



LEGAL UPDATE:
New Rules Affect
Electronically
Stored Documents

Page 5



**SALUTE TO
MINORITIES:**
Willa Doswell, PhD,
RN, FAAN, University
of Pittsburgh School
of Nursing

Page 16



CARDIOLOGY:
Improving the
Health and Well-
Being of Every
Life We Touch

Page 27

DEPARTMENTS:

HUMAN RESOURCE BRIEFINGS Page 3
GOOD HEALTH PERSPECTIVE Page 6
CAREER OPPORTUNITIES Page 6
DATEBOOK Page 40
RESOURCE DIRECTORY Page 42
EXECUTIVE LIVING Page 44

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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER



Discussing the Prescription for Pennsylvania at a public forum at the Mon Valley YMCA are (left to right) Governor Edward G. Rendell, state Rep. R. Ted Harhai and Louis J. Panza Jr., president and CEO of Monongahela Valley Hospital.

Health Care Plans Point to Busy Second Term for Rendell

BY RON PAGLIA

Governor Edward G. Rendell obviously has no plans of slowing down during his second four-year term in office. That was emphasized as he brought his Prescription for Pennsylvania health care reform plans to the Mon Valley.

"He's not going to be idle, that's for sure," said state Rep. R. Ted Harhai, a Monessen Democrat whose sprawling 58th Legislative District covers parts of Fayette and Westmoreland counties. "He was very busy the first four years and the introduction of this idea (health care reform) is an indication that he intends to continue that pace during his second term."

Harhai was among the more than 200 people who heard Rendell outline key points of his Prescription for Pennsylvania at a forum sponsored by the Mon Valley Regional Chamber of Commerce at the Mon Valley YMCA in Carroll Township, which is located about three miles north of Charleroi. He and state Rep. Peter J. Daley (D-California, 49th District) were among those who welcomed Rendell to the event.

"He's very excited about it," Harhai said of Rendell's reform proposals. "It's something that we need to study, take a long hard look at it and work together to come up with something that will help all people of Pennsylvania. The intent of the governor's plans certainly is commendable."

Rendell's enthusiasm was evident as he spoke for over an hour to an audience comprised mostly of business people.

Utilizing large charts and graphics, Rendell said his plan will give the estimated 800,000 uninsured Pennsylvania adults the confidence that a sudden illness will not lead to unnecessary personal (financial) suffering.

Continued on page 15

Prescription for Pennsylvania: Healthcare Leaders Respond

Governor Ed Rendell recently unveiled his health care plan "Prescription for Pennsylvania" that would impose new requirements on the state's health care industry and other businesses and could eventually require many Pennsylvanians who lack health insurance to obtain coverage. Western Pennsylvania Hospital News asked healthcare leaders and organizations to express their thoughts on this new plan. Here are some of their responses:



Robert E. Fisher

Robert E. Fisher FACHE, FHFMA

President and CEO, Brookville Hospital

Gov. Rendell's "Rx for PA" is intended to provide better affordability, access and quality. At Brookville Hospital, we well agree that the entire health care system badly needs reform and applaud the Governor for his willingness to address health issues that are so critical to the well-being of all Pennsylvanians.

His plan fits well into our hospital's mission "to provide quality health-care services in a cost effective manner to the communities we serve." As a small, rural community hospital, we actively address affordability, access and quality on a daily basis.

For affordability, we provide a substantial charity care program and as an employer, we have a comprehensive health plan for our staff. To improve access to care, we have physician offices in outlying areas and a walk-in

Continued on page 12



Presenting the American College of Healthcare Executives Senior-Level Healthcare Executive Regent's Award to Thomas P. Timcho, president and chief executive officer of Jefferson Regional Medical Center, is Derwood B. Dunbar, Jr., FACHE, ACHE Regent for Southern, Central and Western Pennsylvania, and Karen Hartman, president of the Western Pennsylvania Chapter of ACHE.

Jefferson Regional CEO Receives ACHE Regent's Award

Thomas P. Timcho, president and chief executive officer of Jefferson Regional Medical Center, has been honored with the American College of Healthcare Executives Senior-Level Healthcare Executive Regent's Award.

Timcho is the only hospital executive in the Pittsburgh area to receive the regional award that recognizes ACHE affiliates who have contributed significantly toward the advancement of healthcare management excellence and the achievement of the goals of ACHE.

Richard F. Collins, Jr., MD, chairman of the

Continued on page 37

Surrounded by Miracles

Just now coming down from the natural high of welcoming a second grandchild into the world, I'm left with some reflections beyond the ever-present one that I am one lucky man.

The first is focused inward. Bernie and I have one child, our daughter Kristen, whose entry into this world was, at the time, the single most miraculous event we ever experienced. More than two decades later, Kristen and our son-in-law Josh, shared with us the joy of the birth of their first child, Mackenzie, and that feeling of being present for an honest-to-gosh miracle returned.

Mackenzie's arrival was a little different from Kristen's—Bernie was standing beside me this time instead of recovering in the aptly named recovery room and I was even a little distracted wondering how much the delivery might cost me—but emotionally, it was much the same. So I wondered if the arrival of a second grandchild might be, uh, well, a little anticlimactic.

My question was answered the moment we got the call that our grandson, Karter, was on his way. Every moment was magical and memorable. It was his time, and nothing diminished the moment. I remember thinking to myself, "This would never get old, welcoming new additions to the family into the world." (Of course, I've yet to consult with Kristen to see if she feels the same way!)

A second reflection from that day in the hospital came while observing so many healthcare professionals working together to help deliver my grandson. Being a baby boomer, I've come to equate hospital visits mostly with bad news associated with health problems that come with aging.

But watching the doctors, technicians, nurses, nurse midwives,



(left to right) Kristen, Harvey, Bernie, Josh with granddaughter Mackenzie and new grandson Karter.

and so many others involved in delivering a baby, I came to appreciate how much they act as God's hands on earth. Or maybe Santa's elves.

I thought of how Kristen's doctor joined us in following Karter's progress all the way until the moment he arrived. That's pretty cool, to lead a team that shares in the joy of birth. Karter happened to be born in Atlanta, but it didn't matter, really. For as terrific as the medical professionals there are, we're blessed in this country to have quality health care available no matter where we live.

A successful birth most often is cause for shared joy. But I also thought about how noble it is to be a part of the

healthcare continuum regardless of where you focus. Consider the opposite end from the delivery room: hospice care. Acknowledging the sadness and stress, there still must be something fulfilling about being there for someone at the end of his life.

Those of us who work in any aspect of health care—including a lowly publisher of a medical business publication—see and hear our share of negativity. But I hope we never let that negativity overwhelm how special and rewarding our profession can be.

Hey, I have a grandson. And his safe and healthy arrival is due in large part to the commitment and dedication of individuals, many of whom I will never know. So to them, and to all of you, I offer a heartfelt thank you.

Like I said, being surrounded by little miracles and in the presence of miracle workers never gets old.

Harvey D. Kart

You can reach Harvey Kart at (412) 856-1954 or hdkart@aol.com.



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Rising Healthcare Costs Present Multifaceted Challenges

In a recent survey of over 1,200 members of the Society for Human Resource Management, three of the top ten overall trends predicted to have the greatest influence on the workplace in the coming decade had to do with healthcare and healthcare costs. The overall #1 concern among human resources professionals across the country and across all industries was rising healthcare costs. This was followed at #3 by the threat of increased healthcare costs on the nation's economic competitiveness. Coming in at #7 was the increase in the number of individuals and families without health insurance.

What is more revealing about the study is the fact that healthcare costs and access to healthcare are expected to have major demographic, economic, and political impacts on the workplace. As a result of the aging population, the demographic trend identified by survey participants as the most likely to have a major impact or cause a radical restructuring of their workplace is the rising cost of healthcare driven by an ever-growing older workforce. How the effects of this trend will play out is yet to be seen. However, it is not hard to envision any or a combination of the following reactions by corporate America: continue to shift the cost of care onto employees and their families; increase the hiring of part-

time and contingent workers who are not eligible for healthcare benefits; accelerate the introduction of labor-saving technology into the workplace resulting in the need for fewer workers. With healthcare costs annually escalating at more than two times the rate of inflation for most of the last decade, as measured by the Consumer Price Index, the nation's businesses will continue to look for ways to get out from under the increasing burden felt from these seemingly uncontrollable costs.

When asked to identify the economic trends most likely to have a major impact on or cause a radical restructuring of the workplace, healthcare took the top two spots. The number one economic trend was the threat of increased healthcare costs on the competitiveness of the United States. Those of us who work in or do business primarily with the healthcare industry have been largely insulated from the growing influence of a global economy. Although we are starting to see instances in which insurance companies are urging their subscribers to travel to another country for medical care, those cases are very few and very far between. As a result, our only frame of reference for "competition" is from the hospital, health system, or other provider located across town, in the neighboring county, or perhaps in the next clos-

est big city. What we do not have a first-hand appreciation for is the significant threat posed to domestic production by goods able to be imported at significantly lower costs. And one of the factors most contributing to that is the cost of labor, which includes the employer's costs of providing healthcare to employees and their families.

The second most mentioned economic trend most likely to have a major impact on or cause a radical restructuring of the workplace is the rising cost of retiree benefits, including the cost of medical insurance. As the baby-boom generation begins to head for Sun City in great numbers in the coming decade, this trend is going to place a greater strain on the ability to compete. According to a December 2006 Kaiser Family Foundation report, retiree healthcare costs rose to \$20.9 billion in 2006, an increase of 6.6% over 2005. And one-third of employers reported a double-digit increase in their cost of providing retiree medical benefits last year.

Given these factors, it is no surprise that the top two political trends identified in the survey as most likely to have a major impact on or cause a radical restructuring of the workplace were federal healthcare legislation and state healthcare legislation. At the federal level, President Bush and the

new Congress are already moving to stake their claim to be the first to initiate "healthcare reform", 2007 style. At the state level, Massachusetts and California have already enacted legislation aimed at covering all residents with medical insurance and Pennsylvania and New Jersey are among a growing list of states that have decided not to wait for the feds to get the ball rolling. And since we are already seeing early signs of Campaign 2008, potential Presidential candidates will soon be rushing headlong into the fray to fill the healthcare reform void.

All of this makes for interesting grist for the mill as the saying goes. But more importantly for the healthcare industry, it makes for clear signs that we will continue to be in everybody's crosshairs. Talk about who identifies themselves as a stakeholder in healthcare reform debate, please tell me someone who doesn't!

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

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Roth 401(k) Is Here. Is It Right For Me?

Employees of health care practices, offered the option of a Roth account in the 401(k) plan encounter a difficult choice: Contribute to a Roth 401(k) and not reap the benefits of a reduction in taxable take-home pay (since contributions are made with after-tax dollars), or remain with a traditional pre-tax 401(k) salary deferral and hope that in retirement, their individual tax rate will be lower than it is now. Alternatively, participants could hedge their bets by contributing to both accounts.

Generally, making a fiscally wise decision depends on a reasonable estimation of the taxes that the participant anticipates in retirement based on several factors including the other sources of savings which will be income in retirement.

For those who expect their tax rate to be the same or higher in retirement than it is now, a Roth 401(k) may be worth considering. Most likely younger employees expect their income to increase as they continue in the workforce. If they are currently in the 10%, 15% or 25% tax bracket, it may be a wise choice to pay the tax now, make their salary deferral into the Roth account and not have to anticipate what tax brackets might become in the future. For employees who are midway or further through their career (peak earning years), in a higher tax bracket and expect that in retirement they will be in a lower tax bracket, continuing with traditional 401(k) contributions appears to be a more astute choice.

Obviously, predicting with any certainty, of future circumstance including tax rates is nearly an impossible task. General consensus is that taxes and/or tax rates are not likely to decrease but are more probable to increase to pay for rising Social Security and Medicare costs. The decision between Roth and traditional salary deferral is complicated by both personal and national budgetary concerns.



BY SYLVIA BELL, J.D.

1. Who is eligible for a Roth 401(k)?

Anyone whose employer offers it. Inside a 401(k) plan, the contributions to the Roth are not limited by the AGI limits. Employers may elect to offer the Roth option, it isn't required. Among the major concerns for employers are the costs associated with managing the plan, and educating their workforce about this new investment option. Health care practices are more likely to offer a Roth 401(k) if their employees indicate that they intend to participate.

2. What happens to the employer match?

Employer matches will still be made with pretax dollars, and the match will accumulate in a separate account that will be taxed as ordinary income at withdrawal.

3. What are the early withdrawal rules?

Early Roth 401(k) withdrawal rules will be subject to the same requirements as traditional 401(k)s.

4. What happens at the termination of employment?

The Roth 401(k) balance can be rolled over into a Roth IRA.

5. Is the Roth 401(k) option here to stay?

Yes. The Pension Protection Act of 2006 made all of the Economic Growth and Tax Relief Reconciliation Act of 2001 provisions permanent.

If the employer offers the Roth 401(k), participants have a choice to make: the entire deferral into a traditional 401(k) account, all in a Roth 401(k) account, or split between the two. Here's how they compare.

Different Tax Treatment

Contributions to a traditional account 401(k) account reduce the individual's income for the year (less amount of income to report on the Form 1040), which translates to a smaller tax bill in the year contributions were made – the individual pays the tax upon receipt of the deferrals and earnings as a retirement benefit. There is no Pennsylvania tax upon receipt (in retirement) because Pennsylvania doesn't recognize the tax deduction for 401(k) salary reductions.

Contributions to a Roth account don't reduce the taxable income and therefore don't reduce the tax in the year of the contributions, but all the earnings in the Roth account are tax-free for as long as the account exists. Furthermore, at the termination of employment you can roll your Roth 401k account to a Roth IRA, so the account can continue to grow with tax-free earnings for as long as you choose to preserve it.

No Difference in Contribution Limits

Roth 401(k) limits are the same as traditional 401(k) account limits. There is a single limit that applies to the overall total you contribute to both types of accounts. For example in 2007, the limit is \$15,500, it can be allocated to either type of account or split it between the two types, but the total contribution to both types can not exceed \$15,500.

No Difference in Investments

Generally the investment opportunities are the same for Roth 401(k) account as for traditional 401(k) account.

No Difference in Matching Contributions

If the employer provides matching contributions for retirement savings, the match will be the same for Roth 401(k) contributions as for traditional 401(k) contributions – the only difference is that the matching money must go into a traditional 401(k) account.

