still acts as the Director of the program. Dr. Sherman was also the Director of the Cardiology Fellowship Training Program at The Children's Hospital of Pittsburgh for ten years.



■ **Dr. Fred Sherman**

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

The Pediatric Environmental Medicine Center at Children's Hospital of Pittsburgh of UPMC has recruited a nationally renowned asthma researcher.

Fernando Holguin, M.D., MPH, will serve as the clinical director of the Pediatric Environmental Medicine Center. In addition to his new role at Children's Hospital, Dr. Holguin also will serve as a pulmonologist in the Asthma and Allergic Diseases Research Center at UPMC.



■ **Dr. Fernando Holguin**

CONCORDIA LUTHERAN MINISTRIES

Concordia Lutheran Ministries Vice President of Skilled Nursing

Charlene Kline recently announced the promotion of Butler resident **Dave Fox** to Director of Skilled Nursing Social Services at the Cabot campus. Fox has been at Concordia for eight years, since coming to the organization as a social services coordinator.



■ **Dave Fox**



■ (l-r) **Christie Scott, Dave Alsing, Michael Rodgers, Virginia Humphrey, and James Wolfe**. Not pictured: **Stephen Johnson**

Six new board members were recently appointed to Concordia Lutheran Ministries' Board of Directors.

David Alsing, current member of the Concordia at Rebecca Residence Board; **Virginia Humphrey**, President of the Pittsburgh Zone Lutheran Women's Missionary League – English District; **Stephen W. Johnson**, Executive Vice President and General Counsel of CNX Gas Corporation; **Michael K. Rodgers**, principal of The Rodgers Group; **Christie Scott**, Care Manager and Ombudsman for the Beaver County Office on Aging; and **James S. Wolf**, retired global banker.

CONEMAUGH HEALTH SYSTEM

Diana Denning, M.D., FACOG, gynecologist, is the newest member of Conemaugh OB-GYN Associates. Board Certified in Obstetrics and Gynecology, Dr. Denning most recently served as an obstetrician and gynecologist for Gyno Associates in Latrobe.



■ **DR. DIANA DENNING**

Mary A. York is Conemaugh Health System's first Chief Learning Officer—a title that is new to the field of healthcare and bringing along with it some revolutionary ideas. York will utilize her extensive background in financial services, education and Human Resources, most recently working as an independent human resources consultant for non-profit organizations, as well as government and financial institutions, focusing on strategic planning, compensation analysis and quality improvement, to help Conemaugh develop a learning strategy that focuses on innovation, teamwork and organizational excellence.



■ **MARY A. YORK**

EXCELA HEALTH

Elie Abdallah, M.D., pulmonary and critical care medicine specialist, has joined the Excelsa Health medical staff in the Department of Internal Medicine. Prior to joining Excelsa Health, Dr. Abdallah served as an internist/intensivist as well as working in the Emergency Department at the VA Hospital, Syracuse, NY. He is a member of the American Thoracic Society, the American College of Chest Physicians, and the Society of Critical Care Medicine.



■ **DR. ELIE ABDALLAH**

FOUNDATION RADIOLOGY GROUP

Foundation Radiology Group (FRG) is pleased to announce the appointments of **Dr. Susanj Patel** and **Dr. Michael Reiser** to their clinical staff. Dr. Patel will fill the role of body imager, and Dr. Reiser is FRG's newest neuroradiologist. Dr. Patel was previously practicing at West Penn Hospital, and Dr. Reiser was practicing in the Washington, D.C. Metropolitan Area.



■ **DR. SUSANJ PATEL**



■ **DR. MICHAEL REISER**

GATEWAY REHABILITATION CENTER

Richard A. Foster, director of the Corrections Division for Gateway Rehabilitation Center, has been promoted to executive vice president of treatment programs. In his new position, Foster is responsible for all clinical operations including treatment programming, development and implementation of policies and procedures, adherence to applicable licensing and accreditation standards, and oversight of clinical training, staff supervision, and budgeting. Foster has worked at Gateway Rehab for 17 years in various roles.



■ **RICHARD A. FOSTER**

HIGHLANDS HOSPITAL

Marcia Whittaker (left), Case Management Manager at Highlands Hospital, and **Kathy McCabe**,



■ **MARCIA WHITTAKER AND KATHY MCCABE**

Case Manager recently became certified by the American Case Management Association. Successful completion of a certification examination verifies broad-based knowledge and critical thinking skills as relevant to the practice of Hospital/health System Case Management. Currently, there are approximately 10 nurses in the Western Pennsylvania chapter of the ACMA certified as Accredited Case Managers.

LOCK HAVEN HOSPITAL

Lock Haven Hospital is pleased to announce that **Dr. Raj Patel**, Board-Certified in Internal Medicine, has been elected as Chief of Medical Staff. Dr. Patel was elected to the post by his colleagues and peers and will serve as Physician Director for two years. Currently, Dr. Patel is serving as Chairman of the Continuing Medical Education Committee and Director of the Coronary and Intensive Care Unit at Lock Haven Hospital.



■ **DR. RAJ PATEL**

MEMORIAL MEDICAL CENTER

Alfred P. Bowles, Jr., MD, FICS, FACS, a neurosurgeon at Memorial Medical Center, a member of Conemaugh Health System, was among 1,189 Initiates from around the world who recently became Fellows of the American College of Surgeons (ACS) during convocation ceremonies at the College's 94th annual Clinical Congress in San Francisco. Since



■ **DR. ALFRED P. BOWLES, JR.**

2005, Dr. Bowles has employed at Conemaugh Neurosurgical Associates and served as Director of the John P. Murtha Neuroscience and Pain Institute; Chairman of the Department of Neurosciences; and Divisional Chairman of Neurological Surgery at Memorial Medical Center.

MOUNT NITTANY MEDICAL CENTER

Mount Nittany Medical Center is pleased to announce the appointment of **Beth Newman** to director of patient access. The Medical Center promoted Newman, who had been serving as interim director. She has served as patient registration associate, radiology clerk typist, accounts payable clerk, buyer, supervisor of patient access, and since 2003, the assistant director of patient access.



■ **BETH NEWMAN**

Kristin Sides, BS, patient navigator for cancer care at Mount Nittany Medical Center, received certification from the only nationally recognized training curriculum for patient navigators. Sides attended the Harold P. Freeman Patient Navigation Institute in New York City in October and was awarded certification. She also worked for the American Cancer Society and the American Lung Association.



■ **KRISTIN SIDES**

The Reverend George Burn, director of pastoral care at Mount Nittany Medical Center, will be presented with the Institutional Chaplain Merit Award in June 2009 from American Baptist Churches USA at the ABCUSA biennial meeting in Pasadena, CA. From early life as a seminary student working for the Seamen's Church Institute to volunteering with his wife, Paula, in the aftermath of Hurricane Katrina, Burn has dedicated his 35-year career to direct pastoral care and ministry.



■ **GEORGE BURN**

PHYSICAL REHABILITATION SERVICES, INC.

Physical Rehabilitation Services, Inc. is pleased to announce the hiring of **Dave Campagna, DPT**, as a physical therapist at their Perrysville and Franklin Park locations. Campagna is licensed by the state of Pennsylvania as a physical therapist.

Prior to joining Physical Rehabilitation Services, he worked as a physical therapist for the Centers for Rehab Services, UPMC Institute for Rehabilitation and Research. He is an active member of the American Physical Therapy Association.



■ **DAVE CAMPAGNA**

ST. CLAIR HOSPITAL

St. Clair Hospital has named **David L. Kish, R.N.**, to the position of executive director of Emergency Services and Patient Logistics. Kish joins St. Clair from Allegheny General Hospital in Pittsburgh where he most recently served as Director of the Emergency Department. He served as Manager, LifeFlight Air Medical Program, and in a variety of progressively responsible nursing positions in Emergency Services and Intensive Care.



■ **DAVID L. KISH**

SHARON REGIONAL

Sharon Regional recently welcomed **Kayal Sambandam, M.D.**, a specialist in pulmonology, critical care, and sleep medicine to its medical staff. Prior to coming to Sharon Regional, Dr. Sambandam was a staff physician in Pulmonary/Critical Care at Staten Island University Hospital, Richmond University Medical Center, Victory Memorial Hospital, and Lutheran Medical Center, all in New York City. She also directed the sleep labs at the Richmond University and Victory Memorial facilities.



■ DR. KAYAL SAMBANDAM

THOMSON, RHODES & COWIE, P.C.

Thomas B. Anderson, shareholder and trial attorney, and associates **Brad R. Korinski** and **Christian W. Wrabley**, of Thomson, Rhodes & Cowie, P.C., were honored as 2008 Pennsylvania Super Lawyer's Rising Stars in the area of Medical Malpractice Defense, by Law & Politics and Philadelphia Magazine.

UNIVERSITY OF PITTSBURGH

Edward P. Krenzelok, Pharm.D., F.A.A.C.T., D.A.B.A.T., has been named the inaugural Dr. Gordon J. Vanscoy Chair of Pharmacy at the University of Pittsburgh School of Pharmacy. Dr. Krenzelok is director of the Pittsburgh Poison Center and Drug Information Center at UPMC and is a professor of pharmacy and pediatrics at the University of Pittsburgh. Dr. Krenzelok, a 25-year faculty member at the School of Pharmacy, plans to focus his efforts on promoting the importance of poison and drug resources throughout the university.



■ DR. EDWARD P. KRENZELOK

Three faculty members from the University of Pittsburgh School of Medicine recently have been named fellows of the American Association for the Advancement of Science (AAAS). **Bernie Devlin**, Ph.D., associate professor of psychiatry and human genetics; **George K. Michalopoulos, M.D., Ph.D.**, Maud L. Menten Professor and chair of pathology; and **Herbert L. Needleman, M.D.**, professor of psychiatry and pediatrics, were selected for their scientifically or socially distinguished efforts to advance science and its applications.



■ DR. BERNIE DEVLIN



■ DR. GEORGE K. MICHALOPOULOS

UPMC

UPMC announced that physician **Gary Lemoncelli, M.D.**, has joined Health Center Associates – UPMC. Formerly, he was affiliated with West Penn



■ DR. GARY LEMONCELLI

Hospital of the West Penn Allegheny Health System. Dr. Lemoncelli specializes in internal medicine and will practice at UPMC Shadyside in the Shadyside Medical Building. Dr. Lemoncelli received his medical training at the Wake Forest University Bowman Gray School of Medicine and completed his residency at UPMC.

