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Nurse Practitioners Confront New Challenges Outside of the Classroom

BY MATTHEW CHARLES

With over 750,000 Pennsylvanians lacking health insurance, nurse practitioners are an affordable option to help fill the coverage void.

"Fewer physicians are going into primary care, and nurse practitioners are a very viable alternative," said Lorraine Reiser, PhD, CRNP, director of graduate nursing programs at Carlow University.

According to the American Academy of Family Physicians, the amount of young doctors entering family practice is stagnating, raising concerns that there will not be enough personnel to meet the challenges of an aging population. Even though nurse practitioner duties include performing diagnostic tests, treating a variety of illnesses, managing overall wellness and writing prescriptions, nurse practitioners haven't been given the financial tools necessary to maintain their own practices.

"The insurance companies more readily include physicians on their lists of providers, but are reticent to include nurse practitioners," Reiser said.

Without being officially recognized as primary care providers by the insurance companies, nurse practitioners are unable to obtain the necessary reimbursement to support family practices. This has led many nurse practitioners to set up cash-only practices, or avoid starting their own practice altogether.



Lorraine Reiser

To halt this disappointing trend, the Pennsylvania government is hoping to create new incentives for nurse practitioners to become more involved in primary care activities. Under Governor Rendell's Prescription for Pennsylvania, there is greater emphasis being placed on expanding the availability of care, especially in rural areas, through clinics operated by advanced nurse practitioners. In July 2007, Rendell signed a bill which gave nurse practitioners slightly more latitude to order medical equipment and make referrals to specialists. However, there is still more work that needs to be done.

"Governor Rendell has been a champion

for nurse practitioners on these issues," Reiser said. "But there needs to be a better utilization of healthcare funds."

While nurse practitioners are widely respected for their competency, some critics have raised questions over the safety of the venues where they practice. "Retail clinics," as they are commonly known, are inexpensive, walk-in clinics at drug stores and other outlets. Some physicians have questioned the efficacy of providing treatment at these locations, where there tends to be a higher volume of people and greater risk of exposure to infection.

"They are safe, and they are a good deal for insurance companies," Reiser said. "Would you rather pay \$350 or \$35 for routine procedures?"

Consumers aren't the only ones concerned about expenses. With fewer funds available from the government, nurse practitioner students will have fewer options available to finance their education. Employers will typically only finance one class per semester, which would make the degree program longer than usual.

Carlow University has attempted to alleviate some of these financial burdens placed on nurse practitioners, but the federal government must become more involved. Many of Carlow's students have to work full-time to support their education, and the school has tailored their program to fit those demands.

"The student who is constantly worried about their job and family will not be able to

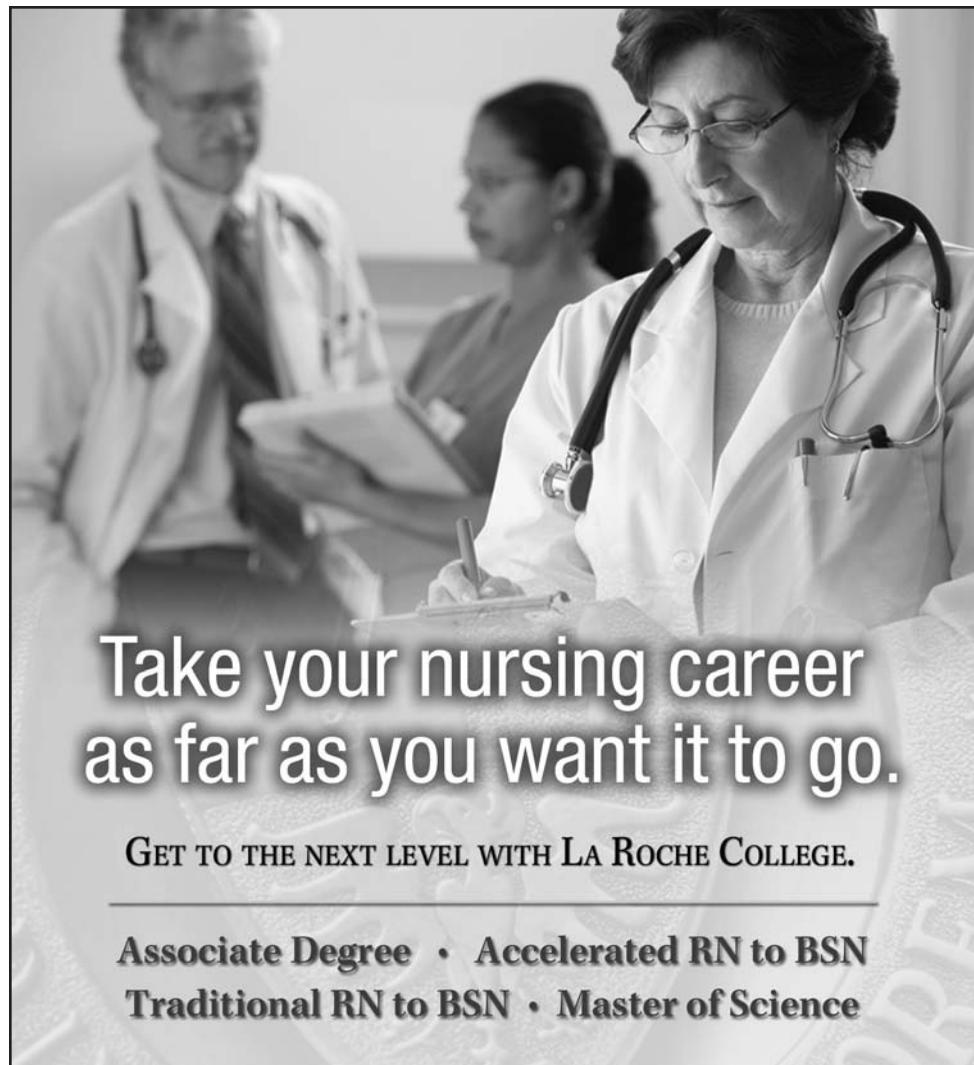
reach their maximum potential as a student," said Reiser. "We have a very flexible program at a rate suited to their schedule, so they have the ability to attend night class and still work full time," Reiser said.