Why choose a Roth 401(k) account?

The simplest reason is that the tax rules allow employees to accrue a Roth account just as large as a traditional account, but at retirement the Roth account will be more valuable because it will not be taxed at distribution.

The Roth Account Is More Valuable

It does appear that the Roth account is more valuable at retirement. Distributions from a traditional account are taxable (Federal), but distributions from the Roth account are not. The difference can be surprisingly large. For example, if an individual is in the 25% tax bracket, he would have to withdraw \$133.33 from a traditional account to have \$100 in spending money, because \$33.33 will be used to pay tax on the distribution.

Summary

Choosing to contribute to the Roth means paying more tax in the year of the contribution, because a Roth contribution doesn't reduce your taxable income. Electing to contribute to the traditional 401(k) affords an immediate tax reduction because the contributions are made pre-tax. However, if the tax difference ends up as a difference in the total amount saved each year, it is possible for the traditional account to come out ahead due to the amount of contribution.

If the participant has a choice, each year she should weigh her situation carefully and plan for retirement, not just let it happen.

Sylvia Bell, J.D., is the Senior Manager of Employee Benefits Services for Alpern Rosenthal. She can be reached at (412) 281-2501, ext. 335 or at sbell@alpern.com.

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New Rules Affect Electronically Stored Documents

Amendments to federal court rules have created a new set of guidelines for “electronically stored information” and an acronym “ESI” that will set hospitals and healthcare institutions scurrying to make sure they are saving the electronic documents they should save, and not saving those they should destroy.

A recent study showed that 93% of all business information is stored on computers and that about 87% of all written business communications are emails. But ESI includes not just the information on company computers, but also what’s on DVDs, CD ROMs, digital cameras, answering machines, palm pilots, PDAs and cell phones. It is critical to remember that all electronic devices, ranging from “thumb” drives, portable hard drives and zip disks to flash cards, can qualify as sources of ESI.

The new e-discovery amendments do not give any guidance as to what electronic records a client must preserve. Instead, they merely state that if an organization in a lawsuit has ESI, then such ESI must be identified as part of the disclosures during the discovery process of a lawsuit, unless the contents of the ESI is privileged information, not reasonably accessible because of undue burden or cost, or otherwise



BY DAVID G. OBERDICK & RON HICKS

objectionable.

The new e-discovery amendments place the discovery of ESI on the same playing field as the discovery of paper documents. The type of ESI a client must preserve is therefore contingent upon what type of paper documents or records a client preserves as part of its normal business practices. For example, it is commonly known that for federal tax purposes, a client should preserve its tax-related information for a period of seven years. The fact that such information is stored electronically, rather than in paper form, does not lengthen or shorten this period. Thus, what type

of ESI a client must preserve should be governed by the same standards and procedures that are in place for a client’s retention and destruction of paper documents and other similar records.

The ESI challenge for hospitals and healthcare institutions is to implement a standard set of policies to save electronic information throughout the company, from the individual emails of every employee to the home computers occasionally used for company business. Hospitals and healthcare

institutions should review their document and information retention policies in light of the new electronic discovery amendments. Specifically, we advise hospitals, physician practice groups and other healthcare organizations to:

- Establish a policy for maintenance of electronic documents throughout all parts of your organization.
- Review the policy with your legal professional to make sure that it covers every type of electronic document as defined by the courts.
- Implement your policy and, absent some pending legal claim or action, destroy electronic documents that your policies say can be destroyed.
- Communicate the policy with your employees and enforce the policy consistently.

Your organization may be surprised just how much the requirement to maintain electronic documents will change the daily routine of physicians and staff. For example, a doctor who occasionally takes work-related phone calls and messages on his or her cell line, or uses his or her home PC to interact by email on work issues, must now consider whether he or she can delete the voicemails absent a clear retention policy. The growing use of medical transcription raises similar issues. Specifically, if a legal claim arises from a prescribed treatment, all related electronic records, including audio recording and transcription records, are now discoverable, and destruction of these records without a policy authorizing such an action can create adverse legal consequences. At the same time, consideration must be given as to whether such records should otherwise be protected and preserved to protect and document a hospital’s actions.

The bottom line is that ESI won’t be easy for any business. But if a healthcare institution does not take a disciplined approach to storing and destroying electronic documents, it may find that it has a difficult time protecting its position in lawsuit and other legal actions.

David G. Oberdick, Meyer, Unkovic & Scott, concentrates his practice on intellectual property law. David can be reached at dgo@muslaw.com. Ron Hicks is co-chair of the firm’s Business Litigation Group and can be reached at rh@muslaw.com.

Pension Reform Law Affects Physician Practices

The Pension Protection Act of 2006 received a great deal of press coverage for its reform of big corporate defined benefit pension plans. But there’s much in the 900-plus-page law that affects physicians and their practices. The law enhances retirement planning incentives, imposes tough new requirements for charitable deductions and preserves tax breaks for college savings. Physicians need to understand these changes and begin factoring them into their personal and business financial planning in 2007.

Here is a brief overview of the most significant changes.

Roth IRA rollovers: After 2007, participants will be able to directly roll over funds from a qualified retirement plan to a Roth IRA (assuming other requirements are met). Currently, a two step process is required: Roll over the funds from a qualified plan to a traditional IRA, and then roll over from the traditional IRA to a Roth IRA.

Qualified retirement plans: Many favorable retirement plan provisions in the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) were scheduled to expire after 2010. The new law repeals these “sunset” provisions—including higher contribution and benefit amounts, catch-up contributions for older workers, faster vesting on employer matching contributions and various other enhancements—and makes them permanent.

Inherited plan assets: For distributions after 2006, a non-spouse beneficiary can elect to roll over the assets in the decedent’s qualified retirement plan to an IRA of his or



BY PAUL RUDOY, CPA/PFS

her own. Previously, this benefit was only available to spousal beneficiaries.

Charitable contributions: The new law tightens the rules for deducting donations of clothing and household items, while enhancing benefits for food and book donations by physicians and their practices. It also permits, for the first time ever, tax-free distributions of IRA proceeds for charitable purposes, through the 2007 tax year.

For a contribution of cash, regardless of the amount, the donor must have a cancelled check, a receipt or letter or other written documentation from the entity showing the name of the entity, the date and amount of the contribution or other reliable written records showing the name of the entity, the date and amount of the contribution.

Section 529 plans: The new law preserves tax breaks for Section 529 plans, the tax-deferred college tuition savings plans, that were scheduled to expire after 2010. Besides enjoying tax-free distributions for qualified higher education expenses, taxpayers can continue to roll over funds to a different state plan each year without changing the beneficiary. Also, investors can still use a Coverdell Education Savings Account and 529 plan for the same beneficiary in the same year.

Physicians should always consult with a professional tax adviser to determine how the new law affects them as individuals and their practices.

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

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Legal Nurse Consulting

New Opportunities for Nurses

Legal nurse consulting is a fairly recent and rapidly growing specialty in nursing. Attorneys have used nurses as consultants for medical legal matters for more than 30 years. However, in the 1980's as the court system began to permit nurses to evaluate nursing care relative to negligence, more and more nurses were needed to fill the role of an expert witness. There was also an increase in the demand for nurses to assist attorneys (in both plaintiff and defense law firms) in evaluating medical records, medical literature, hospital policies and procedures, and in interacting with the "expert witnesses" involved in the case. The nurse was proven to be an instrumental and cost-effective member of the litigation team.

Today nurses work in a variety of settings in the legal milieu. They can serve as "independent" practitioners who contract out to a variety of attorneys for specific tasks. Nurses are also found working full time "in-house" for plaintiff or defense law firms, while other legal nurse consultants work for insurance companies evaluating negligence claims. Other practice areas for the legal nurse consultants may consist of risk management, case management, workers' compensation, personal injury, life care planning and serving as an expert witness.

An "expert witness", by definition, is a person having special knowledge of the

subject about which he or she is to testify. There are expert witnesses for virtually any subject or topic. Expert knowledge is not normally possessed by the "average" person. Generally, the expert witness will have a high level of clinical and academic preparation and should have current hands on experience. Expert knowledge can derive from study, education, experience or observation.

The role of the "expert" nurse witness has become increasingly more important due to a shift in the court system in the past years. For many years, physicians have routinely been allowed to testify as to the appropriateness of nursing care. But recently the courts have begun to acknowledge that physicians do not possess the same specialized knowledge that a nurse possesses. Therefore, a physician should not testify to a nurse's performance any more than a nurse should address a physician's care. Only a registered nurse expert should opine as to whether a nurse met the standard of care.

As more and more nurses entered the legal arena in a variety of roles, the need for a national professional association was identified. Out of this need, The American Association of Legal Nurse Consultants (AALNC) was formed in 1989. The organization has grown rapidly and presently has 52 chapters across the country which includes over 3,500 members.

The national organization defines the scope of practice and standards of practice for the specialty and provides the ethical framework for the legal nurse consultant.

The organization has published a number of documents since its inception to guide the legal nurse consultant. In 1992, the *Code of Ethics and Conduct* was published, in 1995 *The Scope of Practice for the Legal Nurse Consultant*, and in 1995 the *Standards of Legal Nurse Consulting Practice and Professional Performance*. Also in 2005 the AALNC came out with a Position Statement to define, in greater detail, the specialty of Legal Nurse Consulting.

The AALNC, defines a legal nurse consultant as a licensed registered nurse who performs a critical analysis of health care facts and issues and their outcomes for the legal profession, health care professionals, and others, as appropriate. With a strong education and experiential background, the legal nurse consultant is qualified to assess adherence to standards of health care practice as it applies to the nursing and health care professions." *Legal Nurse Consulting: Principals and Practice (1st Ed.)*. (1998). Boca Raton: CRC Press.

The AALNC supports the following for entry into the specialty: 1) An active registered nurse with current licensure as an integral requirement of the practice discipline, and 2) five years experience as a registered nurse of actively practicing. These criteria are based on the assumption that a nurse providing expert consultation within the legal community needs extensive experience.

Good Health Perspective

from ROBERT MORRIS UNIVERSITY

BY PATRICIA FEDORKA, PHD, RNC

The national organization offers a variety of informative and educational programs including a legal nurse consulting course for nurses who are interested in the practice area. The courses are offered online and the modules are accessible 24 hours a day. There is also a Legal Nurse Consulting Certification offered through the organization. To sit for this certification test, the applicant must have current licensure, a minimum 5 years of experience practicing as a registered nurse, and evidence of 2,000 hours of legal nurse consulting experience within the past three years.

Pittsburgh enjoys a very active local chapter of the AALNC. The Pittsburgh chapter was one of the first in the country formed in 1990 chartered in 1991. For membership information or more information about the organization, call (412) 939-3426 or visit www.pittsburghchapter-aalnc.org.

Patricia Fedorka, PhD, RNC, Associate Professor, School of Nursing, Robert Morris University, can be reached at fedorka@rmu.edu.

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Family Experience with Caring Led Panich to Career in Nursing

BY RON PAGLIA

As a registered nurse for more than 21 years, Marijo Panich knows the true meaning of caring for and about her patients. And that commitment to others was established early in life.

"I always loved animals and thought about becoming a veterinarian," Panich, a member of the IV Therapy Department at The Washington Hospital, said. "But after Dad was shot and I helped care for him, I decided to become a registered nurse."

Panich is the daughter of former area residents Tom and Joan Moody, who owned and operated a small three-acre island resort in the San Blas Islands of Panama until they were forced out by rebels in June 1981. Tom Moody was shot and tortured in the raid and left to die but was rescued by his wife, his sister and staff members and eventually returned to Pittsburgh for a series of major surgeries.

The Moodys recovered and built a new resort, Moody's Namena, which they still own and operate in the Fiji Islands (www.moodysnamenafiji.com).

The incident involving her parents notwithstanding, Panich insists she led a normal life growing up in Central America. But how many teenagers have rubbed shoulders with Gregory Peck, Dame Margot Fonteyn and John F. Kennedy Jr.?

"It was rather exciting, that's for sure," Panich, of Houston, PA, said of her childhood and teen days in Panama. "There were a number of celebrities who visited or vacationed at my parents' resort."

"I remember being told that they (Panama officials) wanted all Americans out of the area," she continued. "I was only 16 when my father was shot and the resort was virtually destroyed. Other than that incident, my life was rather normal."

Panich was home schooled by her mother through the sixth grade and then entered seventh grade at a private school run by the Episcopal Church in Panama City. She remained there through her junior year

of high school and eventually graduated from Monongahela Valley Catholic High School in Carroll Township in 1982.

"I had a lot of wonderful friends in Panama," Panich said. "We were like any other young people, curious about many things, eager to learn and having lots of fun."

She also had the opportunity to meet famous people at her parents' resort.

"Gregory Peck was probably my father's favorite," Panich said. "He was a rather quiet man, very unassuming and friendly."

The late John F. Kennedy Jr. also made a lasting impression on the Moody family.

"I was 13 and he was 16 or 17 when he came to our place," Panich recalled. "I believe that was around the time when his mother had him go to do missionary work in Guatemala, and he stopped at the resort on his way home. He was very nice, a real gentleman. He and some friends were scuba



Marijo Panich

diving one day and came into the lounge for a Coke. The other guys sat on the bar stools and John said something to the effect to them, 'Look, you're getting the chairs all wet. You wouldn't do that at home, so please don't do that here. We are guests here.' The other guys got up and wiped the stools dry."

Panich said she was "in awe" of Margot Fonteyn, the world acclaimed ballerina who was married to Roberto Arias, a Panamanian diplomat and who died in Panama City on February 21, 1991.

"She was the picture of grace, a beautiful woman," Panich said of Fonteyn. "She would practice dancing on the beach and was so graceful. I could watch her for hours, and she would always smile and stop to speak."

Panich's mother, the former Joan Bongiorno of Fallowfield Township (Washington County), likes to tell the story of how her daughter had "such a hug crush" on another visitor to their San Blas Islands resort. He was Robin Lee Graham, the subject of three major stories in and two front covers of *National Geographic* magazine when he became the youngest solo sailor to circumnavigate the world.

"Robin sailed into San Blas Islands on the yacht Dove during his five-year journey when Marijo was around eight years old," Mrs. Moody recalled with a smile. "Robin was an avid reader and gave Marijo her first copy of *The Wizard of Oz* series. Years later, Gregory Peck produced the movie "Dove," the story of Robin's world solo trip and that was how he (Peck) came to our island when the movie was being shot."