UPMC HEALTH PLAN

Jay Srin, Chief Innovation Officer for the UPMC Insurance Services Division, was named one of Computerworld magazine's Premier 100 Information Technology (IT) Leaders for 2009. Srin joined the UPMC Insurance Services Division in February 2008. Prior to that, she was Vice President of Emerging Technologies for UPMC Corporate Services for four years. The award recognizes the work she did in both positions, which concentrated on how best to connect IT with academia, with innovative start-up companies, and with state and national entities, to bring about advances in health care.



■ JAY SRINI

UPMC HORIZON

Mark Anthony Quintero, M.D., anesthesiologist and pain management specialist, has joined UPMC Horizon's medical staff and the UPMC Horizon Pain Management Center. Dr. Quintero earned his medical degree from the University of Miami Miller School of Medicine, Miami, Fla. He completed an anesthesiology residency and a pain management fellowship at Jackson Memorial Hospital, Miami.



■ DR. MARK ANTHONY QUINTERO

Three surgeons formerly affiliated with Allegheny General Hospital of the West Penn Allegheny Health System have joined UPMC and will see patients at UPMC Horizon. **M. Lance Weaver, M.D.**; **James Valuska, Jr., M.D.**; and **Thomas Lheureau, M.D.** will establish a new practice, Northern Area Surgical Associates – UPMC, and will be based at both UPMC Horizon and UPMC Passavant Cranberry. All three surgeons are certified by the American Board of Surgery and are fellows in the American College of Surgeons.



■ DR. M. LANCE WEAVER



■ DR. JAMES VALUSKA, JR.



■ DR. THOMAS LHEUREAU

Anita Courcoulas, M.D., Chief of the Minimally Invasive Bariatric and General Surgery Center at Magee-Womens Hospital of UPMC, and her associates are now seeing patients at UPMC Horizon. An Associate Professor of Surgery and Chief of the section of Minimally Invasive Bariatric and General Surgery at the University of Pittsburgh School of Medicine, Dr. Courcoulas specializes in minimally invasive surgery to treat obesity and related disorders.



■ DR. ANITA COURCOULAS

UPMC NORTHWEST

David P. Gibbons, MHA, RN, will join UPMC Northwest as president, effective March 2, 2009. Gibbons will come to UPMC Northwest from Kennedy Health System in Voorhees, NJ, near Philadelphia, where he serves as vice president of operations. Before joining Kennedy in 1997, he was director of managed care for the Visiting Nurses Association of Greater Philadelphia; regional director of operations, marketing and finance for Oncology Services Inc.; and held several clinical posts with U.S. Healthcare in Blue Bell, PA.



■ DAVID P. GIBBONS

The American College of Surgeons Commission on Cancer has reappointed hematologist/oncologist **Donna Spadaro, M.D.**, to a three-year term as its cancer liaison physician at UPMC Northwest. Dr. Spadaro is board certified in internal medicine, hematology, and oncology. She has been a UPMC Northwest staff physician for 17 years.



■ DR. DONNA SPADARO

Invasive cardiologist **Khaled Bachour, M.D.**, is the newest addition to the UPMC Northwest heart care team. Dr. Bachour performs cardiac catheterizations on low-risk patients in the UPMC Northwest Cardiac Catheterization Unit. Dr. Bachour has come from Detroit, MI, where he completed an internal medicine residency and cardiology fellowship at Detroit Medical Center and Wayne State University. Earlier he graduated from Damascus University School of Medicine and completed an internship in internal medicine at Damascus University Hospitals in his native Syria.



■ DR. KHALED BACHOUR

VALLEY CARE ASSOCIATION

Valley Care Association recently added two new members to its Board of Trustees. **Carole Moore Ford** is a retired Nurse Educator at Sewickley Valley Hospital's School of Nursing. **Rody Nash** is a home-builder and general contractor with his company TerraForma, Inc..

Heather Sedlacko was selected as Executive Director of Valley Care Association in Sewickley. Sedlacko has been working for the Southwestern PA Partnership for Aging (SWPPA) since 2004 and has served as the Manager of Operations for the past three years. Prior to her employment at SWPPA she worked in various positions throughout the Pittsburgh region at institutions involved with elder care.

WEST PENN ALLEGHENY HEALTH SYSTEM

West Penn Allegheny Health System (WPAHS) officials announced that **David R. Kiehn** has been appointed as the System's Chief Financial Officer. Kiehn joins West Penn Allegheny from the Swedish Medical Center/Ballard Campus in Seattle, WA where he presently serves as the Associate Director of Finance and Operations. Prior to his role at the Swedish Medical Center, Kiehn held the positions of Vice President of Financial Operations for Stanford Hospital and Clinics in Palo Alto, CA, Senior Vice President for Finance and Technology at Evergreen Healthcare in Kirkland, WA and Chief Financial Office at The University of Washington Medical Center.

Officials of the West Penn Allegheny Health System and The Western Pennsylvania Hospital announced the recruitment of nationally recognized burn surgeons **Larry M. Jones, M.D., FACS**, and **Roger R. Barrette, M.D., FACS, FCCM**, formerly of the UPMC-Mercy Trauma and Burn Center. Dr. Jones will serve as Medical Director of the Burn Center. Dr. Jones led the Trauma Services and Burn Center at UPMC-Mercy since 1991. Dr. Barrette joined Mercy Hospital of Pittsburgh in 1987, and at UPMC-Mercy he served as director of the Progressive Care Units in neurosurgery/trauma and oncology/surgery as well as the Intensive Care Unit.



■ DR. LARRY M. JONES



■ DR. ROGER R. BARRETTE



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Tapping the Teacher's Brain

Professor creates medical game to help students learn complex terms

Going to medical school is like learning a new language. There are new terms, new concepts, and new ways of fitting knowledge together. Students have to memorize a vast amount of terminology before they can begin to do clinical problem solving.

Remembering the endless cycle of eat, sleep and study that she went through, Mary Jeanne Krob, M.D., wants to make things a little easier for her students. When they need to review for a test, she creates games to increase their interest in the subject matter and improve their scores. Those flash cards, crossword puzzles and Jeopardy-style challenges she has used over the years have morphed into a new entity, a board game — MedHead™ The Physical Examination Edition.

Dr. Krob took 300 common test questions in physical diagnosis ranging in 10 categories and created a colorful, enticing game that quizzes participants on key medical terminology. The question-and-answer-style game prompts students to travel around the human skeleton on a brightly colored track. If a participant gets an answer wrong, he or she must take a "misdiagnosis card" and become subject to any number of penalties. The game is geared toward medical students, physician assistant students, or those in nurse practitioner programs.

Dr. Krob said her students were surprised she spent so much time creating a game for them the first time she brought MedHead™ into the classroom.

"For me it was easier to create a game for class than it was to create a lecture," Dr. Krob said. "The bonus is that the students actively work with the material to be learned rather than just passively sitting and listening to a lecture. Traditionally, students demonstrate their knowledge through multiple-choice tests. This game forces them to really learn the material."

Now that she has launched a Website, www.MedHeadGame.com to market the game, others have been benefiting as well. David Koton, administrative director of clinical education and assistant professor at Nova Southeastern University, said he uses the game in class to help students prepare for a "challenge bowl" at the school.



"The questions are really at the right level," Koton said. "There are enough easier ones so that no one is immediately discouraged, but hard enough to separate the ones who really study from the nonstudiers."

Dr. Krob, a board-certified surgeon and editor of medical textbooks is currently an adjunct professor in a master's level physician assistant program at Duquesne University in Pittsburgh. She has also worked at numerous hospitals in Iowa and Pennsylvania, opened her own private general surgery practice, earned a master's degree in education, and has headed burn centers and multisystem trauma units.

To learn more about Dr. Mary Jeanne Krob or MedHead™ The Physical Examination Edition, visit www.MedHeadGame.com.



Penn State Fayette Begins Accelerated RN-to-BS Nursing Program

Thanks to a 3-year, \$841,514 grant from the U.S. Health Resources and Services Administration (HRSA), Penn State Fayette, The Eberly Campus and Penn State Altoona have been able to launch accelerated RN-to-BS nursing programs.

The accelerated program at Penn State Fayette allows registered nurses (RNs) to earn a bachelor of science in nursing degree in 12 months—an achievement that usually takes two years or more. The courses are taught in a "blended" format, including in-class, Web-enhanced, and Web-delivered offerings. Students need to spend only one day per week on campus, and clinical experiences are coordinated with partnering health-care institutions.

Melissa Miner, coordinator of Penn State Fayette's nursing program, explains, "Penn State Fayette was selected as one of the two campuses in the Penn State system to offer this accelerated program because Fayette is a rural county that borders other rural or underserved counties. The importance of increasing the number of nurses with bachelor's degrees has been identified in the state and this program will help enhance the quality of health care in our region." Ten students are participating in the first group to take advantage of the program at Penn State Fayette. The next program cycle will begin September 2009, at which time additional students will be enrolled. Penn State Fayette's RN-to-BS nursing program is fully accredited by the National League for Nursing Accreditation Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE).

RNs interested in learning more about the accelerated RN-to-BS program at Penn State Fayette can call (724) 430-4220 or go online at www.fayette.psu.edu/Academics and click on degrees and minors.

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SNAPSHOTS

Rehab Patient at Golden LivingCenter Returns as a Volunteer

Pictured is (l-r) Evelyn Pottinga, a rehab patient at Golden LivingCenter - Mt. Lebanon, and Jessica Karasek, PT. Since her fall at home, Evelyn was a part of the Golden Rehab program for one month and gradually increased her functional independence. Due to her significant progress, she returned home with her family. Evelyn plans to return to Golden LivingCenter - Mt. Lebanon as a volunteer. The Golden Rehab Outcomes program at Golden LivingCenter - Mt. Lebanon allows people like Evelyn to receive true measured results in their rehab programs.