Carlow University recognizes that students need to be in an environment that is educationally, emotionally, and fiscally supportive. To help meet these challenges, Carlow maintains three campuses designed to limit the stress on the working professional. There are currently 55 students in the family nurse practitioner program at Carlow's campuses in Oakland, Greensburg and Cranberry. The program ultimately prepares students for a CRNP practice license in Pennsylvania.

Reiser believes that if the financial incentives were higher, nurse practitioner programs might be in greater demand. Greater availability of nurse practitioners could decrease costs for the patient, and create a shorter waiting period for care. While they are making significant strides, the majority of the public is still unaware of the services FNPs can provide.

"Nurse practitioners have fought long and hard to get where they are," Reiser said. "It took us 25 years to get prescription ability, and unfortunately many other states are ahead of [Pennsylvania]."

For more information about the Family Nurse Practitioner program at Carlow University, call 1-800-333-CARLOW or visit www.carlow.edu.



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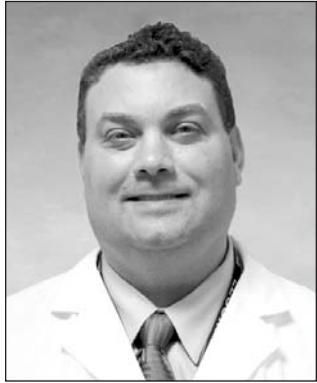
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LECOM Welcomes New Faculty Members



Dr. Regan Shabloski



Dr. Lilia Gorodinsky



Dr. Theodore A. Makoske



Dr. Mark Terrell

Lake Erie College of Osteopathic Medicine recently welcomed several new faculty members. Regan Shabloski, D.O., is the school's Director of Clinical Education. Dr. Shabloski joins LECOM after holding positions at Warren General Hospital and Hamot Medical Center. He is a graduate of Mansfield University, Kirksville College of Osteopathic Medicine and Gannon University.

Lilia Gorodinsky, D.O., joined LECOM as its Assistant Director of Osteopathic Principles and Practice. She earned her bachelor's degree in biology from the New York University, her doctor of osteopathic medicine degree from Nova Southeastern College of Osteopathic Medicine, and completed a four-year residency in family practice and fellowship in neuro-muscular medicine at Florida Hospital East Orlando.

Theodore A. Makoske, M.D., is an Assistant Professor of Anatomy, lecturing in the area of abdominal anatomy and radiology. He completed coursework in biology from

North Harris County Community College and the University of Texas before earning his doctor of medicine degree from the Texas A&M University College of Medicine. He completed an internship at Pennsylvania Hospital in 1997, and served as a general surgery resident and then chief surgical resident at St. Luke's Hospital in Bethlehem, PA, from 1997 to 2001. Prior to teaching at LECOM, Dr. Makoske served as a staff surgeon at the Erie VA Medical Center.