One thing that was not normal for Panich in Panama was watching television.

"We had no TV on the island in Panama," she said. "So I really didn't get to watch the popular shows of that era until I saw them in reruns when I visited my grandmother when I came to the Mon Valley for summer vacations."

Panich, whose father is native of the Crafton area, is the granddaughter of the late Joseph and Mary Bongiorno, longtime Fallowfield Township residents, and was named for them; hence, Marijo. Her mother's siblings, Lillian Monack, Dolores Karpiak and Joseph Bongiorno, still live in Fallowfield, and her mother-in-law, Maryann Anthony lives in Monongahela.

Marijo married Mitch Panich, a Charleroi Area High School graduate, in December 1985, and they are the parents of two sons, Keith, 17, and Kirk, 14. Mitch, a manager for Coyle Trucking Company Eighty Four, and his brothers, Mike, Mark and Matt, are the sons of Maryann Anthony and the late Mike Panich. Maryann remarried after her husband's death.

Although they are half-a-world apart, Panich, 42, keeps in regular contact with her parents.

Marijo and Mitch have visited with her parents at their Moody's Namena resort on

Namenalala Island in the Fiji Islands.

"Mitch and I went in 1987, about two years after we were married," Panich said. "That was the first time my parents had the opportunity to meet him. I had been there previously when they were first building the new resort."

In 2004, Marijo and Mitch took their sons, students in the Charters-Houston School District, to Namena.

"They were a bit reluctant at first because they didn't know what to expect," Panich said of her sons.

"But once they got there they were fascinated by the experience. There is no television, no video games and no computers, but they were never bored."

Weekly barbecues and birthday parties for Namena guests also are special.

"The staff sings native songs at all of the social events and everyone loves the festive mood," Panich said.

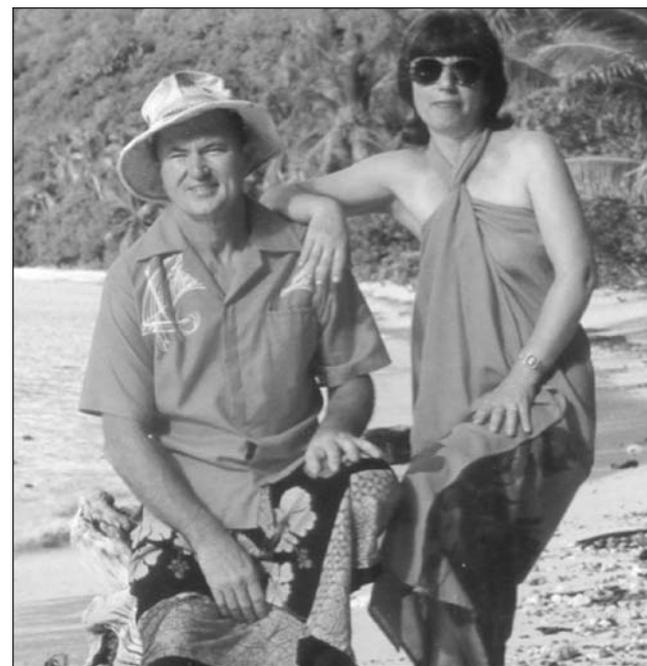
Understanding the words to those songs is no problem for Panich. During her studies in Panama she became skilled in Spanish and French and the dialects of the Indians who lived on the islands. Her expertise with those languages facilitated her senior year at Mon Valley Catholic High School, where she was one of only two students enrolled in the advanced Spanish 5 class.

"It was strange at first, being the proverbial new kid on the block," Panich said of her transition from Panama to Mon Valley Catholic, where she was graduated with honors. "But I met some nice people there and had a wonderful time during that year."

Although the circumstances surrounding her permanent return to the area were dramatic and not what she had anticipated, Panich said she "always knew" she would come back to Charleroi and go to college.

Because of the experiences with caring for her father, she turned to nursing instead.

In doing so, Panich became part of history as a member of the last graduating class to reside in the dormitories at The



Joan and Tom Moody enjoy a song by an entertainer at their resort in the Fiji Islands.

Washington Hospital School of Nursing in 1985.

A large portion of her nursing career was at Sewickley Valley Hospital in Sewickley, and being there provided an impromptu reunion on one occasion.

"I was working the Orthopedics Unit and we had a young woman as a patient," Panich recalled. "I noticed her speaking Spanish with her family one evening when I was on duty and we began talking. She said she was from Panama and I told her I had grown up there. It turned out that we were at the private school in Panama City at the same time. I found her picture in my yearbook and learned she was a couple of years behind me. But it just goes to show you what a small world this really is."

Panich's parents were not able to attend her graduation from The Washington Hospital School of Nursing in 1985.

"They were already in Fiji getting ready to build the new resort," she said. "And I truly understood that was the best therapy for my father. He had gone through so much with the experiences in Panama, the shooting and the major surgeries that followed. He needed to find another island and move on with his life."

My parents are wonderful and loving people, exceptional human beings. I'm very happy for them."

Information about the Moodys' resort is available at www.moodysnamenafiji.com.

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CODE...

Security Tips for the Healthcare Industry

It's Time to Honor Your Facility's Security Staff

BY BOB BRONDER

There's no question that security staffs play ever-increasing roles in the day-to-day operation of most healthcare facilities. Oftentimes, they are the first people that patients, staff and visitors see when they visit your facility; and also, the last ones they see when they leave. They make patients, staff and visitors feel safe and secure in areas of higher vulnerability, including parking lots, emergency rooms and even hospital nurseries. In areas where security personnel aren't always visible, security, fire alarm, access control and video surveillance systems also provide an added measure of reassurance. The role of security is not always viewed to be as important as a healthcare facility's reputation for care, cutting edge technologies, cleanliness and results. However, it is increasingly becoming a contributing factor in the overall equation which makes a healthcare location more or less attractive to both patients and staff.

So, this year, Vector Security is creating an awards program designed especially to honor individuals whose collective efforts serve to keep those you serve and your colleagues safe and secure within the work environment. In honoring those who help protect regional healthcare institutions, we are also honoring the commitments made to the healthcare industry by of our stakeholder, The Philadelphia Contributionship, who owns Vector Security, Inc. The Philadelphia Contributionship was founded by Benjamin Franklin in 1752 as a private fire insurance company. The Contributionship provided a response by its own private fire department in the event that a fire broke out at a policyholder's property. Ben Franklin formed the company in the wake of the disastrous Philadelphia wharf fires which destroyed a great deal of the city. The Contributionship "marked" their protected properties with a "fire mark" placard in much the same way we "mark" our protected properties today with the familiar Vector Security decal and property sign. Essentially, we are engaged in the same type of business that the Contributionship was some 250 years ago, but with an electronic twist.

But how are we also connected to the healthcare industry? That connection too comes courtesy of Franklin. Ben Franklin and Dr. Thomas Bond together founded The Pennsylvania Hospital, the nation's first healthcare facility, in 1751. A year later, the hospital's temporary facility was opened on High St (now Market St.) with the official seal quoting the parable of the Good Samaritan, "Take care of him and I will repay thee." In 1754, The Philadelphia Contributionship helped conduct a fund



Contributionship entrance



Fire Plaque

drive entitled "The Pennsylvania Hospital Appeal," and in early 1756, Pennsylvania Hospital accepted its first patient. In 1790, Dr. Benjamin Rush joined the staff and became known as "the Father of American Psychiatry" (Rush also was an original signer of the Declaration of Independence, along with Franklin). In 1794, Dr. Phillip Syng Physick was appointed to the staff and would become known as "the Father of American Surgery." The Pennsylvania Hospital would become the Contributionship's oldest continuous policyholder.

Now, back to the awards program ... Our goal is to bestow four awards during February of 2008 to healthcare security departments and personnel from Western Pennsylvania and Eastern Ohio.

The award categories will be as follows:

1. Healthcare Security Executive, Director or Manager of the Year (1 award)
2. Healthcare Security Department of the Year
3. Healthcare Security Officer or Staff Member of the Year (1 award)
4. Healthcare Security Best Practice of the Year



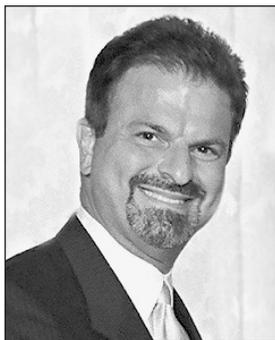
Bob Bronder

A more complete description of the awards program will be published in the April edition of *Western Pennsylvania Hospital News*, including complete instructions for submitting applications for any of the awards. For now, we are asking that you forward this information to your facility's security department and invite them to become involved. If you have any immediate questions or comments concerning this program, please feel free to contact me. I can be reached at (724) 779-8800, or via email at rpbronder@vectorsecurity.com. With your help, we can bring a new level of highly deserved recognition to the men and women who help protect all that you have built for your communities.

Bob Bronder is the Sales & Operations Manager at Vector Security's Pittsburgh branch office location and oversees all aspects of those departments. Bob can be reached at (724) 779-8800 ext. 1264 or by email at rpbronder@vectorsecurity.com.

The Journey to Improve Hospice Care in America

Personal vs. Professional



BY RAFAEL J. SCIULLO,
MA, LCSW, MS

How does one define that gray line between personal interests and professional behavior in the workplace? As are many CEOs, I struggle with how to create a work environment that is both caring and supportive as well as efficient and productive. Although at first glance these characteristics may seem at odds, they do not have to be mutually exclusive. Organizations can strive to provide a work environment where an overall professional atmosphere allows employees to connect personally with each other and derive a feeling of community.

It is inevitable that our personal life will overlap with our work. The issue that concerns most businesses is when, how often, and to what extent this occurs. Organizations create policies and procedures to try to define the behavior that is comfortable for a business setting. Businesses often regulate such items as appropriate attire and dating in an attempt to minimize the possible conflict between personal choice and the business' standards. Generally accepted professional behavior may frown upon discussions of personal issues such as politics and religion with business associates. And finally, at times personal friendships in the workplace cross the line between professional behavior and personal wishes.

The important question becomes how do we care about our work colleagues while adhering to professional standards. This question is even more profound in a hospice environment where the majority of the employees choose to work at a hospice specifically because of their compassionate nature and concern for others. How then do the business standards tell these employees to care about the patients and families but limit their caring and personal investment in the lives of co-workers?

At hospice, because of the personal nature of our business, it is imperative that we address this issue head on. It is necessary to create a community of people who care, not just for those that we serve, but also for their colleagues. As in all work environments, it is a benefit to all to share the good times in people's lives -- marriages, babies, and promotions. But at hospice, we are trained to also help people through the most difficult times. Hospice employees know the importance of supporting a colleague who is struggling with caring for a sick family member. The staff knows only too well the challenges of returning to work when grieving the loss of a loved one.

Recently at Family Hospice and Palliative Care the professional and the personal collided. For all of us, it was clear that this was a time when our work environment became more personal. The seventeen-year-old son of one our employees was diagnosed with Restrictive Cardiomyopathy, a rare heart disease. Sean is in need of a heart transplant that will impose a lifetime of medical expenses upon him. It became clear that we have to help in any way possible to raise the \$65,000 needed to address these expenses. To be a volunteer or to help financially one can contact Amy Smith at (412) 224-4080 or donate at www.supportersof-sean.com or to COTA, 2235 Country Club Drive, Upper St. Clair, PA 15241.

Hospices, like other work settings, need to set standards and help employees define the delicate line between our personal lives and our work environment. Although as caring humans, it is impossible to completely separate these two important aspects of our lives. Just as I found out in the case of our colleague's son, there are times when one has to reach across that line and know that it is professional behavior to care.

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

Cranium Calisthenics: Exercising the Mind

When it comes to those in their elder years, there isn't a whole lot they haven't experienced ... and odds are they would like to remember those experiences for years to come.

That's why a group of seniors at Concordia Lutheran Ministries are participating in Cranium Calisthenics, a program designed to keep the brain active and stimulated. The class, which meets twice per week, is taught by Slippery Rock University student Sara Zeno.

The basis of the class is to perform tasks that are new and different, which stimulates different parts of the brain and keeps them lively. While some of the activities may seem routine, like brushing your teeth with your left hand, simply changing the way one does something forces the individual to rethink the motion.

Some examples of class activities have included associating scents with past memories, feeling objects in a paper bag and determining the contents, and first response word associations.

Concordia Havens Program Director Cathy Questiaux said, "We feel it will be commonplace one day that mental exercise programs will be structured just as physical exercise classes that meet for weekly group sessions."

Questiaux also emphasized what she considers to be a vital aspect of the class, the importance of meeting as a group.

"Meeting as a group class increases motivation, forms social bonds, and helps stimulate the brain even further than working as an individual," Questiaux said.

Zeno said the importance of the class is opening pathways in the brain that carry messages to different parts of the body. Although brain cells cannot regenerate, these pathways can continually form.

Additionally, classes consist of other mentally stimulating exercises such as yoga and tai chi, which are designed to connect the body with the mind.

For more information, contact Cathy at (724)352-1571 ext.8518 or visit www.concordialm.org.

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Prescription for Pennsylvania: Healthcare Leaders Respond

Mark A. Piasio, MD, MBA President of the Pennsylvania Medical Society

The Pennsylvania Medical Society applauds the Governor for his leadership in proposing needed reforms to improve the quality, safety, and affordability of health care in Pennsylvania.

During the past four years, the Pennsylvania Medical Society has worked closely with the Rendell Administration, particularly the Office of Health Care Reform, on a wide range of health care issues, including some mentioned in his health system reform proposals announced today.

The Pennsylvania Medical Society looks forward to working with the Administration and the General Assembly to shape the future of health care service and delivery in the state, and applauds efforts to further address hospital-acquired infections, patient safety, chronic disease management, access to care, affordability of care, and reducing the number of uninsured and underinsured. These are all worthy goals to which we share.

The Pennsylvania Medical Society feels strongly that needed reforms must focus on the patient, reinforcing the importance of patient-centric care. The Medical Society stands behind the importance of the patient-doctor relationship as the keystone to quality health care. These principles must be central to health care reforms in Pennsylvania.

The Pennsylvania Medical Society is pleased to help shape the upcoming debate on the Governor's proposals and other proposals that will likely emerge in the General Assembly. It is good that Pennsylvania is joining Massachusetts and California in proposing improvements in the health care services and the delivery of those services.