Jameson Junior Guild Honors Thomas White, President & CEO at Retirement Gala

Thomas White, president & CEO of Jameson Health System, was recently honored at a Retirement Gala sponsored by the Jameson Junior Guild. An emotional Thomas White addressed the crowd gathered in his honor, thanking them for their years of friendship and teamwork, and wishing the best to those who will lead Jameson into a new chapter under the leadership of Douglas Danko, COO, who will assume the president & CEO position. White retires from Jameson after more than 36 years of service. He is currently the longest-tenured hospital CEO in Pennsylvania. Pictured is Thomas White with his wife, Rosie.



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GLS-02916-08

WHAT'S NEW

Heartland Home Health Care and Hospice Announces New Location

Heartland Hospice Services announces the opening of a new agency. Heartland is dedicated to providing compassionate I.V. care and hospice care in the Somerset area. The agency has the ability to provide services for a wide range of health care problems - all in the comfort of the client's home or where ever they call home, no matter how difficult or complex the treatment.

Heartland offers home I.V. care, skilled nursing and rehabilitation services for those recovering from illness, injury or surgery. The hospice care services offered by Heartland are designed for those diagnosed with an end-stage illness. The trained hospice professionals of Heartland can provide patients and family supportive services that not only keep the patient comfortable and educate the family, but they also provides emotional support.

As part of their grand opening celebrations, Heartland will be holding an Open House February 12 from 10 a.m.- 6 p.m..



Heart & Vascular Center of BMH Opens

Butler Health System announces the opening of the new Heart & Vascular Center of Butler Memorial Hospital.

The new Center provides a wide range of cardiology treatment options for residents of the Butler County region including diagnostic testing, stress testing, nuclear stress testing, Holter monitoring, echocardiography and cardiac rehabilitation

The Center is designed so that patients seeking cardiovascular care or screenings can receive all of the necessary services in close proximity and with easy access to specialty physicians. This includes walk-in lab, pre-admission and cardiology testing on site.

There is a full-service café in the new Heart & Vascular Center as well as an area for patient education resources. Educational classes will be offered on site and screening services will also be available.



PA Hospital Association Joins National Effort to Improve Veteran Health Care

The Hospital & Healthsystem Association of Pennsylvania (HAP) has joined the American Hospital Association, HealthPartners, and more than a dozen national organizations in a nationwide effort to educate millions of Americans about the problems faced by returning veterans and their families.

Through the Joining Forces education campaign and curricula, medical professionals across the nation can now receive training online on how to deal with the health issues facing our nation's troops as they return home from service. Additionally, outreach efforts are designed to inform the varied individuals and organizations that service men and women and their families might turn to for help about these available resources.

"We owe our veterans a debt of gratitude for their service and sacrifice," said Carolyn F. Scanlan, president and CEO of HAP. "By Joining Forces with Health Partners and the American Hospital Association, Pennsylvania's hospitals are proud to be part of this extraordinary initiative to assure that our returning soldiers—and their families—have access to the health care services and support that they deserve."

The website, www.joiningforcesonline.org, will house the four-part series which addresses the most common issues our returning soldiers face, including challenges of reintegration, a general overview of health care issues faced by returning military, mild traumatic brain injury, and post-traumatic stress disorder, as well as links to a variety of other resources.

For more information about the program, go to www.joiningforcesonline.org. The Joining Forces curricula is available to anyone and can be used to meet continuing education credits for physicians across the nation.



Allegheny General Hospital Joins Prominent Group of U.S. Medical Centers

Representatives of Allegheny General Hospital (AGH) and the Center for Organ Recovery and Education

(CORE) announced that a unique collaboration between the two organizations has earned AGH an invitation to join the Pulmonary Hypertension Breakthrough Initiative (PHBI), an exclusive American Heart Association funded consortium of 13 leading U.S. medical centers conducting research into one of the most rapidly progressive and fatal forms of lung disease.

The PHBI was established as a result of the Cardiovascular Medical Research and Education Fund (CMRF), a product of litigation against manufacturers of diet drugs such as fenfluramine and phentermine (Fen-Phen). Pulmonary hypertension is one of the adverse health risks associated with those drugs and the CMRF was created solely to support pulmonary hypertension research. The AHA oversees allocation of the monies and each participating PHBI center receives \$250,000 annually to conduct its research.

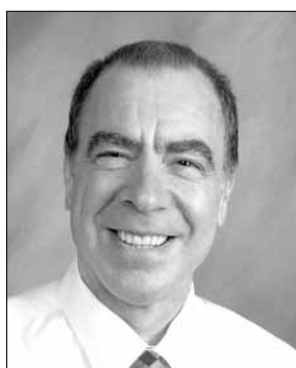
Dr. Raymond L. Benza will serve as principal investigator of the PHBI at AGH, a role he also held at the University of Alabama, Birmingham (UAB) before being recruited to Allegheny earlier this year. One of the nation's foremost pulmonary hypertension specialists, Benza helped establish the PHBI in 2005.

West Penn Expands Women's and Infants Care Services with New Postpartum Rooms

The Western Pennsylvania Hospital has opened 18 new postpartum rooms for new families, responding to increased demand for the hospital's women's and infants' care services.

The new E6 postpartum unit provides a comfortable and soothing environment for mothers and new babies. The specially designed unit facilitates family-centered care, allowing mothers, babies and significant others to remain together throughout their stay.

The unit includes 18 beautifully furnished, spacious postpartum rooms and a state-of-the-art, 20-bed newborn nursery, as well as luxuries such as comfortable sleeper sofas for family members, beautiful artwork and flat-screen televisions. The unit is also equipped with an advanced infant security system to ensure the safety of newborns.



Dr. Joseph S. Sanfilippo



Dr. Brinda Kalro



Dr. Anthony Wakim

UPMC Horizon and Magee-Womens Hospital Unveil Center for Fertility and Reproductive Endocrinology

UPMC Horizon's latest collaboration with Magee-Womens Hospital will offer local families access to fertility and reproductive endocrinology services previously unavailable in this area.

The Magee Center for Fertility and Reproductive Endocrinology, under the medical direction of Joseph S. Sanfilippo, M.D., MBA, is accepting patients at its location in the Womancare Center. Dr. Sanfilippo, along with Brinda Kalro, M.D., and Anthony Wakim, M.D., will all offer reproductive endocrinology and fertility services locally.



Express Care Opens at Jefferson Regional

Patients who come to the Jefferson Regional Medical Center Emergency department with illnesses and injuries that are urgent, but not life-threatening, are now being directed to a designated treatment area in the Emergency department known as Express Care. The new area of the Medical Center is designed to provide quick and easy care – especially during exceptionally busy periods of the day – for medical conditions such as sprains and strains, broken bones, lacerations, viruses, sore throats and coughs.

Because Express Care is located within the Medical Center's Emergency Department, patients who are seen there will have access to full emergency services, including state-of-the-art equipment and medical professionals who specialize in emergency care if they require additional medical attention.



AKMC Acquires Radiological Imaging Associates

Officials at Alle-Kiski Medical Center (AKMC) announced that it has acquired Radiological Imaging Associates, a freestanding medical imaging diagnostic center located on Freeport Road in Natrona Heights. The center will be renamed AKMC Radiological Imaging and join AKMC's growing number of outpatient centers located throughout the community.

Why Hospice? Why Now?

If you are somewhere near the half-century mark, you've probably caught glimpses of it ... the future. Younger folks all around you punching buttons on their phones instead of talking on them, they call it texting. Or they are talking on the phone you can't see; it's hanging from the other ear, they call it Bluetooth. And even if you are still gainfully employed and feeling like a productive member of society, doubt begins to creep into your head. Is the rest of the world passing you by? It isn't a good feeling.

How much more difficult is it when your world starts to shrink even more, first to the house, then to a room, finally to a bed. Many had begun to doubt the validity of your contributions to the world when they saw you using a notebook planner instead of tapping into your PDA; dinosaur was what they whispered. Soon they will say extinct. Hospice, that will only make it worse, or will it?

We'll call him Bob. He was stuck somewhere on the continuum, much closer to the end than the beginning. At one time he had been strong, vibrant, with a passion for life. Going out used to actually mean going somewhere, usually with a purpose in mind. Not anymore. Now he is on hospice, he is dying. Out now means no farther than his front porch, and few care enough to give it a second thought.

But Leslie, his Heartland Hospice nurse, did care enough. One day she and Bob were talking about the production of *The Color Purple* playing at a theater in nearby Pittsburgh. During that conversation Leslie saw a spark in Bob's eye and heard a joy in his voice that had been noticeably absent in recent days. She decided to do something about it. With the help of Laura, Bob's social worker and Melanie from Heartland's non-profit Memorial Foundation, they got Bob and his daughter premium tickets for a matinee performance, money for a dinner afterwards and additional funds for gas to get their car back and forth.

To hear Leslie tell the story, it quickly became apparent that what she and the



BY VAN BRENLÖVE

others gave Bob wasn't just an entertaining day on the town, they gave him hope where others saw only hopelessness. "When I called to tell him that he was actually going to get to see the play, his voice cracked and all he could do was keep repeating, 'Are you kidding?' And for the next month or so all Bob could talk about was how special and wonderful his excursion with his daughter had been.

The simple truth is that when someone is nearing the end of their life, we have a choice with respect to how we will treat them. Too often the choice is to focus on their physical frailties, the person they used to be, and their lack of productivity in a bottom-line oriented world. But to Leslie and so many hospice caregivers the focus is on the person inside and the gifts that have yet to give and receive. The barriers that so many others saw ceased to exist. Had she not taken the time to listen, Bob's trip may not have happened and a life may not have been lived to its fullest.

According to Steve Niermann, one of Heartland's chaplains, "Hospice care isn't just about helping a patient maintain their dignity, although that's important. It's realizing that the time they have left is truly limited. Whatever good we can do, we know we need to do it now because tomorrow just may be too late and every life is significant enough to care."

Over the years hospice caregivers have learned that when we shy away from someone who still has much to give, we all lose. But when we embrace, encourage and support that person we validate the value of the life they are living just as they are living it. I recall a pastor once telling his congregation to put their fingers to the arteries at the side of their necks. He then said, "Do you feel a pulse? If you do, God isn't done with you yet." Hospice workers know that if God isn't done with someone yet, should we be?