Mark Terrell, Ed.D., joins LECOM as Assistant Professor of Anatomy and Medical Education. His primary teaching responsibilities will include anatomy lectures and medical education in the LECOM Teaching and Learning Center. He earned master's degrees in geology and educational psychology from Ball State University, where he earned his doctor of education degree. Prior to LECOM, he taught anatomy courses at Indiana University, Purdue University and Ohio State University.

Memorial's New Emergency Medicine Residency Approved

The American Osteopathic Association (AOA) has approved Memorial Medical Center's new Emergency Medicine Residency program.

"After more than 18 months of planning, we feel we've created a model Emergency Medicine Residency program here at Memorial," says Dr. Michael Allswede, Program Director, Emergency Medicine Residency Program. "The experience that these residents will receive in Memorial's ER, a Level One Regional Resource Trauma Center, with a diverse case load and high quality physicians and nurses, will be second to none."

The four-year residency program, kicking off in July 2008, will train four residents per year, for a total of 16 residents.

"We are a healthcare organization committed to education," says Dr. Richard Wozniak, Program Director, Graduate Medical Education, Memorial Medical Center. "There have been surveys that show that residents tend to stay and practice where they were trained, so this is one way we hope to offset the future anticipated shortage of physicians serving areas such as ours. We know that the new Emergency Medicine Residency program will be such an asset to this organization and to the communities served by Conemaugh Health System."



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Second Degree Nursing Program Designed for Adult Learners

They're bright, eager to change careers and don't back away from challenges – and they want their degrees as soon as possible.

That description sums up the aptitude and attitude of students in the Second Degree BSN (Bachelor of Science in Nursing) program at the Duquesne University School of Nursing, a fast track designed for those with a baccalaureate degree wishing to switch careers and become nurses.

Since the first class of Second Degree BSN students came to the University in August 1991, the School of Nursing has discovered that these adult learners differ significantly from conventional undergraduate nursing students and have adjusted the structure of the program accordingly.

Susan Hardner, the recruiter for the School of Nursing, interviews each of the prospects for the Second Degree program, as well as the conventional BSN applicants, and in this process of determining the best candidates she has learned much about the motivation and makeup of each group.

Second Degree students, Hardner pointed out, usually have a personal history that proves they are not just highly motivated but willing to make sacrifices to achieve their goals. Nursing demands commitment from its practitioners, and the Second Degree program demands even more from students because, as Hardner pointed out, it requires that they absorb four years of nursing course work in one year.

Even before they are admitted, Second Degree prospects have to take a year's worth of preparatory courses in subjects like microbiology, anatomy and physiology, classes that most of them did not encounter as undergraduates but are prerequisites for the program. Then, after that preparation, students begin the actual Second Degree BSN course work, twelve months of nursing classes, projects, research and "clinicals" – more than 850 hours of hands-on experience in various health care settings.

"This is an accelerated curriculum, so we talk to prospects about the stringent demands of the program and how well they feel they can perform under pressure," Hardner said. Hardner also stresses collaborative work since the students spend a year immersed in difficult work with the same peer group.

The dozen or so Second Degree BSN students in the early years of the program took their course work side-by-side with the conventional, four-year, nursing students, but now Second Degree students have their own cohort, taking classes only with each other. That, according to Assistant Dean Cherith Simmer, is an explicit acknowledgment of how different adult learners can be compared to undergraduates who are in their late teens and early twenties.

In addition, when the program started, it took 18 months to complete. Because the Second Degree student is so highly motivated and eager to graduate, most prefer a shorter program, no matter how intensive the workload, and the current crop of students is the third group in the shorter, one-year program.

For most undergraduates, the traditional semester fixes their academic horizon for course work, but approximately half of the courses that a Second Degree student takes have durations of just seven weeks. Some of these courses, particularly those devoted to nursing theory as opposed to clinical experience, "frontload" the classroom por-



Camilo Rubio, a student in the Second Degree BSN program at the Duquesne University School of Nursing, gives a flu shot to Dean of Nursing Eileen Zungolo at the October 2007 Duquesne University Health Fair.

tion of the work. Frontloading condenses the classroom exposure that might normally be spread over a 15-week semester into the first portion of a course, sometimes occupying several full days, a practice that permits the remainder of the time to be spent on research and assignments that Second Degree students complete on their own.