Dr. Mark Piasio

David Fenoglio President and Chief Executive Officer, Lutheran SeniorLife



David Fenoglio

Paul Winkler President and Chief Executive Officer, Presbyterian SeniorCare, PANPHA's board of directors



Paul Winkler

Pennsylvania Seniors Facing "Perfect Storm" on Long-Term Care Horizon

One of the great weaknesses of our political system is the difficulty of addressing a problem until it hits a crisis point. Just as we can track an approaching storm on a radar screen, it is clear that trouble is on the way. Pennsylvania's demographics reveal a "perfect storm" is forming. The number of people who will need long-term care is outpacing the current systems to pay for those services.

Who will pay for long-term care? It is an expense that will grow because those who need it most - people 85 and older - are the fastest growing segment of our population.

In Pennsylvania, almost one-third of the Medicaid budget - \$4.18 billion out of \$14.2 billion - goes toward long-term care. Medicaid is doing more than it was ever intended to do when it was formulated four decades ago. Medicaid, a welfare program, rightly or wrongly has become the single largest source of financing for long-term care services, paying for about two-thirds of all long-term care.

Residents don't become Medicaid-eligible just by turning 65. Most end up on Medicaid after they've spent most of their lifetime savings on their chronic care needs; some tap the "estate planning" experts and become eligible for Medicaid-financed long-term care by transferring their assets to loved ones.

Many believe that community-based services are the answer - "rebalancing" the system to keep people out of more expensive institutional settings, saving dollars and getting them back into their own homes and communities, where they want to be in the first place.

That works where those services are available and for people who can live that way. No one should be in a nursing home unless they need to be there. But those who can't need a system with the resources and coordination necessary to seamlessly usher them through the entire continuum of care.

PANPHA, a statewide association of about 350 nonprofit providers of long-term care and services, is proposing a legislatively mandated long-term care commission to determine exactly where Pennsylvania stands and where we need to go to adequately fund the entire range of long-term care and services to determine the commonwealth's future needs and recommend solutions.

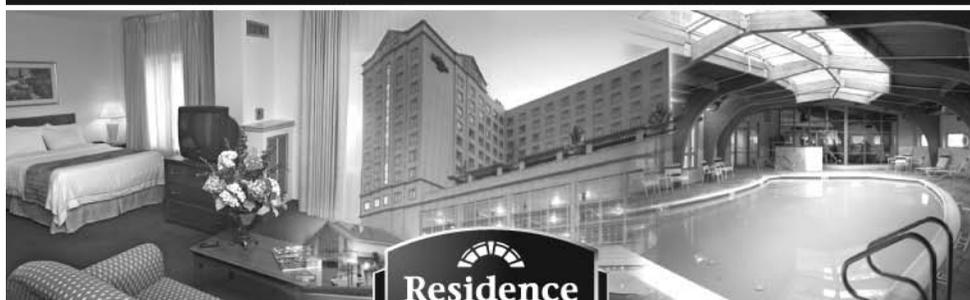
This commission would address population projections, estimate how many will require services and care in the various long-term care settings; conduct an inventory of all current public funding dedicated to senior care and services (state and federal funds, lottery funds and tobacco settlement funds); project future funding needs and identify potential sources of additional revenue if needed.

It will take creative minds, political fortitude and the courage to respond to early warning signs as opposed to ignoring the obvious and hoping for the best.

It will be much easier and cheaper to solve this problem before, and not after, the perfect storm strikes.

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Pittsburgh Regional Health Initiative Applauds Governor Rendell's Challenge to Eliminate Infections and Improve Chronic Care

The Pittsburgh Regional Health Initiative (PRHI) commends Gov. Rendell for making prevention of healthcare-acquired infections and reform of the way care is delivered to people with chronic illnesses key parts of his healthcare agenda.

PRHI President and Chief Executive Officer Karen Wolk Feinstein, PhD, said the Pennsylvania Prescription underscores several steps that must be taken to improve the safety, quality and efficiency of health care.

"The Governor's plan makes clear that we need to stop making patients sicker with avoidable infections," Dr. Feinstein said, "we need to stop letting patients with chronic illnesses end up in hospitals when we could keep them healthier at less expense with timely treatment and we need to start working in earnest on the twin dilemmas of health care: quality and cost."

"By addressing these problems, we will enhance the competitive standing of employers in our region and in our state," she added. "Failing to do so will eventually undercut all of our other efforts at economic development."

Dr. Feinstein pledged that PRHI would continue its 10-year history of supporting healthcare partners to eliminate infections and improve the way care is delivered to patients who have chronic illnesses such as diabetes.

She said PRHI would continue helping clinicians in Pittsburgh and across the state apply the same training and methods Dr. Rick Shannon used to virtually eliminate an often lethal-bloodstream infection from his hospital's intensive care units. PRHI offers a Toyota-based method for healthcare quality improvement called Perfecting Patient CareSM (PPC). Shannon, former chief of medicine at Pittsburgh's Allegheny General Hospital and now vice chairman of medicine at the University of Pennsylvania, used PPC in an infection control demonstration that has been the subject of Congressional testimony and become legendary in healthcare circles.

"There is now growing and widespread acceptance of the fact that healthcare-acquired infections are common, morbid, and costly," said Dr. Shannon, a PRHI board member. "However, determination alone is insufficient to solve the problem. Systems analysis and redesign, embedded in the principles of PRHI's Perfecting Patient CareSM methods, afford hospitals and providers the tools needed to overcome the complexities that are the real breeding ground for these infections."

Through demonstrations involving pathology testing, care for diabetic patients, cardiac surgery and other areas, PPC has shown broad applicability for improving healthcare quality; the tools and training also have shown themselves to strengthen workforce engagement at the frontlines of care, aiding staff retention.

Both the PPC curriculum and the demonstrations have poised PRHI for a leadership role in helping transform chronic care in the region and the state.

In order to hasten the transformation, PRHI said it also is advocating changes in reimbursements that would start rewarding the best, evidence-based practices of health care and stop paying for care that harms patients or provides no real benefit.

"Under our current system of reimbursement, Medicare, Medicaid and private health plans pay for costly procedures to treat complications of chronic diseases but sometimes won't pay for certain basic care that could keep these conditions under control," said Dr. Feinstein. "We need to change that before we can truly transform health care."



Karen Wolk Feinstein



Jacqueline Dunbar-Jacob

Jacqueline Dunbar-Jacob, PhD, RN, FAAN
Professor and Dean of Nursing,
University of Pittsburgh
School of Nursing

Governor Rendell's initiative to expand the role of nurse practitioners will allow them to practice to the full extent of their educational preparation, thus improving patients' access to quality healthcare in Pennsylvania.

Nurse practitioners are prepared at the graduate level. Building upon four years of preparation leading to the BSN and basic nursing licensure, the NP adds a further 2 to 3 years of education in a specialty area of practice, including supervised clinical practice under

the direction of a certified/licensed nurse practitioner and/or a licensed physician. Following completion of their MSN or DNP nurse practitioner program, graduates must pass a national certification examination to be eligible for legal certification (CRNP) in Pennsylvania.

Currently, Pennsylvania regulations restrict nurse practitioners in their performance. In contrast, 23 other states allow nurse practitioners to practice independently, without requiring agreement with a collaborating physician. Scope of practice varies from state to state and within states, practice is further controlled by the healthcare organization where the nurse practitioner is practicing.

In a variety of health care settings, from hospitals to home care, nurse practitioners already perform many of the same functions as physicians. They order and interpret diagnostic tests, prescribe medications and vaccines, and perform other tasks related to routine care. In critical care areas, nurse practitioners have taken on duties formerly in the domain of medical residents. And, research has shown that when a nurse practitioner functions within the scope of practice, patient outcomes and satisfaction are comparable to those found with physician managed care.

But, wherever they work, and whatever their duties, nurses practitioners are, first and foremost, nurses. They do not aspire to replace physicians; they are preparing themselves to be the best nurses in the healthcare team they can possibly be. Nursing and medicine are distinct health disciplines that prepare clinicians to assume different roles and meet different expectations. Nurses are proud to be nurses.

Governor Rendell's plan can maximize nurse practitioners' contributions to health care and help address escalating prices. When compared to their physician counterparts, nurse practitioners can provide primary services at lower costs, but less expensive does not necessarily mean lower quality. Patients should not expect a decline in their quality of care in exchange for a decrease in health care costs. With more nurse practitioner care, it won't be.

In addition to Pennsylvania's health care costs, physician shortages have emerged as a problem for the Commonwealth. More medical students are choosing to practice in specialty areas like dermatology or cardiology, leaving voids in primary care that nurse practitioners can fill. This could be valuable in rural and inner-city areas, where health care consumers face the biggest hit from high health care costs and an insufficient number of primary care physicians.

Do nurse practitioners present a complete solution to Pennsylvania's health care problems? Certainly not. However, they are definitely underutilized in the current system. With the American health care system witnessing a shift toward preventive care, nurse practitioners can make valuable contributions to society's health and well-being.

Private industry has recognized the promise that nurse practitioners hold for health care delivery, with pharmacy chains introducing in-store clinics where these professionals provide treatments for conditions ranging from the common cold to strep throat. Patients, physicians and health care systems should follow their lead.

I encourage the public, Pennsylvania legislators and health professionals to promote improved access to health care services, without loss of quality, by supporting Governor Rendell's efforts to extend the utilization of nurse practitioners in the health delivery system.



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Prescription for Pennsylvania: Healthcare Leaders Respond

Lorraine Reiser, MSN, CRNP
Assistant Professor of Nursing
Carlow University



Lorraine Reiser

Nurse practitioners (NPs) are registered nurses who have completed an advanced level of education which allows them to expand their role into primary health care. The majority of NPs have advanced degrees in nursing, usually at the master's level. This education includes course work in pathophysiology, pharmacology and physical assessment. Obtaining this additional education and passing a National Board Certification Exam, allows functioning in this expanded role as an NP. Nurse Practitioners are currently licensed to perform acts of medical diagnosis and prescription of medical therapeutic or corrective measures in collaboration with a physician in the State of Pennsylvania.

It is a natural progression for high quality nurses to advance their knowledge and skills to provide a higher level of care for their patients, and indeed this is the case with the majority of individuals who become nurse practitioners. The term collaboration is a key element. The NP is part of a team who is able to perform quite proficiently independently with the capability to refer to another member of the team when the patients needs exceed the NPs scope of practice. An example of this is when the patient requires surgery. The goal of providing health care to all Pennsylvanian's would be well served by facilitating the practice of NPs to their fullest capability.

I applaud Governor Rendell's program which will address barriers many NPs currently experience in this state. One of the most crucial barriers is enrollment as providers with insurance companies. When the ability to be reimbursed for services is denied by third party payers, it is difficult for NPs to be appropriately compensated for the advanced level of care they provide, thus limiting their practice.

Another insurance issue is the coverage for the segment of the population which has limited access to health insurance. Access to care is not only the ability to find care but is also the ability to pay for it. Avoiding care to save money when a problem is minor may lead to much more serious disease and much higher costs in the long run. An associated issue is the use of emergency rooms for minor acute illnesses. This practice is common and is a drain on health care dollars and professional expertise. A \$75.00 visit to a qualified provider is much more efficient than a \$300.00 ER visit.

Many other states which have access to healthcare issues have successfully used NPs for many years. Alaska, for example, has used NPs as primary care providers for over 20 years. I encourage our legislature to look at the data surrounding the high quality of care NPs provide and consider the possibilities for improving the level of health in our state if advanced practice nurses and their potential contribution are embraced and promoted.

COVER STORY: Robert E. Fisher

Continued from page 1

clinic staffed primarily by nurse practitioners. To promote quality, we actively participate in various programs such as the 100,000 Lives Campaign and the Rural Performance Management System through our affiliation with the PA Critical Access Hospital Consortium.

As a Planetree affiliate hospital, we actively promote wellness throughout our community. We were especially pleased to see that the Governor is promoting the elimination of second-hand tobacco smoke. Brookville Hospital is a leader on this issue becoming the first and still the only hospital in our region making all our campuses tobacco-free as of January 1, 2007.

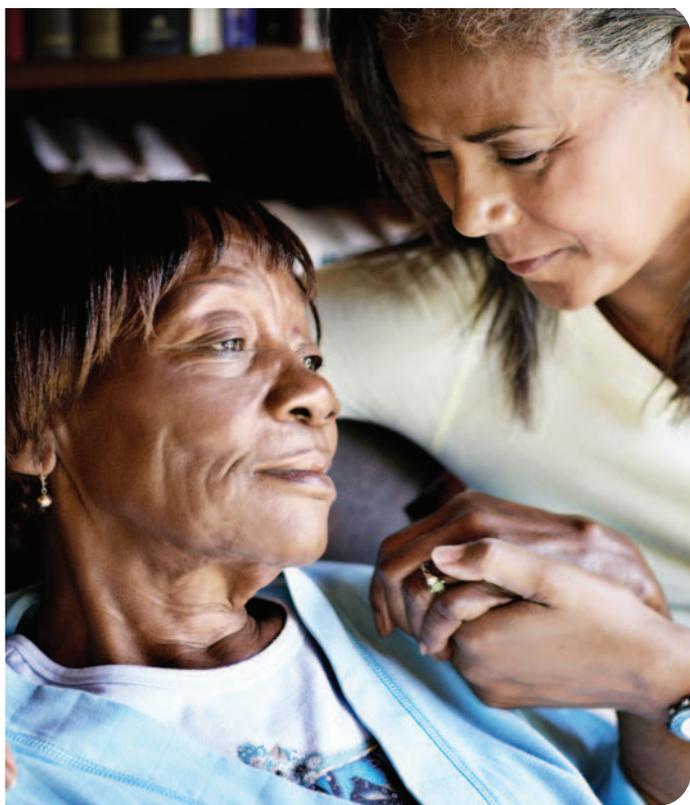
We also applaud the identification of the need for healthcare workforce development and financial incentives for providers in underserved parts of the state. This is a key issue for rural hospitals. Our areas need help with more financial incentives for not only physicians, but technical workers. Brookville Hospital is active on our area Workforce Investment Board, but we need to do more to encourage students into healthcare fields and to stay here when trained. The malpractice climate was not addressed, but it is a real barrier to recruiting orthopedic and other needed physicians to our rural areas.