Van Brenlove, Volunteer Coordinator, Heartland, can be reached at (412) 928-2126.

VNA, Sugar Creek Station Join Forces to Expand Hospice Care

Two UPMC Northwest organizations are joining forces to expand the availability of hospice care in the skilled nursing setting.

Hospice often is associated with end-of-life care in patients' homes, but Visiting Nurses Association of Venango County (VNA) expanded hospice options in 2006 to include care in the hospital. Now VNA is expanding hospice services again, this time including Sugar Creek Station – UPMC Northwest's skilled nursing and rehabilitation center.

Patients with end-stage chronic obstructive pulmonary disease, congestive heart failure, heart disease, cancer, and other illnesses now can obtain end-of-life care in virtually any setting where the patient and family desires – at home, in the hospital, or at Sugar Creek Station, according to Pat Kaufman, R.N., VNA's chief executive officer.

AGH, West Penn Recognized by UnitedHealth for Quality of Cardiac Care

For the second consecutive year, Allegheny General Hospital (AGH) and The Western Pennsylvania Hospital have been designated as Premium Cardiac Specialty Centers by UnitedHealth. UnitedHealth's recognition of AGH and West Penn comes just a few weeks after both hospitals were also designated as Top 100 Centers for Cardiovascular Care by Thompson Reuters. AGH and West Penn were among just 15 U.S. teaching hospitals and the only such medical centers in Pittsburgh to earn the Thompson Reuters' distinction.

Ohio Valley General Hospital Foundation Awarded Grant to Benefit New and Expectant Mothers

The Ohio Valley General Hospital Foundation was recently awarded a \$141,130 grant over three years from The Highmark Foundation to launch the "Growing Strong Healthy Families: Best Beginnings" program.

Best Beginnings is a nurse lead educational intervention open to all, including low-income, uninsured, underinsured and underserved women and teens that addresses the needs of women during and after pregnancy and works to ensure that both mother and child will continue to be linked to sources of primary and preventative care through the age of two.

UPMC Presbyterian Recognized for Advanced Use of Electronic Medical Record

UPMC Presbyterian has been recognized by the leading health care technology industry organization for its advanced use of a comprehensive electronic medical record (EMR), achieving a technology and patient safety distinction earned by only 24 of more than 5,700 U.S. hospitals. UPMC Presbyterian joins Children's Hospital of Pittsburgh of UPMC as a "Stage 6" hospital, according to HIMSS Analytics. With deployment of computerized physician order entry (CPOE) in October, UPMC Presbyterian achieved Stage 6 functionality, which also includes computerized charting, a clinical data repository, decision support for clinicians, positive patient identification (PPID) and physician documentation. Systemwide, CPOE is deployed across nearly half of UPMC's inpatient beds versus less than 2 percent nationally, and each of UPMC's 20 hospitals uses some aspect of eRecord, as the system is called. At UPMC's more than 400 outpatient settings, an estimated 60 percent of physicians have access to the ambulatory eRecord.

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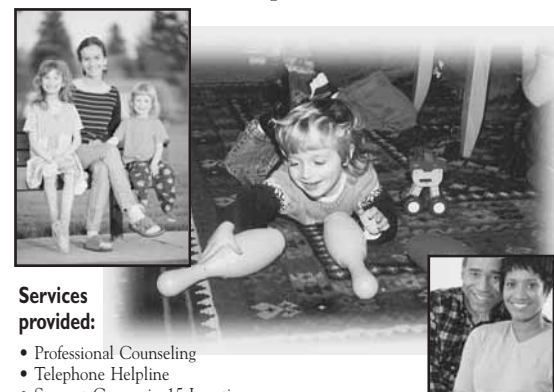
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ACHE OF WESTERN PENNSYLVANIA

ACHE of Western Pennsylvania (ACHEIWP) is the official chapter of the American College of Healthcare Executives (ACHE) in the Western Pennsylvania area. The mission of ACHEIWP is to advance its membership and healthcare management excellence through high ethical standards, pertinent knowledge, and networking and career advancement opportunities. www.westpa.ache.org

ALLEGHENY COUNTY MEDICAL SOCIETY

The Allegheny County Medical Society represent the interests of all physicians of Allegheny County and provide a forum for interaction with primary care and specialty societies, health care systems, insurers, media, and other health agencies. www.acms.org

CONSUMER HEALTH COALITION

The mission of the Consumer Health Coalition is to inspire a consumer movement to enhance access to quality, affordable health care in Southwestern Pennsylvania. www.consumerhealthcoalition.org (412) 456-1877

HOSPICE AND PALLIATIVE NURSES ASSOCIATION

The Hospice and Palliative Nurses Association (HPNA) is the nation's largest and oldest professional nursing organization dedicated to promoting excellence in hospice and palliative nursing care. HPNA has become the nationally recognized organization providing resources and support for advanced practice nurses, registered nurses, licensed practical nurses, and nursing assistants who care for people with life-limiting and terminal illness. www.hpna.org

■ *The Annual HPNA Membership Meeting will occur on Friday, March 27, 2009 from 11:30 a.m. – 12:30 p.m. at the Austin Convention Center.*

HOSPITAL COUNCIL OF WESTERN PENNSYLVANIA

Hospital Council of Western Pennsylvania is a regional trade association representing a continuum of healthcare providers including hospitals, long-term care facilities, long-term acute care providers and specialty hospitals in a 30-county area. Hospital Council staff provides its members with expertise in hospital operations, management, finance, government relations, communications, disaster and emergency preparedness, grant funding, clinical operations, health information management, business development, reimbursement, and governance, among others. www.hcwp.org (800) 704-8434

HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA

The Hospital & Healthsystem Association of Pennsylvania (HAP) is a statewide membership services organization that advocates for nearly 250 Pennsylvania acute and specialty care, primary care, subacute care, long-term care, home health, and hospice providers, as well as the patients and communities they serve. www.haponline.org (717) 564-9200

MENTAL HEALTH ASSOCIATION IN PENNSYLVANIA

Mental Health Association in Pennsylvania reflects the ethnic and cultural diversity of the Commonwealth and works on behalf of mental health through advocacy, education and public policy. www.mhapa.org (717) 346-0549

ONCOLOGY NURSING SOCIETY

The Oncology Nursing Society (ONS) is a professional organization of over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing. It's also the largest professional oncology association in the world. www.ons.org (412) 859-6100

■ *The ONS 10th National Conference on Cancer Nursing Research will be held February 12-14, 2009 in Orlando, FL.*

PENNSYLVANIA ACADEMY OF AUDIOLOGY

The Pennsylvania Academy of Audiology (PAA) is a professional organization of university-trained audiologists practicing in a variety of settings within the Commonwealth of Pennsylvania and adjacent states. The Academy promotes the profession of audiology as an autonomous profession to serve the hearing health care needs of all people. www.paaudiology.org

■ *The 16th Annual PAA Convention will be held October 8-10, 2009 at the Harrisburg Hilton.*

PENNSYLVANIA ACADEMY OF DERMATOLOGY AND DERMATOLOGIC SURGERY

The Pennsylvania Academy of Dermatology and Dermatologic Surgery represents the interests and concerns of all dermatologists and their patients in Pennsylvania. www.padermatology.org (866) 650-3376

■ *The 42nd Annual Scientific Meeting will be held October 29 – November 1 at Bedford Springs Resort, Bedford, PA.*

PENNSYLVANIA ACADEMY OF OPHTHALMOLOGY

The Pennsylvania Academy of Ophthalmology (PAO) is an association of "Eye MDs" who are specially trained to provide a full spectrum of eye care, from prescribing eyeglasses and contact lenses to complex and delicate surgery. www.paeyemds.org (717) 558-7750 ext. 1518

PENNSYLVANIA ACADEMY OF OTOLARYNGOLOGY HEAD AND NECK SURGERY

The objective of the Pennsylvania Academy of Otolaryngology Head and Neck Surgery is to promote the highest professional and ethical standards of the practice of Otolaryngology/Head and Neck Surgery. www.otopa.org (717) 558-7750 ext. 1519

■ *The 2009 Annual Meeting will be held June 12-13 at the Bedford Springs Resort.*

PENNSYLVANIA ALLERGY AND ASTHMA ASSOCIATION

The Pennsylvania Allergy and Asthma Association is a group of allergists/immunologists committed to the care of people with allergic and immunologic diseases. www.paallergy.org (717) 558-7750

■ *The 61st Annual Pennsylvania Allergy and Asthma Association Meeting will be held June 26-28, 2009 at The Hotel Hershey.*

PENNSYLVANIA ASSISTED LIVING ASSOCIATION

The Pennsylvania Assisted Living Association (PALA) is dedicated to helping personal care and assisted living providers address relevant issues and challenges as they arise in the emerging industry. www.pala.org

PENNSYLVANIA ASSOCIATION OF AREA AGENCIES ON AGING

The mission of the Pennsylvania Association of Area Agencies on Aging (P4A) is to promote the continued physical, social, and economic self-sufficiency of Pennsylvania's seniors. It pursues elders' right to choice and dignity in daily living; and strives to furnish its Members with the essential informational/ educational resources to deliver quality service toward this end. www.p4a.org (717) 541-4214

PENNSYLVANIA ASSOCIATION OF DIABETES EDUCATORS

Pennsylvania Association of Diabetes Educators (PennADE) is an organization of Certified Diabetes Educators and other healthcare professionals dedicated to the education of persons with diabetes. www.pennade.org

PENNSYLVANIA'S ASSOCIATION FOR LONG TERM CARE MEDICINE

Pennsylvania's Association for Long Term Care Medicine (PMDA) is the professional organization committed to the continuous improvement of quality care for Pennsylvanians across the long-term care continuum, by providing advocacy, education, and professional development services for medical directors, physicians, and other healthcare team members. www.pamda.org (717) 558-7868

■ *Pennsylvania's Association for Long-Term Care Medicine presents the 2009 Annual Educational Symposium on October 16, 2009 at the Hershey Lodge, Hershey, PA.*

PENNSYLVANIA ASSOCIATION OF MEDICAL SUPPLIERS

The Pennsylvania Association of Medical Suppliers (PAMS) is a unified voice for providers of durable medical equipment and supplies; respiratory equipment, supplies, and therapy; rehab technology and services; as well as, infusion therapy. www.pamsonline.org (717) 795-9684