Another feature of the Second Degree program is the "bundling" of tuition. Rather than calculating the price of their education based on a cost per credit, the Second Degree student sees a total cost for the entire 12 months of the program, minus such variables as transportation and living expenses.

"Second Degree students like to know the total cost of their education," said Simmer, "because they must leave their current job to be a Second Degree student."

The tuition bundling also represents a substantial cost reduction compared to the price of the Second Degree program if it were to be calculated on a per-credit basis.

"We looked at a number of Second Degree programs around the country and compared their pricing to ours," said Simmer. "Then, three years ago we went to the University administration and requested that we be able to drop the price and they agreed."

The combination of technical experience and life skills that adult learners bring to their coursework demands a different approach from instructors as well, and the School of Nursing uses faculty who prefer to teach Second Degree courses.

The School of Nursing's Second Degree program has experienced phenomenal growth in the last five years, resulting in increased applications and greater selectivity. That growth means that the School of Nursing may soon begin admitting two Second Degree BSN classes per year.

For Simmer, growth and selectivity are also acknowledgements of the quality of the School of Nursing's offering. "Second Degree students are highly competitive," Simmer said, "and their goal is to get into the best program that they possibly can."

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Duquesne's Pharmacy School Offers New Undergraduate Program

The Mylan School of Pharmacy, ranked among the nation's most prestigious schools of pharmacy, has gained widespread recognition for its innovative academic programs, and earned substantial grant funding for its research activities. The school is pleased to announce a new undergraduate program of study designed to meet the evolving needs of the healthcare marketplace: the Health Care Supply Chain Management program.

The program, which is slated to begin in the Fall 2008 semester, integrates curriculum and expertise from Duquesne's Mylan School of Pharmacy, John G. Rangos, Sr. School of Health Sciences and A. J. Palumbo School of Business. It is the first degree of its kind in the nation to be offered by a school of pharmacy.

"The Mylan School of Pharmacy has maintained and strengthened our leadership position in the profession, introducing new degree programs in pharmaceutical sciences and pharmacy administration, and the nation's first post-baccalaureate Weekend Doctor of Pharmacy program. The Health Care Supply Chain Management program represents another innovative milestone, enabling students to earn a bachelor's degree of distinction from the Mylan School in just four years," said Dr. J. Douglas Bricker, dean of the Mylan School of Pharmacy and Graduate School of Pharmaceutical Sciences.

Following the successful completion of a four-year program of interdisciplinary course work and experiential learning, students will earn a Bachelor of Science degree in Health Care Supply Chain Management.

Duquesne developed the new interdisciplinary program in response to market demand, and in doing so was able to capitalize on the strength of the region's premier supply chain

management program, offered for more than a decade by its A.J. Palumbo School of Business. In 2005, The Journal of Supply Chain Management observed "limited success" in supply chain management improvements in the health care industry and noted "a key requirement for improving health care supply chain performance is supply chain education as it relates to the health care industry."

While many supply chain management programs focus on preparing students for "niche" areas such as transportation, Duquesne's offering delivers a broad-based curriculum that emphasizes the integration of a number of supply chain functions such as purchasing, inventory control, operations, distribution, and customer service, in addition to transportation. Students also gain insight into the clinical and therapeutic terminology of the American health care system in addition to an understanding of the application of information technology within the system.

Career opportunities in health care supply chain management are significant and increase yearly in proportion to the expanding health care industry, said Dr. David Tipton, division head of Clinical, Social & Administrative Sciences in the Mylan School.

"Graduates from our program develop the necessary skills to make an immediate impact in the efforts to improve the cost-effectiveness of the American health care system. Career opportunities exist in organizations throughout the health care system including medical device manufacturers, pharmaceutical firms, hospitals, and distributors of hospital and medical supplies," he stated.

To learn more, contact Mylan School of Pharmacy at (412) 396-5182.



Nursing Programs Re-accredited for Maximum 10-year Period

The Commission on Collegiate Nursing Education (CCNE) has re-accredited the bachelor's and master's degree programs in nursing at Waynesburg University for the maximum period of 10 years. The re-accreditation was granted in October 2007 and will continue through 2017.

Dr. Nancy Mosser, chair and director of the Department of Nursing, said the CCNE accreditation process includes a review of the program's mission, goals and expected outcomes. The evaluation also includes an assessment of the performance of the program in achieving the mission and goals through the most effective utilization of available resources, programs and administration.

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AACN Back row: Sandy Horner, RN, Director of Cardiac Services at Memorial; Front row (l-r): Christina Schreyer, RN, BSN, CCRN/CSC, Critical Care Educator; and Frances Watson, RN, BSN, CCRN, Nurse Manager, Intensive Care Unit, Memorial Medical Center.