However we, have some concerns about how implementation of this plan could affect small rural community hospitals such as ours. So far, there is no clear funding to allow hospitals to provide the ten mandates including electronic medical records, translation services and new quality systems. Critical Access Hospitals such as ours have unique challenges where some new mandates may not make clinical or financial sense for our communities. For example, while we already provide an alternative to our ER, we do not have room to do so within our facility, nor do we currently have the funds to implement electronic medical records.

Many small rural hospitals in PA are already struggling financially. This plan could even force some out of business, which would be economically devastating within our communities as well as create additional access issues for our citizens.

As this plan starts to be discussed and before it becomes enacted, we urge the Governor, legislators and regulators to recognize the potential impact on the state's rural hospitals and the communities they serve.

We welcome the Governor's leadership on this critical subject. I personally have stated for many years that the healthcare "system" is irretrievably broken and requires major reform. We look forward to participating in a thoughtful, public discussion on this "prescription."



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COVER STORY:
**Health Care Reform Plans Point
 to Busy Second Term for Rendell**

Continued from page 1

"And for the business and individuals who are struggling to make ends meet while continuing to pay their insurance premiums, Prescription for Pennsylvania will provide urgently needed reforms to control skyrocketing health care costs," the governor said after being welcomed to the YMCA's Joe Montana Gymnasium by a group of flag-waving Y Day Care children.

Louis J. Panza Jr., president and chief executive officer of Monongahela Valley Hospital, was among those listening to Rendell and said health care leaders in Pennsylvania should be "cautiously optimistic" about the governor's proposals.

"We all welcome reform and improvement in the system," Panza said. "However, without more definitive details on the sources of revenue needed to fund the plan – not just cutting current payments (to hospitals) – we must take a conservative approach to embracing the proposals."

Panza, whose career in health care spans more than 23 years, said any plan that requires "more than 40 separate pieces of legislation is complex and could be difficult to implement."

"Governor Rendell is to be applauded for taking the lead on addressing such vital issues as health care coverage, quality of care and patient safety," Panza said. "I look forward to full and fair discussion on his plan. Maintaining the best care possible for our patients must be the ultimate goal of everyone involved."

Jim Blair, president of Riverside Insurance Group in Lower Speers, also expressed a need for an in-depth study the governor's plan

"It's difficult to comprehend exactly what's in there at this point," Blair said. "I feel we need more clarification on certain points of the governor's proposal."

Blair does agree with Rendell's focus on reducing emergency room visits by the uninsured as a means of cutting health care costs. The governor called emergency rooms "the single most expensive place for costs of health care" in Pennsylvania.

"That certainly drives costs up in a big way," Blair said in reference to the emergency room situation. "Hospital emergency rooms are being overrun, at times, by people who are there for non-emergency cases. The burden is being put on the taxpayers to compensate for the soaring costs of caring for those who are uninsured but who seek and receive care."

Blair said the Prescription for Pennsylvania push "must encourage people" to see the need for health care insurance.

"It must be emphasized that it is something that will help them," Blair said.

Debra Keefer, executive director of the Mon Valley Regional Chamber of Commerce, said that organization "does not have an official position" on Rendell's plans at this point.

"As we learn more, however, I'm sure we will have more input and opinions," Keefer said.

Keefer said the Regional Chamber,

"This is a very complex plan and we are open to listening to their ideas and modifications. There's so much at stake here, especially for the people of Pennsylvania. Other states have initiated similar plans and there's no reason Pennsylvania cannot be a leader, too."

-Governor Rendell

which counts businesses from numerous communities throughout the Mon Valley of southwestern Pennsylvania, was "pleased and proud" to host Rendell.

"We are known as a business organization representing the Mon Valley and health care is a major issue for business owners," Keefer said. "Employers are constantly faced with the challenge of providing benefits to their employees at a reasonable cost. We have had many discussions with business owners about the rising costs of health care coverage. The chamber feels fortunate to be a conduit for hearing about the governor's plans directly from him."

Rendell made a pitch to business owners and leaders to join his health care reform efforts.

"Business needs to stand up and be heard," he said.

He also said he looks forward to working with the legislature on the proposals.

"We anticipate productive discussions and work with the General Assembly," Rendell said. "This is a very complex plan and we are open to listening to their ideas and modifications. There's so much at stake here, especially for the people of Pennsylvania. Other states have initiated similar plans and there's no reason Pennsylvania cannot be a leader, too."

Rendell's presentation at the Mon Valley YMCA was the second of three such programs the day he visited there. It was sandwiched between stops at the Veterans Administration Hospital in Pittsburgh and the Take Care Health Systems medical clinic at Eckerd Drugs in Irwin.

He and top aides, including Rosemarie Rago, director of the Governor's Office of Health Care Reform, made their rounds aboard a large, multi-colored bus carrying a Government on Wheels logo on both sides. With health care reform, medical malpractice, property tax reform, environmental issues, education, the economy and jobs on his ambitious agenda, that bus is likely to roll up a lot of mileage.

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ACMS Leader Encouraged by Spirit of Rendell's Plans, Focus on Patients

BY RON PAGLIA

Krishnan A. Gopal, M.D., president of the 3,500-member Allegheny County Medical Society, applauds Governor Edward G. Rendell for taking the initiative on health care reform in the Commonwealth. Especially, he emphasized, because the Prescription for Pennsylvania is designed to increase access to "competent, quality health care."

"As a body of physicians, the ACMS advocates for the best interests of all patients and encourages reforms to improve the quality, safety and affordability of medical treatment in our Commonwealth," Gopal said. "Therefore, in navigating the governor's wide-ranging proposal, we do so with patient care concerns at the forefront of our efforts."



"Who will absorb the cost of emergency treatment that is later considered to be unacceptable – or the cost of liability when a patient who is turned away from the emergency room receives inadequate care elsewhere?"

Dr. Krishnan A. Gopal

"Certainly, we should appreciate the governor's efforts to tackle this important issue," Gopal said.

"It is something that the entire medical community – physicians, hospitals, insurers – have been addressing for many years. And we must thank him for embracing our messages, reports and ideas with his plans to provide health care for all people in our state."

Rendell's plan to Cover All Pennsylvanians (CAP) by offering affordable health plans to uninsured adults "hopefully will provide greater access to medical care," Gopal, a surgeon specializing in colon, rec-

tal and gastrointestinal surgery, said.

Although the governor's plan is drawing criticism from those who support a single payor (i.e., the state as the payor) system, the proposal "no doubt recognizes the tremendous void in health care coverage and works to fill that need."

"Certainly, the role of the medical insurance industry in health care reform should be open for evaluation and discussion," he said. "However, simply bashing insurers is not as productive as including them in the reform dialogue we feel will lead us to a system more closely aligned with the needs of patients in today's economy. Open discussions on all aspects of the governor's plan are necessary."

Gopal and ACMS point out that Rendell's plan includes many initiatives that would have a direct impact on patient care and which already have been receiving attention locally. Through the Pittsburgh Regional Health Initiative (PRHI), health care stakeholders have worked on "developing and sharing best practices" in reducing hospital-acquired infections.

"Moreover, the ACMS has long promoted healthy living and recognized the responsibility of the individual in his or her own health and lifestyle choices," Gopal said. "Smoking cessation, good nutrition habits and exercise are all crucial components to a healthier community."

Addressing the challenges faced by overburdened hospital emergency rooms, the governor's plan "suggests redirecting certain patients to non-urgent health clinics," Gopal said. Such care would be provided by nurse practitioners, physicians' assistants and other licensed health care providers.

"However, as physicians we must be assured that patients receive the best and most appropriate care and that all health care providers are working within the extent of his or her training," Gopal said.

Gopal also emphasized that reforms to Pennsylvania's health care system should include measures to streamline the business process of practicing medicine.

"Every year billions of dollars are spent on health care administration," he said. "This increases the cost of health care. Physicians are forced by a bulky business system to spend less time on patient care and more time sorting through insurance demands and government regulations. A plan to promote efficient management of medical information would, in the long term, reduce medical errors and costs."

Rendell's recommendation that hospi-

tals invest in such medical technology as electronic prescribing tools to decrease medical errors is "a commendable start" in addressing the administrative issues that impede patient care, Gopal said. Nonetheless, many physicians, especially those in private practice, would have difficulty purchasing and integrating "these expensive systems, a consideration that a comprehensive health care reform plan must address," he added.

In addition, Gopal said, the governor's plan asserts that as some undefined point in the future the state would refuse to pay hospitals for emergency treatment that the government deems inappropriate.

"We must proceed with caution in determining the appropriateness of emergency care," he said. "Who will absorb the cost of emergency treatment that is later considered to be unacceptable – or the cost of liability when a patient who is turned away from the emergency room receives inadequate care elsewhere? With privilege comes responsibility, and the state will have a responsibility to assure that all medical professionals are well trained, current in their knowledge and have appropriate supervision available when needed."

Gopal said there also "is and should be" concern over how Rendell's proposals will be funded.

"The governor has not introduced his new budget yet, so those sources of revenues for health care reform remain uncertain," Gopal said. "How do they find the money?"

"The governor is counting on getting funds from the cigarette tax and from the savings that could be realized by reducing errors in the hospital and improving infection rates," he continued. "The governor feels that about \$7.6-billion is being spent unnecessarily in avoidable health care, and he says he will be able to save about \$6.2-billion by streamlining quality care. If this is really achieved the insurers will benefit, and not the patients unless the insurance company lower the premiums."

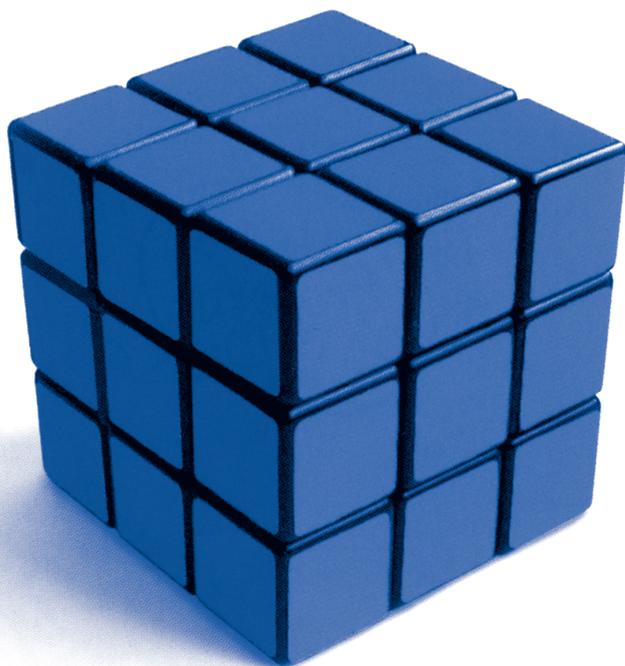
Gopal also has concerns about the massive legislative actions necessary in Rendell's Prescription for Pennsylvania.

"The (legislative) process can be very cumbersome," he said. "The governor's idea of having all of his plans in place by July 2008 may not be realistic. It is going to take a lot of open discussions and cooperation of everyone involved to make his ambitious plans become reality."

Whatever evolves from Rendell's proposals, Gopal said, quality health care for everyone must be at the forefront of any solution.

"The ACMS commends the governor for taking the initiative in recognizing the need for access to medical care for all citizens of our state and addressing the complexities of health care reform," he said. "We look forward to participating fully in the Prescription for Pennsylvania process. Every resident of the Commonwealth has a critical stake in the future of health care. We must make certain that our leaders in government understand the issues thoroughly and make well-informed, wise decisions."

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Governor Rendell conducted a 30-minute, formal press conference at the University Drive Division of the VA Pittsburgh Healthcare System to explain that a portion of his Prescription for Pennsylvania aims to eliminate hospital-acquired infections and was written to emulate the VAPHS's plan and success with their MRSA Getting to Zero initiative.



At the conclusion of the press conference, the Governor took a tour of Unit 4-West, which is a medical-surgical unit. Several staff members presented the tour and gave presentations on various aspects of protocols developed to combat hospital-acquired infections. Dr. Robert Muder is shown presenting here.

Success in Prevention of MRSA Infections at a Complex Tertiary Care Healthcare System: Zero Is Possible!

BY RAJIV JAIN, MD,
ROBERT MUDER, MD,
JON LLOYD, MD,
KATHLEEN RISA, MSN CRNP CIC,
CHERYL SQUIER, BSN RN CIC
VA PITTSBURGH HEALTHCARE SYSTEM

Pennsylvania Governor Ed Rendell chose the Veteran's Affairs Pittsburgh Healthcare System (VAPHS) as the backdrop for unveiling a portion his new health care initiative, "Prescription for Pennsylvania." The governor's plan includes new requirements for Pennsylvania's health care community to decrease hospital-acquired infections (HAIs) and costs associated with them. In making the announcement, the Governor highlighted the success of the VAPHS MRSA Prevention Initiative: Getting to Zero initiative in reducing the rates of HAIs in its acute care and long-term care hospitals.

"Getting to Zero" with MRSA (Methicillin-resistant Staphylococcus aureus) is a major paradigm shift in health care in the US. Until a few years ago, few hospitals in the USA screened patients to identify those who silently carry MRSA, a germ that has learned to resist commonly used antibiotics and can inhabit the skin and mucous membranes of people who have no symptoms. The germ can spread to other patients on hospital equipment, like wheelchairs and bed rails, and the hands of unsuspecting health care workers who casually touch the patient or equipment. Although implementation of MRSA

control programs over the last 25 years have proven successful in Europe, conventional wisdom in the United States said that MRSA was uncontrollable; that too many people had it; and nothing could be done to contain it. However, VAPHS has managed not only to contain it, but to show evidence that getting rates down is possible. MRSA HAI rates at VAPHS are now under one per 1000 patient days.

VAPHS is a comprehensive, tertiary care system with 140 beds in acute care, 240 long-term care and 100 behavioral health beds. Services provided to America's veterans are the best Pittsburgh has to offer and include a full spectrum of care from outpatient clinics to major surgery. VAPHS has been fighting antibiotic-resistant organisms, namely MRSA, since 2001 when it applied Toyota Production System (TPS) principles to health care on a 40-bed surgical ward. Two years later, the TPS principles rolled out to the intensive care unit (ICU) where a 60% reduction in MRSA HAIs was realized in the first year; and after three years, the rate was down by 90%. A new strategy was required to spread the program house wide, and was accomplished through application of Positive Deviance, a theory formerly used as a research tool and never before tried in health care. This cultural transformation has been successful in engaging dozens of frontline workers to step up and take responsibility to improve HAI rates.