PENNSYLVANIA ASSOCIATION OF NURSE ANESTHETISTS

The Pennsylvania Association of Nurse Anesthetists (PANA), representing Certified Registered Nurse Anesthetists (CRNAs), promulgates education, and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. www.pana.org (800) 495-7262

■ *The 2009 PANA Spring Symposium will be held April 16-19, 2009 at the Hotel Hershey.*

Pennsylvania Association of Pathologists
Pennsylvania Association of Pathologists (PAP) is a society dedicated to the advancement of the science of pathology and the improvement of medical laboratory service to patients, physicians, hospitals, and the public. www.pathology.pitt.edu

■ *The 2009 annual meeting of the Pennsylvania Association of Pathologists will be held at the Crowne Plaza Hotel in Harrisburg-Hershey on April 17 - 18, 2009.*

PENNSYLVANIA CHAPTER, AMERICAN COLLEGE OF CARDIOLOGY

The Pennsylvania Chapter of the American College of Cardiology (PaACC) is a group of 1,600 cardiologists, fellows-in-training, and cardiac care associates who live and practice throughout the state of Pennsylvania. www.pcacc.org

■ *The 2009 PaACC Chapter Meeting will be held October 2-4, 2009 at the Skytop Lodge, Skytop, PA.*

PENNSYLVANIA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

The Pennsylvania Chapter of the American College of Emergency Physicians (PaACEP) is a state chapter of the American College of Emergency Physicians (ACEP), a medical society that has represented physicians specializing in emergency medicine since 1971. PaACEP is committed to advancing emergency care through continuing education, research, and public education. www.paacep.org (877) 373-6272

■ *The 2009 Scientific Assembly will be held April 13-16, 2009 at the Sheraton Station Square, Pittsburgh.*

PENNSYLVANIA EMERGENCY NURSES ASSOCIATION

The mission of the Pennsylvania Emergency Nurses Association is to advocate for patient safety and excellence in emergency nursing practice. www.paena.org

■ *The 2009 ENA Leadership Conference will be held March 4-8, 2009 in Reno, NV.*

PENNSYLVANIA GERIATRICS SOCIETY

The Pennsylvania Geriatrics Society - Western Division is dedicated to improving the health and well-being of all older persons. It is a non-profit organization of physicians and other health care professionals committed to the provision of quality health care for older persons. www.acms.org 412-321-5030

■ *The 2009 Clinical Update in Geriatric Medicine conference, presented by the Society and the University of Pittsburgh Institute on Aging, will be held March 19-21, 2009 at the Omni William Penn Hotel in Pittsburgh, PA.*

PENNSYLVANIA HEALTH CARE ASSOCIATION

The Pennsylvania Health Care Association (PHCA) and its companion organization, the Center for Assisted Living Management (CALM), advocate for compassionate, quality long-term care for Pennsylvania's elderly and disabled residents. www.phca.org

Professional Associations *Directory*



PENNSYLVANIA HOMECARE ASSOCIATION

Providing care with compassion, Pennsylvania Homecare Association (PHA) members deliver care and support directly in the homes of a million elderly and disabled Pennsylvanians a year. As the Pennsylvania homecare industry's association, PHA works with members, which include visiting nurse associations, home health agencies, hospices and private duty agencies to promote quality and affordable homecare.

www.pahomecare.org

■ *The PHA Annual Conference will be held May 27-29 at the Penn State Conference Center, State College, PA.*

PENNSYLVANIA MEDICAL SOCIETY

The Pennsylvania Medical Society is 20,000 physicians and medical students working together to represent physicians in public venues including the government, insurance companies, and the media and to provide members with timely information, expert services, and professional support on medical practice issues.

www.pamedsoc.org

(717) 558-7750

PENNSYLVANIA ORGANIZATION OF NURSING LEADERS

The Pennsylvania Organization of Nurse Leaders (PONL) was chartered to serve and support the growing number of nursing leaders in the Keystone State. The primary mission of the organization is be a vehicle for networking and information exchange among nurse executives.

www.panurseleaders.org

(717) 703-0034

PENNSYLVANIA OSTEOPATHIC MEDICAL ASSOCIATION

The mission of the Pennsylvania Osteopathic Medical Association (POMA) is to promote public health by the elevation and maintenance of high standards of osteopathic education; by the stimulation of research and investigation; and by the collection and dissemination of such knowledge for the education and improvement of the profession and for the benefit of humanity.

www.poma.com

■ *POMA's 101st Annual Clinical Assembly & Scientific Seminar will be held April 29 – May 2 at Valley Forge Convention Center, King of Prussia, PA.*

PENNSYLVANIA PHARMACISTS ASSOCIATION

The Pennsylvania Pharmacists Association (PPA), as the leading voice of pharmacy, promotes the profession through advocacy, education, and communication to enhance patient care and public health.

www.papharmacists.com

(717) 234-6151

■ *The 2009 PPA Annual Conference will be held October 1-4, 2009 at the Lancaster Eden Resort & Conference Center.*

Pennsylvania Podiatric Medical Association
The Pennsylvania Podiatric Medical Association (PPMA) is the non-profit organization representing podiatric physicians in the Commonwealth of Pennsylvania.

www.ppma.org

PENNSYLVANIA PSYCHIATRIC SOCIETY

The mission of the Pennsylvania Psychiatric Society is to fully represent Pennsylvania Psychiatrists in advocating for their profession and their patients, and to assure access to psychiatric services of high quality, through activities in education, shaping of legislation and upholding ethical standards.

www.papsych.org

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

The purpose of the Pennsylvania Psychological Association (PPA) is to advance psychology in Pennsylvania as a means of promoting human welfare.

www.papsy.org

(717) 232-3817

■ *The 2009 Annual PPA Convention will be held June 17-20, 2009 at the Hilton Harrisburg.*

PENNSYLVANIA PUBLIC HEALTH ASSOCIATION

The Pennsylvania Public Health Association (PPHA) is a membership organization working to promote the health of Pennsylvania residents through the advancement of sound public health policies and practice.

www.ppha.org

PENNSYLVANIA RURAL HEALTH ASSOCIATION

The Pennsylvania Rural Health Association is dedicated to enhancing the health and well-being of Pennsylvania's rural citizens and communities. Through the combined efforts of individuals, organizations, professionals, and community leaders, the Association is a collective voice for rural health issues and a conduit for information and resources.

www.porh.psu.edu/prhaweb/prhahome

(717) 561-5248

PENNSYLVANIA SECTION OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS'

The purpose of the Pennsylvania Section of the American College of Obstetricians and Gynecologists' (ACOG) is to coordinate the efforts of ob-gyns in the Commonwealth of Pennsylvania in order to secure and maintain the best patient care and the highest standard of practice in obstetrics and gynecology.

www.acog.org

PENNSYLVANIA SOCIETY OF ANESTHESIOLOGISTS'

The mission of the Pennsylvania Society of Anesthesiologists' (PSA) is to stimulate interest and encourage progress in the specialty of anesthesiology.

www.psanes.org

■ *The 2009 Biennial Clinical Anesthesiology Symposium will be held May 29-31, 2009 at the Omni Hotel, Charlottesville, VA.*

PENNSYLVANIA SOCIETY OF GASTROENTEROLOGY

The mission of the The Pennsylvania Society of Gastroenterology (PSG) is to serve the educational needs of state gastroenterologists, improve the level of care for gastrointestinal disorders throughout the state, and to act as an advocate for gastroenterologists and patients regarding socioeconomic issues.

www.pasg.org

■ *The PSG Annual Scientific Meeting/Annual Business Meeting will be held October 2-4, 2009 at Nemacolin Woodlands Resort.*

PENNSYLVANIA SOCIETY OF PHYSICIAN ASSISTANTS

The goals and objectives of the Pennsylvania Society of Physician Assistants are to enhance quality medical care to the people of Pennsylvania through a process of continuing medical education, both to the membership and to the public; to provide loyal and honest service to the public and to the medical profession; to promote professionalism among its membership; and to promote understanding of the PA profession.

www.pspa.net

■ *The 34th Annual Fall CME Conference will be held November 3-7, 2009 at the Hilton Pittsburgh.*

PENNSYLVANIA SOCIETY FOR RESPIRATORY CARE

The stated purpose of the Pennsylvania Society for Respiratory Care (PSRC) is to advance the art and science of respiratory care through educational publications and programs for its members, other medical professionals, and the general public and to promote pulmonary health and disease prevention.

www.psrc.net

PENNSYLVANIA STATE NURSES ASSOCIATION

The Pennsylvania State Nurses Association advances the identity, integrity and continuity of the nursing profession by providing access to education, improving knowledge and skills; advocating and supporting the nursing profession with Commonwealth policymakers, legislators and regulators; and offering valued information and services for professional practice.

www.panurses.org

PITTSBURGH REGIONAL HEALTH INITIATIVE

The Pittsburgh Regional Health Initiative (PRHI) is an independent catalyst for improving healthcare safety and quality in Southwestern Pennsylvania. It operates on the premise that dramatic quality improvement is the best cost-containment strategy for health care.

www.prhi.org

(412) 586-6700

SOCIETY FOR HEALTHCARE STRATEGY AND MARKET DEVELOPMENT

The Society for Healthcare Strategy and Market Development (SHSMD) is the premier organization for 4,500 healthcare professionals responsible for strategy development and implementation in a wide array of healthcare organizations.

www.shsmd.org

(312) 422-3888

■ *The SHSMD 2009 Annual Conference will be held September 30 - October 3, 2009 at the J.W. Marriott Grande Lakes Resort, Orlando, FL.*

SOUTHWESTERN PENNSYLVANIA PARTNERSHIP FOR AGING

The Southwestern Pennsylvania Partnership for Aging (SWPPA) is a ten county coalition of individuals, non-profit and for-profit aging and healthcare providers, business and community organizations, institutions and governmental entities committed to improving the social, emotional, psychological and physical well-being of older adults.