Memorial Medical Center's Critical Care Team Gains National Recognition

BY FRANCES WATSON, RN, BSN, CCRN

This May, I, along with representatives from my team, have been invited to attend the American Association of Critical Care Nurses (AACN) annual conference in Chicago and stand in front of thousands of critical care nurses to accept the AACN's prestigious Value of Certification Award on behalf of Memorial Medical Center. Just three facilities or groups across the country are honored with this award each year.

It all started with a vision to encourage our staff to further their education through certification for their own personal and professional benefit and ultimately, further enhance the quality of care we provide to our patients.

Since Memorial Medical Center, located in Johnstown, is deeply committed to promoting excellence through continuing education, my colleagues and I were puzzled when, in 2005, we realized that our critical care team was encountering a certification slump.

It had been two years since a staff nurse at Memorial had gone on to become a Certified Critical Care Nurse (CCRN), and it appeared that the other staff nurses showed no aspirations of achieving certification. Determined to change this trend, a team was created consisting of myself, a CCRN for more than 30 years; Christina Schreyer, RN, BSN, CCRN/CSC, Critical Care Educator; and Sandy Horner, RN, Director of Cardiac Services at Memorial. We identified barriers and developed a "Certification Commitment" plan, with the goal of increasing the number of certifications by addressing concerns and providing meaningful recognition.

We collaborated with our AACN chapter to support review courses, while Memorial agreed to pay fees, mileage and compensation for days missed to take the review course and exam. We also discussed the benefits of achieving certification with new hires. In the area of recognition, we created plaques listing the names of those who passed and recognized these nurses in newsletters and during Nurse's Week ceremonies.

In time, we noticed that our efforts had created a buzz.

Our "Certification Commitment" plan has been a success. Between 2005 and 2007, the overall number of CCRNs grew from 16 to 34, a 112 percent increase, while staff level certified RNs increased from 50 to 76 percent. CCRN eligible RNs (in unit two years) increased from 31 to 51 percent. In addition, 10 RNs from step-down areas obtained the Progressive Care Certified Nurse (PCCN) certification and one attained the Cardiac Surgery Certification (CSC).

We couldn't be more proud of our nurses who have risen to the challenge-but we're not there yet. We will continue to encourage each and every nurse to achieve their certification, for themselves and for the patients they care for each and every day.

Frances Watson is Nurse Manager, Intensive Care Unit, Memorial Medical Center. For more information, visit www.conemaugh.org.

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All or Nothing: Union E-mails at Work

The extent of a hospital's policy allowing e-mail use for non-work issues determines whether unions can use hospital e-mail systems for organizing.

A December 2007 ruling by the National Labor Relations Board established that communications about union activity of a non-solicitation nature are comparable to general employee announcements for parties and other personal matters. If a hospital allows its computer system to be used for one extra-professional purpose, it must allow it to be used for any – including union announcements. The enforcement of any e-mail policy must not turn on whether the communication is union-related. If the policy singles out union-related action, the likely result will be an unfair labor practice charge for a discriminatory act under the National Labor Relations Act.

This means hospitals can prevent unions from using what is currently the most efficient way of reaching potential members if the hospital bans all non-



BY JANE LEWIS VOLK

work-related e-mails. If the hospital permits general non-work-related e-mails by employees but prohibits e-mails of a solicitation nature, it can still prohibit union solicitations also, but cannot prohibit general union e-mails which are non-solicitation.

Union organizers are still free to contact hospital employees through their private, non-hospital e-mail systems, but this approach requires

knowledge of employee private e-mail addresses in systems such as Yahoo! or Hotmail. In those systems, addresses are unlikely to have the uniform designation system that institutional information systems use and thus eliminates e-mail "cold calls" as a recruiting tool. This approach also requires all recipients to have out-of-work internet access to read these e-mails, something which cannot be assumed.

If the hospital does not forbid employees from communicating otherwise, for example through conversations and distributing literature out of the office, this e-

mail ban does not interfere with the right to engage in union activities. The ruling said the law "does not require the most convenient or most effective means of conducting those communications" and is based the right of a company to allow or forbid use of its equipment to transmit the e-mails, and the e-mail system.

The NLRB ruling involved the employees of the Eugene (Oregon) Register-Guard newspaper and clarified union activities' position in the office — as an extracurricular activity.