Tapping the powerful enthusiasm and resources of all employees has made the VAPHS program successful in providing safer care for patients. Now, all patients

admitted to VAPHS acute care or long-term care receive MRSA screening on admission, and patients and families are provided with education and information on how to manage this important health care issue. In the hospital, contact precautions are implemented for people found to have MRSA and aggressive hand hygiene is encouraged, practiced and monitored by

staff, patients, and visitors. The result has been additional reductions in MRSA HAIs across the VAPHS. Whereas VAPHS had about 2-4 MRSA HAI per 1000 patient days prior to implementation of the MRSA Project, rates are now under one per 1000 patient days. And VAPHS personnel are trying to get it down even lower. They believe that zero is possible!

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Eric S. Quivers, M.D.

Heart Center
Children's Hospital of Pittsburgh of UPMC

Pediatric cardiologist Eric S. Quivers, M.D., joined Children's Hospital of Pittsburgh of UPMC in late 2004 and is the director of the hospital's new Preventive Cardiology Clinic. The clinic – part of the Heart Center at Children's – evaluates and treats children who have been diagnosed with or are at risk for conditions such as high cholesterol, high triglycerides or hypertension. Education and lifestyle change are two of the leading methods used to treat those young patients.

Dr. Quivers also is an Associate Professor of Pediatrics at the University of Pittsburgh School of Medicine. In addition to leading the Preventive Cardiology Clinic, Dr. Quivers cares for children with all forms of congenital heart defects and for children who have received heart transplants.

Prior to joining Children's, Dr. Quivers was assistant professor of pediatrics at the George Washington University School of Medicine. At Children's National Medical Center, Washington, D.C., he was director of preventive cardiology and the exercise laboratory and medical director of the transplant cardiology program.

Dr. Quivers received his medical degree and completed his residency at Howard University College of Medicine and Howard University Hospital, Washington, D.C. He completed a fellowship in pediatric cardiology at the Mayo Clinic, Rochester, Minn., and a Health Forum cardiovascular health fellowship.

He is a member of several notable professional organizations, including the American Medical Association, the American College of Sports Medicine, the Association of Black Cardiologists and the International Society for Heart and Lung Transplantation.

**Pamela Jackson, RN, MSN**

Advanced Practice Nurse/
Neonatal Intensive Care Unit
Children's Hospital of
Pittsburgh of UPMC

Growing up, Pamela Jackson idolized her mother. She decided at a young age that she would follow in her mother's caring footsteps and become a nurse at Children's Hospital of Pittsburgh of UPMC.

A total of 25 years ago, Jackson began her career at Children's as a phone clerk and rose through the ranks to become an advanced practice nurse in the Neonatal Intensive Care Unit (NICU), a position she has held for the last two years. Throughout her entire nursing career,

Jackson has been a dedicated NICU nurse, caring for infant patients and their families.

"I think the most important aspect of being a NICU nurse is to understand that the entire family is your patient. We try to nurture the baby as well as siblings and parents," said Jackson. "It is hard for the parents to have their newborn in our unit, so it is up to us to understand what they are going through and help them out in any way that we can."

After more than 20 years of service, Jackson's mother moved on from Children's in 2003. Jackson has stayed behind to continue caring for the smallest and most fragile of Children's patients.

"My mom is the reason I came here, and the kids are the reason I stayed. I love what I do, and I understand the babies' needs. People think that babies can't communicate just because they can't talk. But I understand that the way they move and cry is their way of communicating with me, telling me what they need," said Jackson. "If their heart rate or blood pressure rises, I know what to do; they don't need to tell me."

Jackson is part of a close-knit family including two sisters and her nephew and niece. She has also stayed close to her idol – her mom lives just 20 minutes away from Jackson's house in Penn Hills.

Jackson, a Pittsburgh native, began her road to Children's at St. Francis School of Nursing, then moved on to Clarion University of Pennsylvania, where she received her undergraduate degree. She then went on to earn her master's degree in nursing at Robert Morris University.





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Willa Doswell, PhD, RN, FAAN
University of Pittsburgh School of Nursing

Willa Doswell, PhD, RN, FAAN, is an associate professor in the Department of Health Promotion and Development at the University of Pittsburgh School of Nursing where she teaches nursing research to graduate students. She is also the Associate Director for Research Development & Research in the School's NIH funded Center for Research in Chronic Disorders. Dr. Doswell serves on the editorial review board of the American Journal of Nursing and the editorial board of Nursing Outlook. She is also a reviewer for the Nursing Science Quarterly, Nursing Research, Journal of Research on Adolescence, and Research in Nursing and Health.

An innovator in research and community service programs, Doswell established one of the first after school groups for African American (AA) girls in Pittsburgh, the NIA Girls Group. Nia, the fifth principle of Kwanzaa, stands for Purpose: "To make our people and communities as great as they can be by taking care of our homes and communities and developing the skills and knowledge of all our people."

Consistent with the principle of Nia, the goal of all Doswell's research intervention sessions and community programs has always been enhancing cultural pride, self-esteem, and self-efficacy in AA girls through speakers and activities, program themes and topics, individual and collective recognition, and role models and networking. One of the hallmarks of Doswell's programs, networking teen-girl-to-teen-girl helps develop a support group ethic among the girls and increases the number of program participants.

Her current research brought Doswell back into the community to begin an urban girls' ministry program that helps AA females between the ages of 12-17 learn the pitfalls of risky sexual behaviors from reading books about AA girls written by AA authors. She also developed a research protocol to examine teen dating violence and educate mothers about the HPV vaccine. The program stresses the mental and physical implications of dangerous sexual liaisons and identifies what the girls see as their risk potential in such relationships. The study is exploring the effectiveness of technology (the Blackberry) as an intervention tool.

Doswell is one of 50 women across the state of Pennsylvania to be awarded the 2006 Role Model Award by the Governor's Pennsylvania Commission on Women. She also received a Community Citation of Recognition as one of the 2007 Allegheny County Women of Achievement.



Salute to Minorities

Music and Minorities at Windber Medical Center and Windber Research Institute

BY NICK JACOBS

The topic is minorities, according to Wikipedia, a sociological group that does not constitute a politically dominant plurality of the total population of a given society. Actually, it is to be about minorities who contribute to our organizations. The problem that I have in writing an article like this is that I have spent much of my life as a musician, and the implications of being a musician are many, especially a jazz musician. You see, it has made me blind to race, color, creed, sex or age.

The number of nights that my musician brothers and sisters were of mixed ethnicity would rank well into the vast majority, but the truth was, it didn't matter. Consequently, my senses shut down when it came to recognizing or acknowledging that there even was a difference.

When we talked about the cookin' bass player, no one ever asked if he was Caucasian, Jewish, African American or Chinese? They never asked about height, weight or age. It just didn't matter. They did ask how he or she played on the bridge, or if they kept a clear beat on the improvisation?" So, this article took some soul digging. You see, our employees are from Nigeria, India, Russia, China, England and even Philadelphia. They are Black, White, Brown and shades of tan. They are Hindu, Jewish, Muslim, Catholic and Atheist.

And we have phenomenal talent in our



Dr. Yuanli Xie



Dr. Stella Somiari



Dr. Hai Hu

facilities. For example, Dr. Stella Somiari is a first class researcher. Stella came to us via the University of Maryland, via England via Nigeria. She has worked tirelessly to provide quality control, oversight, and appropriate cataloging of what has grown to become the largest, most highly annotated collection of human breast tissue, serum, and blood in the world. Just five years ago we began this collection, and it was Stella's hard work that has helped us develop this international treasure.

Dr. Yuanli Xie, an OB/GYN from China who recently finished her Masters from Carnegie Mellon University in Hospital Administration is serving as our Administrative Fellow. In that capacity, Yuanli has taken on many of the toughest, most complex, strategic projects that any

hospital could have, and is handling them like a seasoned professional. Each and every day she brings new ideas, facts, data and details to the conference table for analysis, discussion and progress toward improved quality.

Dr. Hai Hu came to us from Philadelphia via China. Under Hai's direction we have put together a group of experts who have created algorithms to analyze big science in a way that is drawing attention internationally. Dr. Hu's team of PhD's is partnering with international companies and universities to produce products that will allow the fusing of data in modalities such as 4 D ultra sound and digital mammography with the goal of reducing the miss rate from 30 to less than three percent.

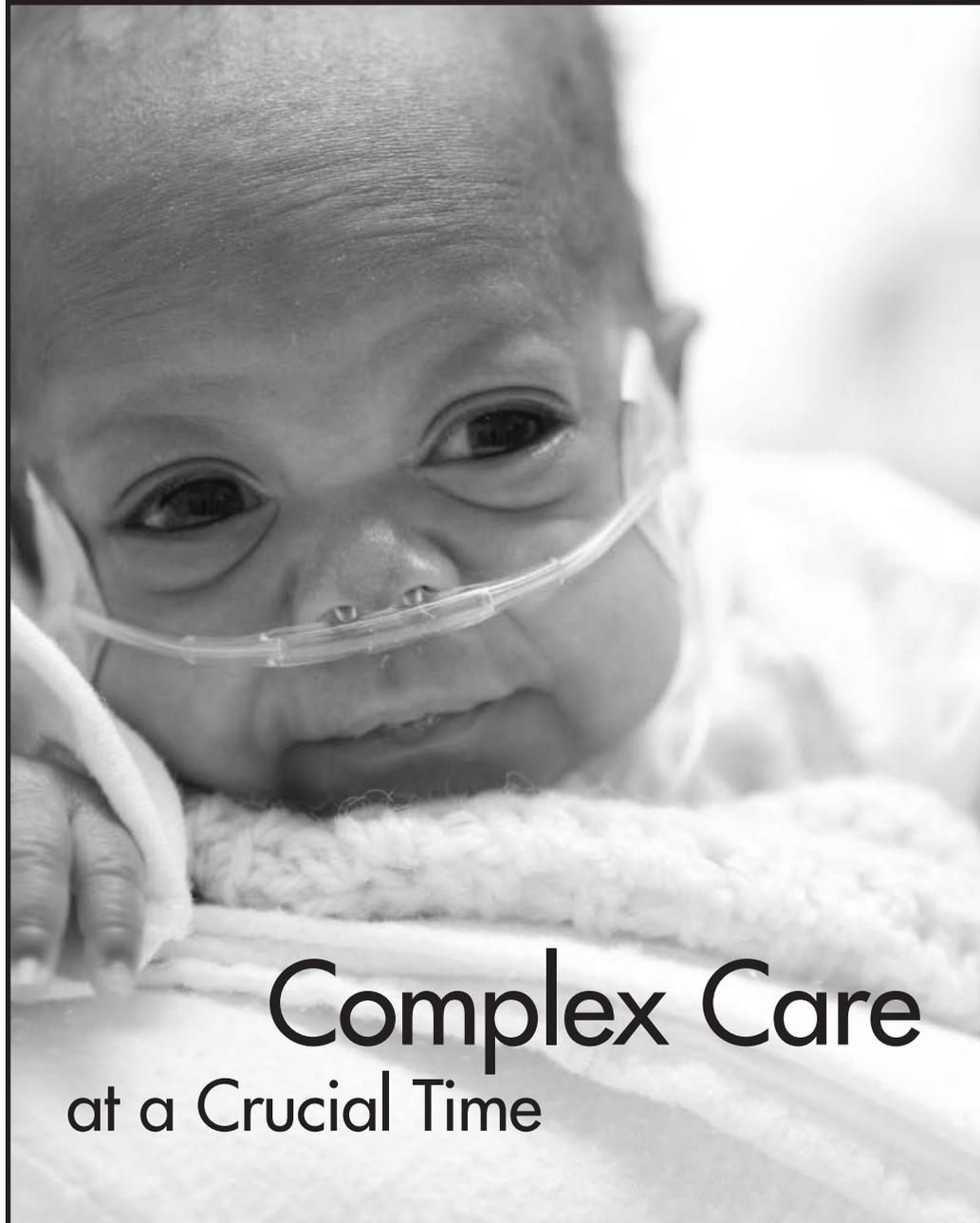
Who has made a difference? Our institu-

tions would not function without our foreign nationals.

You see our approach to health care and medicine is very similar to my approach as a musical conductor. We have formed an ensemble that features soloists, but not a soloist that is accompanied by an ensemble, soloists who are part of the ensemble. We are all given the same page of music, and we work together closely to determine our goals as we attempt to play that same music with different instruments. It is important for the patient and the future patients that we work together in every way, that we cooperate and support each other, and that our egos are kept in check. Solos are good, but not when they drown out the entire orchestra.

So, thank you to our minority players, there are dozens more here who deserve recognition . . . and thank you to the rest of the ensemble. Neither would work without a common vision and goal, but the unique work ethic and skills that these people bring to the table have enriched our lives, our research, our healthcare and our cure rate immensely.

Nick Jacobs, currently president of Windber Medical Center and Windber Research Institute is currently writing a book, "Who Put the Heal in Healthcare" and will be a regular contributor to this publication. Nick can be reached at jacobsfn@aol.com or visit windbercare.com.



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The Hospitals Minorities Commonly Visit Explain Their Greater Use of End-of-life Intensive Care

Although dying minority patients are more likely to use intensive care services than their white counterparts, that difference is mostly due to the particular hospitals that treat them rather than racial and ethnic disparities, according to a recent University of Pittsburgh study published in the December issue of *Health Services Research*.

One in five Americans die using intensive care services, consuming more than 80 percent of all terminal hospitalization costs. The study, which measured the ethnic and racial disparities of patients specifically in end-of-life intensive care, followed a different pattern than previous studies that compared patients who were in intensive care for non-terminal reasons. It found that although minorities, specifically African-Americans, receive less intensive care treatment than Caucasians for most medical services, African-American patients receive more intensive care treatment than Caucasian patients at the end of their lives.

Additionally, the study revealed that minorities often access different health care providers than Caucasians because of residential segregation, and these hospitals were found to have higher rates of intensive care use with dying patients than the predominantly Caucasian hospitals. Thus, the heavier use of intensive care treatment by minorities was related to the specific physicians and hospitals that the patients used rather than variations of race and ethnicity in the same hospital.