www.swppa.org

(724) 779-3200

WESTERN PENNSYLVANIA HIMSS CHAPTER

The Western Pennsylvania HIMSS chapter is one of 46 chapters of the Healthcare Information and Management Systems Society (HIMSS). The Healthcare Information and Management Systems Society (HIMSS) is the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare.

www.wphimss.org

■ *Join us April 4-8th at the HIMSS Annual Conference & Exhibition in Chicago, IL. For complete details go to <http://www.himssconference.org>.*

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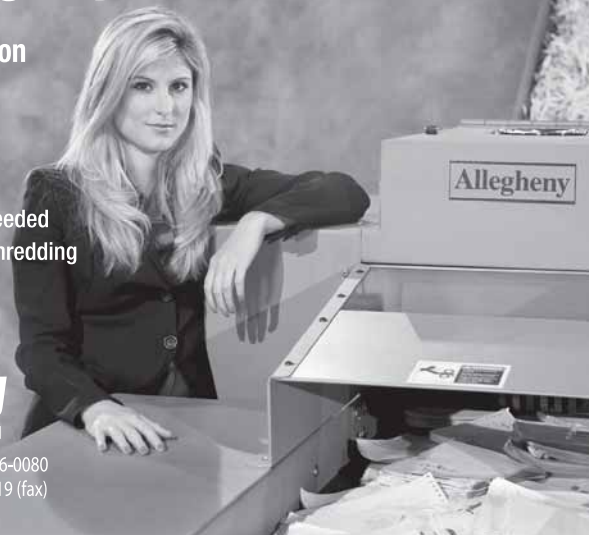
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DATEBOOK:

Mercy Hospital School of Nursing Announces 2008-2009 Open Houses

The Mercy Hospital School of Nursing is hosting a series of Saturday open houses February 28 and March 28, 2009. All take place from 12:30 to 2:30 p.m. in the Sister Margaret Mary Laitta Auditorium, 4th floor, Building B (Ermire Building). The school is physically located on the campus of UPMC Mercy. Advance registration is requested to register, call the Mercy Hospital School of Nursing at (412) 232-7940 or (412) 232-7950.

January 29

Bladder Health Seminar

Centers for Rehab Services will be holding a free seminar, Physical Therapy and Bladder Health, on Thursday, January 29 at Magee-Womens Hospital of UPMC, Auditorium Level 0. To register, call 1-888-723-4277, option 5.

February 28

Masters of the Slope

Vector Security presents the Masters of the Slopes Ski Competition for skiers 35 and over at Seven Springs Mountain Resort on February 28, to benefit Children's Hospital of Pittsburgh of UPMC new building fund. Following the competition, a dinner reception will be held in the Festival Hall, including awards presentations, prize drawings, a buffet dinner, beverages, and live entertainment by Underwood. To register, visit www.mastersoftheslopes.com or call Vector Security's Marketing Dept. at 724-779-8800.

March 6-7

Pediatric Trauma Symposium

The 9th Annual John M. Templeton Jr. Pediatric Trauma Symposium will be held March 6-7 at The Omni William Penn Hotel, Pittsburgh. This two-day national symposium will provide the health care practitioner with up-to-date information for the management of injured children and their families. Current issues will be addressed throughout the continuum of trauma care. For more information, contact Krystal Moore at (412) 647-8232 or ccehsconfmgmt101@upmc.edu.

March 16-19

National Results Management Spring 2009 Conference

On March 16-19 at the Pittsburgh Airport Crowne Plaza Hotel, Results Management's Spring 2009 Conference will feature eight outstanding consultants as problem-solvers for NHA's and department heads in nursing, pharmacy, personnel, and finance at America's foremost long term care conference. They will address the topics selected as most important to long term care by vote of LTC administrators. For more information, call 412-216-8557.

March 18-20

Annual Educational Meeting of the League if Intravenous Therapy Education

Registration is now open for The League of Intravenous Therapy Education (LITE) Annual Educational Meeting: Proactive Strategies Produce Winning Outcomes! to be held March 18-20 at the Embassy Suites – Pittsburgh Airport. Session topics include air embolism, infection prevention and control, medication extravasation, osteoporosis treatment, and much more. And don't miss this year's Friday Boot Camp: Achieving Successful Outcomes with Vascular Access Devices. Visit www.lite.org for full conference brochure and registration.

March 19-21

17th Annual Clinical Update in Geriatric Medicine

The Pennsylvania Geriatrics Society – Western Division and The University of Pittsburgh Institute on Aging present the 17th Annual Clinical Update in Geriatric Medicine on March 19-21 at the Omni William Penn Hotel, Pittsburgh. For more information, visit <http://ccehs.upmc.edu>, call (412) 647-8232 or e-mail ccehsconfmgmt101@upmc.edu.

March 28

American Lung Association Climb Pittsburgh III

Race to the top of the Gulf Tower! Climb Pittsburgh III is a fundraising event where participants climb 38 flights of stairs in the Gulf Tower to raise money for lung disease. Challenge yourself-it's a great way to get in shape for the New Year! Registration, and a training calendar are at www.climbpittsburgh.lunginfo.org or call (724) 933-6180.

April 20-23

Perfecting Patient CareSM University

Health Care Quality Improvement Training will be held April 20 – 23 from 8:30 a.m. – 5:00 p.m. at the Courtyard by Marriott, Monroeville, PA. This methodology based on The Toyota Production System and Lean is known as Perfecting Patient CareSM (PPC). To learn more or to register visit www.prhi.org.

April 29

Living With Grief: Diversity and End-of-Life Care National Teleconference

Living With Grief: Diversity and End-of-Life Care National Teleconference will be held on Wednesday, April 29th from 1:30 to 4:00 p.m. Free of charge (slight fee for CEUs). It will examine how diversity influences end-of-life decision making and the impact that culture has at the time of death and during bereavement. Shown at Family Hospice and Palliative Care's Center for Compassionate Care at 50 Moffett Street, Mt. Lebanon. For information or reservations, call (412) 572-8747.

May 9

Health Hope Network Stroke Survivor and Caregiver Symposium

Health Hope Network (formerly Visiting Nurse Foundation) is sponsoring the third annual Stroke Survivor and Caregiver Symposium on Saturday May 9 from 8 a.m. to 3 p.m. to mark Stroke Awareness Month. The symposium will take place at the Pittsburgh Embassy Suites (near the airport) and admission is \$10, which includes lunch. For more information, visit www.healthhopenetwork.org or call (412) 904-3036.

May 15

16th Annual Nursing Horizons Conference

The 16th Annual Nursing Horizons Conference, Best Practices in Interprofessional Practice and Communication, will take place on Friday, May 15th 2009 at the University of Pittsburgh School of Nursing, First Floor. The target audience is clinicians, educators, and managers in clinical and academic settings. This conference showcases best strategies in interprofessional communication and practice as they relate to patient care. For more information, contact Patricia J. Kazimer at (412) 624-3156 or pjk14@pitt.edu.

September 30 - October 2

Healthcare Facilities Symposium & Expo

The Healthcare Facilities Symposium & Expo will be held September 30 - October 2, 2009 at the Navy Pier, Chicago, IL. Now in its 22nd year, the Symposium is the original event that brings together the entire team who designs, plans, constructs and manages healthcare facilities. HFSE focuses on how the physical space directly impacts the staff, patients & their families and the delivery of healthcare. Ideas, practices, products and solutions will be exchanged, explored and discovered at HFSE that improve current healthcare facilities and plan the facilities of tomorrow. Visit www.hcarefacilities.com for complete details and to register.

HIMSS 09 Headed for Chicago in April 2009

Join the Healthcare Information and Management Systems Society (HIMSS) for the 2009 HIMSS Annual Conference & Exhibition in Chicago on April 4-8, 2009 at McCormick Place.

More Education, Increased Knowledge: Throughout the entire HIMSS09 conference, you will find usable knowledge on leading-edge topics in healthcare IT and management systems through the more than 200 education sessions available for you to attend.

Session topic categories include

- Ambulatory Information Systems
- Clinical Decision Support
- Leadership and Strategic Planning
- Electronic Health Record (EHR)
- Enterprise Information Systems
- Community Health Initiatives
- Privacy and Security
- Public and Population Health
- Quality
- Patient Safety and Risk Management
- Emerging and Enabling Technologies
- IT Infrastructure and Architecture
- Interoperability, Standards and Health Information Exchange
- Process Improvement
- Regional Health Information Organization (RHIO)/Health Information Exchange (HIE)/National Health Information Network (NHIN)
- Healthcare Consumerism
- Business and Financial Management Systems
- Public Policy Initiatives

New to HIMSS09 is an education offering designed for specific professions, not topic-based. Five synergy programs featuring interactive learning, discussion and best practice sharing will be offered on Sunday morning, April 5, before the opening keynote address. The synergy programs run concurrently with other education sessions and are offered to conference attendees at no additional charge.

These programs focus on:

- Federal Health Sector Professionals
- Management Engineers - Process Improvement Professionals
- Nurse Informaticists
- Physicians/Chief Medical Information Officers (CMIOs)
- eHealth Executives

Save \$100 on registration fees by registering by January 27. Visit www.himssconference.org/RegNow to find out more and register now.

United Way Begins New Initiative

United Way of Allegheny County took another major step in its transformation to a competitive process for determining agencies best able to provide services. United Way Board of Directors approved allocations to five high-performing agencies with the best proposals to help seniors remain healthy and safe at home. Each of these agencies succeeded in demonstrating that they were well run, financially sound and operating effective programs to meet important community needs. In this five month process, these five agencies showed that they serve a population with great needs, have a sound approach, and can produce measurable results vital to making Allegheny County a better place to live and work.

The programs and allocated funding are as follows:

- **AgeWell Pittsburgh** (a collaboration between Jewish Community Center, Jewish Association on Aging and Jewish Family & Children's Service) – This unique cross-agency collaboration results in coordinated services to frail older adults of all races, religions and incomes so they may age safely in their homes. Services include 15 different programs that range from congregate and delivered meals, in-home caregivers and case management, to fitness and wellness initiatives.

- **East Liberty Family Health Care Center** – The Homebound Elderly Outreach Program is a one-of-a-kind program that is cost effectively helping low-income disabled seniors age with dignity in their homes. By providing in-home visits by teams of nurses and medical assistants overseen by family physicians, 100 low-income seniors in Pittsburgh's East End are maintaining or improving their independence in their homes, improving their compliance with medically prescribed treatments, and avoiding unnecessary hospitalizations.

- **Family Services of Western Pennsylvania** – Interfaith Volunteer Caregivers is a cost-effective, volunteer-driven Faith in Action program engaging a network of 40 local religious congregations, community groups and individuals to help frail older adults meet the challenges of daily living and remain independent in their own homes. The program and its 475 volunteers assist 2,000 seniors annually by grocery shopping, giving rides/escort to medical appointments, making friendly visits, providing telephone reassurance, and conducting home safety assessments and modifications.

- **Northern Area Companies/Northern Area Multi-Service Center** – This program will provide support services to both seniors and people with behavioral disabilities so that they can address problems and continue to live safely side by side in 16 county public housing communities. This expansion of a partnership with the Allegheny County Housing Authority and Department of Human Services aims to address problems early and decrease evictions and hospitalizations.

- **Vintage, Inc.** - The Chronic Disease Self-Management Program trains seniors to manage their chronic diseases and improve their health. Today, chronic diseases are among the most prevalent, costly and preventable of all health problems.

These agencies were among 31 that applied for this first ever competition for United Way senior service allocations. In June 2008, United Way Board of Directors awarded allocations using this same open process for services to youth and youth adults. Over the next two years, United Way will continue to roll out its allocations in this fashion until all dollars are distributed in this new way. Volunteers from the business and professional committees reviewed each proposal at every step along the way and made recommendations to United Way Committee and Board members who made the final decision.

Health Policy Institute Governance Briefings



Thursday, February 12, 8-9:30 AM

Speaker: Joseph Bujak, MD,
Governance Institute faculty

Topic: *Boards and Physicians: Finding Common Ground*

- There is no such thing as "physicians." There is only physician.
- Change is progressing exponentially.
- Leadership must serve as an agent of transformational change.
- Effective communication and trust is established only by dialogue.

Location: Pittsburgh Athletic Association, 4215 Fifth Avenue, Oakland (Valet parking is available)

Friday, April 3, 8-9:30 AM

James Conway
Senior Vice President
Institute for Healthcare
Improvement

*Boards on Board for Quality
Improvement*

Location:
Pittsburgh Athletic Association
4215 Fifth Avenue, Oakland

Registration is Required . . .
www.healthpolicyinstitute.pitt.edu
412.624.3608

Friday, March 6, 8 AM- 1 PM

*Governance Challenges in the New Political
and Economic Environment*

Governance as Leadership

Richard Chait, PhD, Harvard University
Board Oversight of Community Benefit
Lawrence Prybil, PhD, University of Iowa

Reactor Panel:

David Burstin, West Penn Allegheny Health System
Michele Jegasothy, UPMC
Laura Vassamillet, Heritage Valley Health System

Location: Heinz History Center, 1212 Smallman St.

Briefings are free of charge thanks to the generosity of HPI's funders

Platinum level: Highmark Blue Cross Blue Shield
UPMC

Gold level: Heritage Valley Health System
West Penn Allegheny Health System

Silver level: Butler Health System, The Children's Institute,
Gateway Health Plan, Presbyterian SeniorCare,
The Roy A. Hunt Foundation

Other Funders:

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www.healthpolicyinstitute.pitt.edu

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Results Management Spring 2009 National LTC Conferences/Exhibits

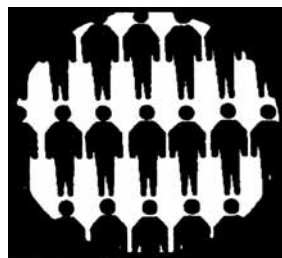
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for additional details, including registration form and **SPECIAL 50% DISCOUNT.**

FOUNDATIONS

The Washington Hospital Foundation

The goal of The Washington Hospital Foundation is to provide present and future charitable resources for The Washington Hospital so that it will be able to continue to meet its mission of providing high quality health care services to residents of Washington County and surrounding service areas.

The Foundation solicits the community for support of hospital programs, equipment and general service needs. Solicitation is done through direct mail, phonathon, grantwriting and special events including The Washington Hospital Ball each spring, a Sporting Clay Shoot and Ladies Golf Classic every August. We also offer a memorial and commemorative gift program that includes Donnell House's Legacy Library, the Tree of Life in the Main Lobby as well as other recognition opportunities.

The Foundation has increased its fundraising activities and success each year since it was established in 1994 showing continued increase in gifts received from approximately \$900,000 in 1994 to \$5,000,000 in 2008. The Foundation is run by Richard J. Mahoney, CFRE, Executive Director.

The Washington Hospital Foundation is currently completing a \$9,000,000 capital campaign, Building on Our Promise. As of November 2008, the campaign has received commitments of \$8,717,000. This is the most The Washington Hospital has ever raised for a campaign in its 111-year history. A capital campaign of this magnitude could not be a success without the support of concerned and generous individuals. The

overwhelming trend of our campaign has been that our donors have made their largest gifts ever – 75% of these were their largest gifts ever.

The Washington Hospital Foundation Board of Directors:

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Mr. Richard White

Children's Hospital of Pittsburgh Foundation Kicks Off Capital Campaign to Benefit New Hospital

Patients, families and donors recently gathered as the Children's Hospital of Pittsburgh Foundation officially announced the beginning of the public phase of its capital campaign. "The Possibilities Are Growing" campaign will support the construction of the new hospital campus in Lawrenceville.

In addition, the \$100 million campaign will be used to support Children's Hospital of Pittsburgh of UPMC's mission of patient care, teaching and research through expanding and creating clinical programs and services. To date, the Foundation has already received commitments of nearly \$65 million.

"We're reaching out to the entire community — one that has always generously supported this institution — to share in the success of our campaign. Every donation, large or small, will enable our donors to take pride in having built this new hospital and, in doing so, providing the best possible care for our children," said Catharine Ryan, chair, Children's Hospital of Pittsburgh Foundation Board of Trustees.

Foundation officials also announced that PNC Foundation committed \$1 million toward the capital campaign to name The PNC Family Waiting Area — a large lounge for families waiting for outpatient clinic visits with pediatric specialists.



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FOUNDATIONS

Little Things Count at VITAS Hospice Charitable Fund

Just before Christmas last year, a young woman with terminal cancer was discharged from the hospital, admitted to hospice care, and sent home to spend her last few weeks with her two young children.

Because of her hospital bills, the patient had no extra money for Christmas gifts or a Christmas feast, explains James (Jim) Joyce, a senior representative with VITAS Innovative Hospice Care® in Pittsburgh. Jim is also Foundation Specialist for the VITAS Hospice Charitable Fund/Foundation for End-of-Life Care.

"We applied to the Foundation for help, and the Foundation provided gift cards for the family to buy food for a Christmas dinner and gifts for each other," says Jim. "The children bought their mother new pajamas, and after she passed away, they gave us the pajamas to make Memory Bears out of them."

Memory Bears are teddy bears that VITAS volunteers sew by hand for patients' surviving family members, using pieces of material from the patients' favorite clothes, notes Jim. "The young woman's two children loved the bears. Even the family dog recognized the woman's scent on the bears and snuggled up to them," he says.

Those pajamas—and, in turn, the comforting Memory Bears—were possible because of the Foundation, remarks Jim.

The 10-year-old, not-for-profit Foundation was established to improve end-of-life care for qualified patients and families (see www.vitascharityfund.org for qualifications). VITAS was the Foundation's founding corporate supporter, but the Foundation does not limit its aid to VITAS patients—it also helps other hospice providers' patients. It also does not limit its aid to pajamas.

The Foundation, which relies on



BY DR. RICHARD B. FIFE

donations and bequests for revenue, helps indigent patients and their families by paying a month's rent, mortgage or utility bills, by making insurance payments, or by purchasing gift cards for grocery stores or discount department stores. Since 1998, the Fort Lauderdale, Florida-based organization has helped approximately 5,500 hospice patients and families nationwide.

In another Pittsburgh case, the Foundation helped a patient who was living with her daughter, who—because she had to take care of her mother—could not work and therefore could not keep up with her utility bills, says Jim.

"Her water was going to be shut off and her sewage had backed up," he explains. "The Foundation helped by paying the water bill and getting the sewage problem fixed. In fact, the Foundation did all of that after the patient had died. The Foundation will help family members for up to 30 days after a patient dies."

The Foundation typically cannot help by giving a patient or family several thousand dollars, comments Jim. "Instead, it helps with the day-to-day things, like paying bills and buying food."

"Ordinarily, those tasks are simple, but when someone is terminally ill, they can be very difficult to stay on top of," says Jim. "That's where the Foundation often comes in. What it provides might seem small, but in the larger scheme of things, it makes a world of difference."

Dr. Richard B. Fife is President, Foundation for End-of-Life Care. For more information about the VITAS Hospice Charitable Fund/Foundation for End-of-Life Care or to make a donation to the Foundation, visit www.vitascharityfund.org or call (877) 800-2951.

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February 28

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FOUNDATIONS

Foundations Continue to Build on Strengths, Supporting Excelsa Health Hospitals

It has been said "Adversity does not build character, it reveals character." While no one is immune to today's intemperate global economic and financial climate, Excelsa Health is fortunate to have three strong foundations whose character and strength remain true to the health system's mission of "improving the health and well-being of every life we touch."

These foundations – Westmoreland/Frick Hospital Foundation with its two branches: Frick Hospital Foundation and Westmoreland Hospital Foundation and Latrobe Area Hospital Charitable Foundation - support health system programs and services through the generosity of area residents, businesses, community foundations, civic groups as well as state and federal funding sources.

Each foundation has a distinct personality, yet all have a commitment to the communities served by Excelsa Health.

Westmoreland/Frick Hospital Foundations

Under the guidance of chairman John A. Robertshaw; vice-chairmen Gerald S. Browdie, DDS, and Robert E. Wingert and president Jennings F. Womack, the Westmoreland/Frick Hospital Foundations are poised to keep pace with Excelsa Health's quest to meet patient needs through the highest level of technology possible.

Over the past five years the foundations' four annual special events have achieved or exceeded their respective goals – continuing to build and strengthen resources and relationships.