After comparing 1999 hospital discharge data for approximately 200,000 adults from non-federal hospitals in Florida, Massachusetts, New Jersey, New York and Virginia, researchers found that end-of-life ICU use was highest among minorities, varying from 64.4 percent among Hispanics, 64 percent among African-Americans and 57.5 percent among Caucasians. Statistically, racial and ethnic gaps among patients in end-of-life intensive care were much smaller when the particular hospitals that treated the patients were accounted for.

A copy of this study is available for review online at: <http://www.blackwell-synergy.com/doi/full/10.1111/j.1475-6773.2006.00598.x>.

Every Company Needs a “Mother”

Barb Crosby, R.N.
Celtic Healthcare



Every company needs a “Mother” – someone that makes every new employee feel like they are adopted into the “family.” At least that is the way Barb Crosby, Registered Nurse and self-proclaimed “Mother of Celtic Healthcare” feels.

As a “veteran” member of the Celtic Healthcare team, Barb began her Celtic career in September, 2001. One afternoon while walking around at a farmer’s market on the North Side, Barb ran into her former Nurse Manager, Beverly Smith, who told her about an “unbelievable” employment opportunity – a new company named Celtic Healthcare. Barb has never looked back and is astonished at the growth of Celtic Healthcare. She was the second Registered Nurse hired. In 2006, Celtic Healthcare hired 100 new employees. That number will most likely multiply in 2007.

As a volunteer at an assisted living facility her church sponsored, Barb had a great deal of experience in dealing with the elderly in homecare. In addition, Barb had many years of experience doing various jobs in her nursing career. After being a Nursing Assistant for several years, Barb decided to return to school to become a licensed practical nurse. As her two young daughters became more independent, she decided to continue her education to become an RN and complete her Bachelor of Science Degree in Nursing.

Barb has served as an Assistant Director of Clinical Services at a women’s clinic, worked in a hospital emergency room, radiology department, and as a medical/surgical nurse. She also spent time servicing various psychiatric facilities and even the county jail as a forensic psychiatric nurse.

At Celtic Healthcare, Barb’s main role is helping her patients with psychiatric problems. A role she was born to serve. When not working for Celtic, Barb volunteers many hours of her spare time with her church’s Mission and Ministry Group helping those in crises and trying to be productive citizens. She offers support of encouragement in mental, physical and spiritual areas.

When asked what she likes best about working for Celtic, Barb states that she “enjoys the fact that Celtic has a good mix of people from various backgrounds and life experiences.” She makes it her mission to “adopt” each into the Celtic family. In addition Barb comments, “Arnie (Burchianti), CEO of the company, has always attempted to keep his hand on the pulse of the company and his employees. Celtic is unique in that team members are able to give input and see positive change take place because they are consulted and surveyed about decisions that affect the day-to-day operations of the company. Arnie truly projects that he cares about his employees and the services rendered to clients. When there is a sense you are getting your needs met as an employee, more time is spent on meeting the needs of others. I always say I am Celtic’s best free advertisement!”

This past year, Barb took her “Mother of Celtic” role to its truest form when her daughter, Renee Skinner, joined the Celtic family as a home healthcare nurse. Renee was one team member Barb didn’t have to “adopt.”

Sue Tompkins
Family Hospice and
Palliative Care

When you describe the ideal hospice nurse, you are, in fact, describing Sue Tompkins – compassionate, independent, caring, efficient. Although this is her first experience working with hospice patients she has demonstrated the skill and compassion of someone who has spent a lifetime working with hospice patients. Tompkins joined Family Hospice and Palliative Care as a registered nurse at the inpatient hospice facility, Family Hospice Manor. Her strong clinical skills and caring bedside manner were quickly recognized and she soon moved to being appointed Clinical Supervisor of one of Family Hospice and Palliative Care’s clinical care teams. In leading the team, she not only understands the unique roles of each of the members but also provides tremendous support for each one of them. She is a true team player herself – willing to do anything that achieves the ultimate goal of hospice care – comfort and caring for the patient and family. Even before assuming the position of supervisor she would be the one that the staff turned to for support and comfort. A co-worker described her as “always having that special word or wisdom that gives us comfort and peace.” Her passion for providing compassionate end-of-life care comes out in all aspects of her work. As a Clinical Supervisor, she not only provides her team with leadership and knowledge, but is also thoughtful, considerate, and kind. An employee who oriented Tompkins said, “I taught her the paperwork that goes with the job, but her caring and leadership ability is just something that comes naturally to her.” She cares for each patient as if they were part of her own family. In a field where compassion is the standard, Tompkins goes beyond the call of duty every time.

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Enhancing Diversity in the Health Professions: The Work of the AAMC

Of the many challenges facing medical education, none is more important than enhancing diversity in the health professions. There are too few physicians of color.

Simple comparisons of data from the U.S. Census and the AAMC (Association of American Medical Colleges) bear this out. In 2000, African Americans were 12.7 percent and Hispanics were 12.6 percent of the U.S. population. In 2006, students from these same groups were only 6.7 percent and 7.4 percent of medical school enrollees, respectively. And reports, such as the Institute of Medicine's Unequal Treatment, make the case that this lack of diversity affects the health of the nation.

If, as it is generally agreed, the nation needs a diverse, highly qualified, and culturally competent physician workforce, what is being done to achieve this goal?

At the AAMC, we have been working steadily on the following initiatives that show promise for enhancing diversity in the physician workforce and improving health care for all.

Promoting Diversity in the Health Professions

The Summer Medical and Dental Education Program (SMDEP), funded by the Robert Wood Johnson Foundation and co-directed by the American Dental Education Association and the AAMC, conducts six-week summer enrichment programs for freshmen and sophomores from disadvantaged backgrounds at 12 sites across the country. Nine of the sites offer both medicine and dentistry programs, and



BY CHARLES TERRELL, ED.D.

three offer medicine only. SMDEP, which began in 2005, is built on 19 years of experience with earlier iterations of summer enrichment programs.

More than 10,000 students have participated, more than half of whom applied to medical school. Of participants who applied to medical school, 63 percent were accepted. SMDEP, incorporating lessons learned from its predecessors, targets students early in their college education. Furthermore, SMDEP sites participate in a national evaluation strategy that is collecting baseline data on the participants and pilot testing evaluation instruments.

Meeting Legal and Political Policy Challenges

The AAMC's Individualized Holistic Review (IHR) Project is underway to help medical schools enhance access for under-

represented minority students and achieve the benefits of diversity among medical students and graduates. The project will provide tools for implementing individualized holistic review admissions policies that balance academic and personal qualities in selecting applicants and offer resources for integrating all diversity-building programs within an institution. The project's theme is that educationally sound missions and goals are the foundation for legally defensible race-conscious policies.

In 2003, the Supreme Court affirmed the use of race-conscious admission policies at schools where diversity is a compelling interest. But implementation of this ruling increasingly is met with political resistance to the use of race as a mechanism for providing access to education, such as Proposal 2 in Michigan.

Among the tools the IHR Project is developing are an institutional self-assessment; orientation materials for admissions committees, faculty, deans, and others; model practices; etc. These tools are being designed so that schools can adapt them to address their own goals, cultures, and constraints.

Conducting Research-based Marketing

AspiringDocs is a marketing campaign that targets information and resources directly to underrepresented minority students to encourage them to choose careers in medicine.

The campaign's strategy was developed based on quantitative and focus-group research. At the center of this strategy is a

pilot effort at four sites (California State University, Fresno; Rutgers University; University of Arizona; and the University of Pittsburgh) and an interactive Web site (www.aspiringdocs.org) where students can access information, get answers to their questions from experts in the field, and interact with others who are also interested in medicine. We are evaluating elements of the campaign to gauge its effect on applicants to medical schools, applicants to medical schools from the project's pilot schools, applicants to medical schools from the SMDEP program, and overall awareness about medicine as a career.

Since the site's launch in October 2006, there have been 30,777 visits and 865 registered users. Fifty-four percent of registrants self-identify as members of underrepresented minority groups and 70 percent identify as undergraduates.

As these examples demonstrate the AAMC is involved in a range of activities to enhance diversity in the physician workforce. Key to the success of these efforts is building our capacity to support effective programs at our member institutions, building broad-based coalitions to address the challenges presented by shifting legal and political environments, and building better programs that are well-informed by sustained and rigorous assessment. We welcome your ideas and support in this effort.

Charles Terrell, Ed.D., Vice President,
Division of Diversity Policy and Programs,
Association of American Medical Colleges, can
be reached at (202) 828-0584 or
visit www.aamc.org.

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Around the Region



Wilson Elected President of Risk Managers Association

Herb Wilson, of Altoona, PA, risk manager and patient safety officer at Mount Nittany Medical Center, was elected as president of the Central Pennsylvania Association of Health Care Risk Managers (CPAHCRM) for 2007. Wilson served as president-elect of CPAHCRM in 2006 and previously served as treasurer for two years.

CPAHCRM is an affiliate member of the American Society of Healthcare Risk Managers. There are about 50 members from hospitals throughout central Pennsylvania, from Lancaster to the State College/Altoona area. There are also chapters in Philadelphia and Pittsburgh.



Herb Wilson

St. Clair Hospital Appoints New Senior Vice President

St. Clair Hospital has appointed Michael J. Flanagan as Senior Vice President.

Prior to joining St. Clair Hospital, Flanagan served as Vice President, Operations and Specialty Practice Network, and Director, Practice Management for The Western Pennsylvania Hospital since 2001. Previous to those appointments, he served in a variety of positions at Highmark Blue Cross Blue Shield.

Flanagan received his bachelor's degree from Penn State University and a Masters in Public Management from Carnegie Mellon University.



Michael J. Flanagan

George L. Bond III Appointed as Executive Director of St. Clair Hospital Foundation

St. Clair Hospital has announced the appointment of George L. Bond III as Executive Director of the St. Clair Hospital Foundation.

Previously, Bond was the owner of Bond Communications and was the Principal, Managing Director and

Director of Account Management for TheBrandingGroup, LLP. Prior to those positions, he held marketing and advertising positions for several area manufacturing firms.

An active member in the community, Bond has served as a board member for The Wesley Institute for the past 15 years, and chairman of several of its capital campaigns. He also served as a board member of the Pittsburgh-Allegheny County Chapter of the American Red Cross and the Business Marketing Association.



George L. Bond III

Arliss Boyce Appointed Director, Human Resource Services of HAP

The Hospital & Healthsystem Association of Pennsylvania (HAP) recently announced the appointment of Arliss Boyce as Director of Human Resource Services.

From 1988 through 2006, Boyce was human resources director for AllHealth, Harrisburg. She previous held positions with the former Connecticut Mutual Life Insurance Company, Camp Hill, PA and The Commercial Bank, Salem, OR.

Boyce holds a bachelor of science degree in applied behavioral science from Penn State University. She is a member of the Society for Human Resource Management, and is a former board member of the American Institute of Banking.



Arliss Boyce

Sharon Regional Welcomes New Directors

Timothy Skero, Sr., recently joined Sharon Regional as Director of Clinical Information Services.

Prior to joining Sharon Regional, Tim was employed by UPMC St. Margaret in Pittsburgh in the medical records department.



Timothy Skero



Krista Snoddy

Sharon Regional recently welcomed Krista Snoddy, R.N., as its new director of performance improvement. Snoddy brings 22 years of nursing experience to Sharon Regional, including the past 13 years dedicated to performance improvement.

Michalene (Mickey) Gula, RN, BSN, has accepted the new position of Director of Women's Services at Sharon Regional Health System. Gula most recently served as Director of Acute Care. Gula has worked in a variety of roles during her career at Sharon Regional, but is most associated with the development of the Women's Center and the HealthPLACE in Hermitage.



Michalene Gula

Concordia Hires Notable Restaurateur as Havens Food Service Director

Concordia Lutheran Ministries recently hired the co-owner/operator of Butler County Airport restaurant, The Runway, as Director of Haven Food Services.

Kathy Fagley comes to Concordia after operating The Runway as Kitchen Manager/Chef for the past 10 years. She graduated from the International Culinary Academy, Le Cordon Bleu in 2001 and is working on her second Associates Degree.

In the past, she has also worked in the banking industry for eight years, with the majority of that time spent at Mellon Bank. Her final position there was Senior Accounting Analyst.



Kathy Fagley

New Nursing Home Administrator to Join Charles Morris Nursing and Rehabilitation Center

Dave Gritzer, President and CEO for the Jewish Association on Aging is pleased to announce that Christina M. Yakich, has joined the Charles Morris Nursing and Rehabilitation Center team as the new Nursing Home Administrator. Tina comes to Charles Morris with 20 years of experience, most recently as an Executive Director and Nursing Home Administrator for Presbyterian SeniorCare.



Christina M. Yakich

Douglas Danko Assumes New Position at Jameson

Jameson Health System announced that Douglas Danko will now assume the role of Chief Operating Officer, succeeding Donald E. Melonio who retired after 35 years with Jameson.

Danko has been with Jameson Health System for 31 years serving in various capacities, most recently as Vice-President of Professional Services and Director of the South Campus.



Douglas Danko

Around the Region

HealthSouth Hospital of Pittsburgh Names New CEO

HealthSouth Hospital has named Cindy Eiseman as its new administrator and chief executive officer.

Eiseman, with more than 20 years of healthcare management experience, started her career at Children's Hospital of Pittsburgh in Health Information Management. In 1987, she joined the staff at Greater Pittsburgh Rehabilitation Hospital as Director of Medical Records and Quality. In 1990, Eiseman assumed the role of Director of Medical Records and UR at Harmarville Rehabilitation Hospital. She was promoted to Senior Manager and later to Regional Director, Quality Improvement in 1996. In 2001 Eiseman was named Chief Operating Officer at Harmarville.



Cindy Eiseman

New Director for Sivitz Jewish

Dave Gritzer, President and CEO for the Jewish Association on Aging is pleased to announce the appointment of Kathleen Casey, R.N., as the new Director of the Sivitz Jewish Hospice. Kathleen comes to Sivitz with over 35 years of experience as a nurse, 12 of which have been in hospice management.



Kathleen Casey

Michael E. Moreland Named Director of VA Stars & Stripes Healthcare Network

Michael E. Moreland has been appointed by the Secretary of Veterans Affairs to serve as Director of the VA Stars & Stripes Network, or Veterans Integrated Services Network (VISN) 4.