- Westmoreland Hospital's Best of the Best Golf Classic achieved \$250,000 net proceeds benefiting a variety of hospital initiatives. This event touches more than 60 high schools, while providing student scholarships.

- Frick Hospital's Golf Classic netted \$180,000 for the newly-renovated emergency department.

- Frick Hospital's Memory Tree netted \$21,000 benefiting Lifeline® personal emergency response services.

- Black Tie Bingo benefited Excelsa Health Home Care and Hospice netting \$180,000.

In 2008 alone, the Westmoreland/Frick Foundations received 1,840 grants, gifts and bequests from 1,240 donors for a grand total of \$420,915, including a \$100,000 state grant and a first-time \$25,000 award from the Wal-Mart Foundation.

At a glance: Frick Hospital Foundation

In its short seven-year history, the Frick Hospital Foundation has provided funds for new technologies, services and patient care. As new challenges have been posed, community members from all walks of life have stepped up to provide financial support for a variety of project such as:

- Emergency Department renovation
- Lifeline® personal emergency response program

- Televisions for waiting rooms
- Purchase of equipment

Westmoreland Hospital Foundation

Since its inception, the Westmoreland Hospital Foundation has provided in excess of \$7 million for projects such as:

- Breast Health Center
- Center for Cardiovascular Medicine
- Obstetrical doppler equipment
- Renovation of Barclay Rehabilitation inpatient services
- The purchase of a new CT scanner
- Lifeline® personal emergency response program
- Nursing education assistance
- Hospice care
- Pre-school vision screening
- Books for Babies

Future focus includes:

Strengthening Financial Well-Being and Fostering Growth by encouraging current donors, cultivating new contributors, facilitating a major gift recognition program, and aggressively pursuing additional grant sources. Strong support of Excelsa Health Home Care and Hospice among others will continue along with a targeted appeal to purchase digital mammography equipment for Westmoreland and Frick Hospital Breast Health Centers.

Promoting Community Outreach: Relationships remain a primary focus. Community partners and beneficiaries include: local high schools, Westmoreland County Community College, University of Pittsburgh, Pennsylvania State University, Mt. Pleasant Rotary and Laurel Highland Chamber of Commerce, Community Foundation of Westmoreland County and United Way of Westmoreland County, among others. Through these partners, the foundation supports continuing education, particularly in the nursing profession.

Building/Achieving Skill Levels: In addition to supporting clinical education and new technologies within the hospitals, the foundations are looking toward technology enhancements within its own practices to keep up with trends and future challenges.

Westmoreland/Frick Foundations also have partnered with the Latrobe Area Hospital Charitable Foundation to fund MD Consult, an electronic searchable and integrated reference and clinical decision support tool for medicine. This program will enhance the experience of medical students while on rotations and serve as a recruitment tool for Excelsa Health's family medicine residency program. It will also aid in the recruitment and retention of medical staff by improving productivity and increasing their overall information and satisfaction.

At a glance: Latrobe Area Hospital Charitable Foundation

Launched in 1995, the Latrobe Area Hospital Charitable Foundation, under

the guidance of chairman Arnold Palmer; vice-chairman Sandra K. Mellon and president John R. Mazero, the foundation has made gifts of over \$11 million to Latrobe Hospital, to support a variety of programs and purchases. Highlights include:

- Equipment for cardiac rehabilitation center
- Heart Fair Scholarship, part of the Golden Hour campaign to educate the public about the importance of prompt treatment for anyone who experiences the signs and symptoms of a heart attack or stroke.
- Partners Advocating Total Health (PATH), a collaborative health promotion initiative
- Camp Focus, summer therapeutic day camp for children with emotional difficulties
- Lifeline® personal emergency response program
- Scholarships for students in healthcare professions
- Emergency department renovations
- Patient services at Arnold Palmer Pavilion, a joint venture between Excelsa Health and UPMC Cancer Centers
- Outdoor play area for Excelsa Health's inpatient Child and Adolescent Behavioral Health Unit at Latrobe Hospital
- Family Medicine Residency Program

Strengthening Financial Well-Being and Fostering Growth:

Currently, the foundation is helping fund an electrophysiology lab for Latrobe Hospital, which will enable patients to receive services they need locally while helping to attract new physicians. The project includes replacement of equipment and the creation of a multipurpose procedure room.

To help promote patient safety and prevent falls and injuries, foundation dollars were used to purchase low-rise beds and mattresses.

Promoting Community Outreach:

The foundation is particularly proud of the creation of a Volunteer Suite at the hospital. Volunteers now have a much-needed, comfortable gathering place to work and socialize. The children of the late William and Gladys Dunhoff, long-time volunteers, donated the funds to honor their parents and keep their spirit of volunteerism alive.

Building/Achieving Skill Levels:

Ongoing support for the Excelsa Health Latrobe Family Medicine Residency Program helps to keep this program competitive nationally. Among the materials made possible with foundation gifts are software, periodicals, self-study manuals, simulation models and materials for the faculty development training program. Hospice caregivers also benefit from foundation underwriting for reference materials.

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- Valencia Woods at St. Barnabas/The Arbors at St. Barnabas
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Investors' Lab

Short-term Versus Long-term Thinking

Investors have a tendency to evaluate progress toward long-term investment goals by short-term results. We are pre-disposed to view our investment results through the eyes of a saver, a natural response based on our upbringing.

Growing up, our parents helped us open passbook savings accounts and Christmas Clubs. We would take our birthday money, paper route or baby-sitting money to the bank and make a deposit. The teller would write down the amount of the deposit in our passbooks and add some interest. Unless we took some money out, we would watch the account value go up every time we visited the bank. We could set a goal, like having enough money for a new bike, add money and in time have exactly what we needed. We learned the very valuable lessons of goal setting, savings, time and compound interest.

Unfortunately, those lessons do not translate very well from savings accounts to the capital markets. The growth patterns of savings accounts are linear, while returns in the stock and bond markets tend to be volatile, growing by fits and starts. Our experience with savings accounts predisposes us to thinking that capital markets deliver their results in the same linear fashion, year after year, but that's just not ever going to occur.

The natural volatility of markets can create numerous conflicts in the investor's mind.

For example, we have been told that that the stock market returns 10% per year. This little sound bite ignores volatility of return and deceives us into thinking that if we just pick a few good stocks and add enough money, we'll achieve our goal. So, we set a goal, like retiring in 10 years. We do the math and add the money. It should be just like saving for that new bike.

We desperately want the markets to



**BY PAUL BRAHIM,
CFP® AIFA®**

work like savings accounts. We want investing to be formulaic so we invent little fantasies like buy and hold, dividend reinvestment plans or target retirement date funds.

Let's look at "buy and hold." In light of the recent large declines in stock prices, some have asked if "buy and hold" still works. I submit that a quick review of the Dow Jones Industrial Average would tell us that it never worked. The holdings

of this index change nearly every year and sometimes several times a year. Companies come and go. Companies are added, dropped, added again, split-up, liquidated in parts, merged and then added again as part of a new company. Indexing is anything but passive.

The Dow Jones Industrial Average teaches us that it is not the companies but rather the index that delivers the return. Looked at another way, if "buy and hold" was the answer to superior performance, top money managers would have zero portfolio turnovers. Even Warren Buffet changes his holdings.

This conflict of fact, time and perspective causes investors to implement imperfect strategies and evaluate their progress toward their long-term investment goals by unpredictable short-term results. We jump from idea to idea, strategy to strategy always trying to replicate our very consistent experience with our first savings account. Unfortunately, investing is not saving. It isn't formulaic. It requires a thoughtful, informed approach and a very long-term perspective. It requires that we separate our short and intermediate term needs from long-term objectives and have a plan for both.

Paul Brahim, Managing Director, BPU Investment Management, Inc., can be reached at pbrahim@bpuinvestments.com.

Hamot Medical Center and Kane Community Hospital Announce Joint Venture and Opportunity for Future Growth

Hamot Medical Center and Kane Community Hospital (KCH) announced a joint venture in the Johnsonburg Medical Park. They also announced that the two organizations are exploring opportunities that would enable them to enhance patient care and services to patients in the region.

The long-standing and cooperative relationship between KCH and Hamot was formed in 2000 with Hamot extending its cardiology services to patients in the Kane area. Through a vision for achieving excellence in patient care, the cooperative relationship between Hamot and KCH continued to evolve over the years to include education and staffing, medical staff grand rounds, pharmacy after-hours coverage and a sophisticated telemedicine program.

KCH and Hamot will look to execute joint ventures as well as create synergies among shared support, ancillary and clinical services. The partnership in the Johnsonburg Medical Park will serve as the first such joint venture between the two organizations.

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HAMPTON
\$1,315,000
MLS# 757133

This distinct 7 bedroom, 5 full and 2 half bath home captures traditional and contemporary design elements in a perfect package. Features include vast, open floor plan, soaring ceilings, impressive master suite with sitting area and new cathedral bath, fantastic lower level with media area, built-in bar and room for pool table, v-shaped pool and much more!! .9 acre lot in the Villa of North Park!

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MCCANDLESS
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MLS# 750276

Great neighborhood, great house, great price!! This 4 bedroom, 2.5 bath home projects a welcoming warmth that is typical of the Dutch style. Features exceptional yard with mature trees, generously sized bedrooms, newer windows, hardwood flooring, sprinkler and security systems, family room with brick fireplace, side sunroom and deck great for indoor/outdoor entertaining, updates throughout!

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HAMPTON
\$1,050,000
MLS# 747130

The artistry of this graciously styled 5 bedroom, 5 full and 2 half bath design is unique, the space abundant. This Villa of North Park masterpiece features governor's drive, grand foyer with marble flooring, columns and lofty ceiling, butler's pantry, paneled study, two-story family room with marble fireplace, 1st floor master suite, private bath for each bedroom, expansive lower level, WOW!!

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The 3-bedroom townhouse is 2000 square feet! There is a bonus room right off of the garage. The main level has a living room, dining room, powder room, and a huge eat-in kitchen. Some come with fireplaces. The master bedroom has a private bath and a walk-in closet. The other bedrooms are identical in size. The 3-bedroom rents from \$1800.00 to \$2000.00 per month.


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