Prior to this appointment, Moreland served as Director of the three-division VA Pittsburgh Healthcare System (VAPHS) since June 18, 2000. Moreland is a Diplomat of the American College of Healthcare Executives and received the Presidential Rank Award for Meritorious Achievement from President Bush in November 2002.



Michael E. Moreland

Tim Bugin Appointed Administrator of Kindred Hospital at Heritage Valley

Kindred Hospital is proud to announce the appointment of Tim Bugin as Administrator at Kindred Hospital at Heritage Valley. Tim is a native of Weirton, West Virginia, and completed his undergraduate studies at West Virginia University and his graduate studies in Exercise Physiology at the University of Pittsburgh. Prior to joining Kindred Hospital, Tim was affiliated with HealthSouth for 15 years, most recently as the CEO at HealthSouth Hospital of Pittsburgh in Monroeville.



Tim Bugin

Altoona Regional Announces Ron McConnell as New Chief Operating Officer

James W. Barner, President/Chief Executive Officer of Altoona Regional Health System, and the board of directors announced the appointment of Ron McConnell as chief operating officer of Altoona Regional. McConnell, who has been with Altoona Regional (and the former Altoona Hospital) since 2001 as Senior Vice President/Corporate Development, succeeds Dan Duggan who left Altoona Regional in March 2006 for a CEO position in Norfolk, VA.

Prior to joining Altoona Hospital in 2001, McConnell was dean of institutional advancement at Mount Aloysius College in Cresson, Pa.; director of planned giving and community relations and a community specialist at the Home Nursing Agency in Altoona; a graduate assistant for the MBA program director at Gannon University in Erie, Pa.; and a research analyst/marketing coordinator at Trinity Investment Management Corp. in Bellefonte, Pa.



Ron McConnell

Membership of ACHE of Western Pennsylvania 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 2007 board officers and directors. 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 move from a provisional chapter to a fully chartered chapter of ACHE in the coming year.

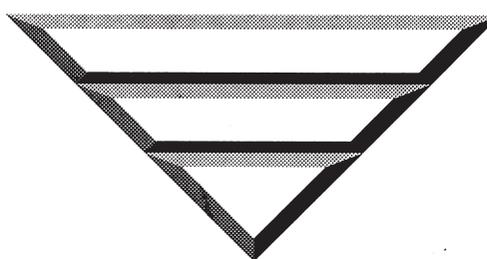
In 2004 the SPHE membership voted to expand the chapter's region to include all of Western Pennsylvania and change the name appropriately. The successful southwestern Pennsylvania chapter model now encompasses 26 Pennsylvania counties from Lake Erie to West Virginia and offers several educational and networking programs throughout the year.

Karen Hartman (COO and President at Corazon, Inc.) was elected to her second term as president of the organization. She is looking forward to the months ahead, as ACHE/WP plans to dedicate resources toward continual growth and development. "In order to achieve this growth," she said, "ACHE/WP has developed a strategic plan for the next three years that will provide direction."

Other members of the executive board include Vice President Amy LaMothe, VHA Pennsylvania; Treasurer Heather Barr, UPMC Health Plan; Secretary Jeri Frizza, healthcare consultant; Immediate Past President and Nominating Committee Chairperson Samuel Friede, University of Pittsburgh Graduate School of Public Health; ACHE Advancement Committee Chair Michelle Robertson, Hamot Health Foundation; Program Committee Chairperson Rich Longo, Devon Health; Sponsorship Committee Chairperson Janet Cipullo, Jefferson Regional Medical Center; Kaneen Allen, VA Pittsburgh Healthcare System; Douglas Danko, Jameson Memorial Hospital; Erik Frazier, University of Pittsburgh Graduate School of Public Health graduate student; Alice Pedersen, Warren General Hospital; Frederick Peterson, Jr., Hospital Council of Western Pennsylvania; Barry Ross, Turn-Key Solutions; and Christy Wenger, Western Pennsylvania Hospital.

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MAKING ROUNDS

PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

Physicians Join Altoona Regional Medical Staff

David W. Bundy, D.O., has joined the Altoona Regional Health System medical staff in the department of Family Medicine. He is affiliated with Blair Medical Associates, Urgent Care Center. Dr. Bundy is board eligible with the American Osteopathic Board of Family Medicine.



Dr. David W. Bundy



Dr. James H. Garofalo

James H. Garofalo, M.D., has joined the Altoona Regional Health System medical staff in the Anesthesiology department. He is affiliated with Blair County Anesthesia, PC, Altoona Regional Health System. Dr. Garofalo is board eligible by the American Board of Anesthesiology.

Seth A. Kearney, D.P.M., has joined the Altoona Regional Health System medical staff in the Orthopedics/Podiatry department. He is affiliated with Central Pa. Podiatry Associates.



Dr. Seth A. Kearney

Internal Medicine Physician Joins UPMC Bedford Memorial

Igor B. Dorokhine, M.D., has joined the Bedford Internal Medicine –UPMC practice. He also joins the medical staff of UPMC Bedford Memorial.

Dr. Dorokhine received his Medical Degree from Samara State Medical University, Samara, Russia. He completed a Residency in Neurology at Samara State Medical University and a Residency in Internal Medicine at Harbor Hospital, Baltimore MD, affiliated with the Johns Hopkins University and The University of Maryland.



Dr. Igor B. Dorokhine

Dr. Mark A. Rubino Named President of Medical Staff at The Western Pennsylvania Hospital

Mark A. Rubino, M.D., MMM, FACOG, was elected president of the medical staff of the Western Pennsylvania Hospital, representing physicians at both West Penn in Pittsburgh and Western Pennsylvania Hospital - Forbes Regional Campus in Monroeville.

He is the second physician to hold the office since West Penn and Forbes Regional combined their medical staffs in 2005, and served as president-elect since the merger. He replaces John J. Guehl, D.O., who played a vital role in the merger of the two staffs and served as the first president.

Dr. Rubino is in private practice with East Suburban Obstetrical and Gynecological Associates in Monroeville, where he is co-lead physician/business manager. He is also a member of the board of directors at West Penn Hospital.

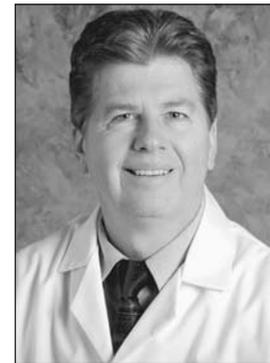


Dr. Mark A. Rubino

Arthur W. Morrow, D.O., Joins Altoona Regional Medical Staff

Arthur W. Morrow, D.O., has joined the Altoona Regional Health System medical staff in the department of Family Medicine. He is affiliated with Altoona Family Physicians.

Dr. Morrow is board certified by the American Board of Family Medicine.



Dr. Arthur W. Morrow

General Surgeon Joins Medical Staff at Southwest Regional Medical Center

Dr. Jack Bergstein, general surgeon, has joined the medical staff at Southwest Regional Medical Center. Dr. Bergstein received his Doctor of Medicine and completed his residency at the University of Minnesota. He is fellowship trained in trauma and surgical critical care from the Lincoln Medical and Mental Health Center. He has taught surgery to residents and medical students at the WVU School of Medicine, University of Illinois College of Medicine and the Medical College of Wisconsin.



Dr. Jack Bergstein

UPMC Center for Sports Medicine Adds Orthopaedic Surgeon

Recognizing the growing number of people in their 40s, boomer and senior years who are remaining physically active as well as the different health care needs this trend presents, the University of Pittsburgh Medical Center (UPMC) has added an orthopaedic surgeon with a unique area of expertise to its Center for Sports Medicine staff. Vonda Wright, M.D., specializes in sports medicine and the aging recreational and elite athlete.

Dr. Wright was the research coordinator for the 2005 Summer National Senior Games – The Senior Olympics. Since 2003, she has been evaluating health research data related to Senior Olympians, with the hypothesis that athletes over age 40 who maintain high levels of functional capacity and quality of life throughout their life spans may be the best model of healthy aging, free from the variable of disuse.



Dr. Vonda Wright

Physicians Appointed to Canonsburg General Hospital Medical Staff

The Board of Directors of Canonsburg General Hospital recently appointed Prabha Bansal, M.D., oncologist; Daniel H. Benckart, M.D., thoracic surgeon; Bart A. Chess, M.D., vascular surgeon; Dean A. Healy, M.D., vascular surgeon; Amjad Jalil, M.D., hematologist/oncologist; Robert J. Keenan, M.D., thoracic surgeon; Satish C. Muluk, M.D., thoracic surgeon; Richard H. Maley, M.D., thoracic surgeon; and Michael J. Scheel, M.D., orthopedic surgeon, to the Medical Staff.

California Plastic Surgeon Returns to His Roots

The private practice of Dr. Theodore A. Lazzaro located at the Aestique® Medical Center in Greensburg, PA, is proud to announce the addition of plastic & reconstructive surgeon, Dr. Jeffrey Antimarino.

Dr. Jeffrey Antimarino, born and raised in Jeannette, completed his plastic surgery residency at USC where he remained in private practice with the Chief of Plastic Surgery at USC for six years. He is Board Certified by the American Board of Plastic Surgery. He is well trained and experienced in all phases of aesthetic (cosmetic) and reconstructive surgery specializing in body contouring and post bariatric reconstruction.

Dr. Charles F. Reynolds, III, Recipient of the ACP Award for Research in Geriatric Psychiatry

Charles F. Reynolds III, M.D., UPMC Professor of Geriatric Psychiatry, School of Medicine, has been named a recipient of the American College of Psychiatrists' (ACP) Award for Research in Geriatric Psychiatry for his contributions to the field. Dr. Reynolds' career has focused on clinical research in mood and sleep disorders of later life.



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MAKING ROUNDS

West Penn Burn Center Names Dr. I. William Goldfarb Medical Director

I. William Goldfarb, MD, FACS, FCCM., has been named medical director of The Western Pennsylvania Hospital Burn Center.

Goldfarb replaces Harvey Slater, M.D., who retired. Goldfarb first joined West Penn Hospital more than 30 years ago as a surgical intern, after graduation from the University of Pittsburgh and The Chicago Medical School. He joined the Burn Center in 1980 and was associate director of the center for the past 15 years.



Dr. I. William Goldfarb

Rajiv Jain, M.D., Appointed Acting Director of VA Pittsburgh Healthcare System

Dr. Rajiv Jain, VA Pittsburgh Healthcare System (VAPHS) Chief of Staff, was appointed by the VISN Director to serve as the Acting Director of the VA Pittsburgh Healthcare System. Dr. Jain will serve as Acting Director during the search, recruitment, and selection process for a new VAPHS Director. Michael E. Moreland, former Director of VAPHS, was promoted to serve as Director of the VA Stars & Stripes Healthcare Network on December 24, 2006.



Dr. Rajiv Jain

Children's Hospital Names New Vice President of Medical Affairs

Children's Hospital of Pittsburgh of UPMC President and CEO Roger A. Oxendale recently announced that Steven G. Docimo, M.D., will serve as the hospital's new vice president of medical affairs. Dr. Docimo currently serves as the chief of Children's Division of Pediatric Urology.

Before coming to Children's in 2000, Dr. Docimo spent seven years at Johns Hopkins Hospital, where he was professor of urology and director of pediatric endourology.



Dr. Steven G. Docimo

Wetzel County Hospital Announces 2007 Medical Staff Officers

The 2007 Medical Staff Officers for Wetzel County Hospital are (l-r) Ibanga M. Ekanem, M.D., Vice Chief of Staff; Bradley K. Miller, D.O. Chief of Staff; and Shashi R. Urval, M.D., Secretary.



Dr. Jeannette South-Paul Receives 2007 Pride in the Profession Award

Jeannette South-Paul, M.D., chair of the department of family medicine at the School of Medicine has been selected to receive the American Medical Association (AMA) Foundation's 2007 Pride in the Profession Award. The Pride in the Profession Awards were created by the AMA Foundation to honor physicians who, through their service, have brought a sense of pride to the medical profession and whose actions promote the art and science of medicine and the advancement of public health. Dr. South-Paul, one of only four physicians to receive the award in 2007, is being honored for her efforts in helping patients who are poor, disabled or disadvantaged through a medical career that has been guided by a special interest in providing care for the underserved and underrepresented and addressing racial and ethnic disparities in medicine.

Mavericks Of Medicine

When Hungarian physician Ignaz Semmelweis started making the claim that poor sanitation was responsible for spreading illness from one patient to another, people laughed. After enduring the mockery of his fellow physicians, Semmelweis' controversial idea that washing one's hands helps to prevent the spread of disease was eventually vindicated by science. Despite the often strong resistance and ridicule that physicians like Semmelweis encounter throughout history, these courageous mavericks are largely responsible for the greatest advances in medicine.

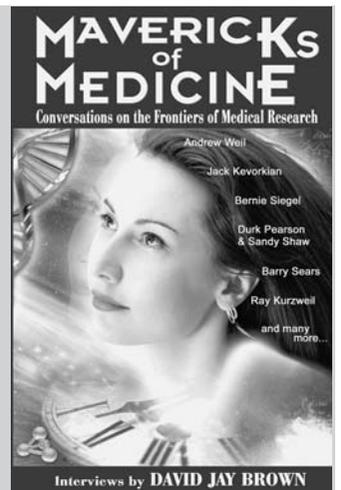
From his own interviews with 22 modern-day eminent physicians and cutting-edge researchers, David Jay Brown, in his book, *Mavericks of Medicine: Conversations on the Frontiers of Medical Research*, sheds light on where modern medicine may be evolving.

Risk-takers and rebels, these "Mavericks of Medicine" frequently challenge conventional wisdom and stir firestorms of controversy. Some are ridiculed, even reviled. Yet these same people are discovering some of history's greatest medical breakthroughs, changing the path of medicine, and opening up the prospect for further lifesaving advances.

As science reveals more about the chemistry of mental function, diseases ranging from addiction to Alzheimer's could become as manageable as high blood pressure. With luck, several drugs that target the underlying mechanisms of Alzheimer's disease could reach the clinic before the first Baby Boomer turns 70.

The in-depth interviews in "Mavericks of Medicine" provide a treasure-trove of practical suggestions that anyone can use to improve their health today and they offer an exciting vision of what's to come. "When we look at the future of medicine," Brown says, "We see incredible possibilities that border on the miraculous."

For more information, visit www.mavericksofmedicine.com



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