In 2000, the president of the Eugene Newspaper Guild, the main labor union at the Register-Guard, was given written warnings for sending e-mails about union activities to employees. Every message involved was sent to all employees using the paper's e-mail system, although only the earliest of three e-mails was sent using one of the newspaper's computers. The union president said she assumed she was not violating the paper's communications systems policy because the subsequent e-mails were sent out of the office.

The paper had a written policy prohibiting the use of e-mail for "non-job-related solicitations," but had always allowed employees to send other non-work-related e-mails. Therefore, the

employer could not lawfully prohibit an e-mail that was union-related but was not a solicitation.

The union claimed the paper's policy prohibition of union e-mails was unlawful discrimination, because the company allowed some personal e-mail use by employees. The NLRB decision had previously upheld arguments that involved traditional forms of communication, but this time said companies can now distinguish between personal and commercial and organizational communication. This holding of the NLRB removes any presumption that employees have an absolute right to use their employer's e-mail system for any union-related activities. The holding is that union-related e-mails must be treated the same as any other non-work-related e-mails.

Hospitals can avoid running afoul of discriminatory practice charges by prohibiting all non-work-related organizing communications by employees on the hospital e-mail system.

Jane Lewis Volk is an employment and benefits lawyer with Meyer Unkovic & Scott LLP. She can be reached at jlv@muslaw.com.

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VITAS TAKES INITIATIVE IN BRINGING HOSPICE TO THE UNDERSERVED

BY ALYSON PARDO

When elderly African Americans are suffering from pain, they don't typically tell anyone, says Sharon Latson. And even when asked, they often don't fully describe how much their pain is affecting them.

"Elderly African Americans tend to be stoic and endure their pain privately," says Sharon, Senior Director of Access Initiative for VITAS Innovative Hospice Care®. "They often internalize their pain and just don't talk about it." Instead, they give other indicators, such as facial expressions (grimacing) and an occasional low moan.

Healthcare professionals treating elderly African American patients must therefore learn how to read, evaluate and understand their patients' non-verbal cues, says Sharon, who herself is African American. That's just one example of the many issues that VITAS addresses through its Access Initiative program.



Sharon Latson

Thinking Nationally, Acting Locally

VITAS started its national Access Initiative program in Chicago in 2001 to address the end-of-life care needs of diverse and traditionally underserved communities and to increase the overall awareness and usage of hospice services in those communities. Since 2001, the program has expanded to half of VITAS' 43 local hospices – including Pittsburgh – where "community liaisons" work with key policymakers, churches and both national and community professional organizations to build collaborative partnerships and ensure equality in care.

The community liaisons visit churches, community centers, hospitals and health clinics to provide hospice education and to help people better understand their options in hospice care. They also host workshops, deliver presentations and offer literature about the benefits of hospice services.

"We must move beyond the inequities in healthcare to improve access to all medical services, including palliative and hospice care," says Sharon. "This will allow individuals and their families to choose their own path when making life's final journey. When cure is no longer possible, everyone is entitled to dignity, respect and comfort."

Pittsburgh Point Person

In Pittsburgh, VITAS' community liaison is Jim Joyce, who has worked in hospice care for four years. He says that, just as he reaches out to traditionally underserved communities (such as African Americans and Hispanics), he also reaches out to typically overlooked populations, such as the homeless and the economically underprivileged of all races.

"We reach out wherever we think there might be gaps in the community in terms of information about, access to and understanding of hospice care," says Jim. For example, VITAS approached the North Side Homeless Providers Network, an alliance of organizations that serve Pittsburgh's homeless, to share information about hospice care. "They were almost shocked that someone came to them – instead of the other way around – to help the homeless learn about hospice care," remarks Jim.

VITAS is also part of the Coalition for Quality at End of Life (CQEL), a Pittsburgh coalition of healthcare and health service providers that have joined forces to improve health care access and quality near the end-of-life. VITAS serves on CQEL's sub-committee that focuses on underserved populations.

In yet another effort to reach out, CQEL is slated to host this spring an APPEAL training session (A Progressive Palliative Care Educational Curriculum for the Care of African Americans at Life's End), conducted under the auspices of the Duke Institute on Care at the End of Life. APPEAL provides healthcare professionals, social workers and spiritual leaders with the essential clinical competencies and practical skills needed to administer culturally appropriate end-of-life care to African American patients and families. VITAS is a founding benefactor of the Duke Institute.

"We are very sensitive about not taking for granted that we know what everyone's needs are in hospice care," says Jim. "Education is key, not only for the public but for ourselves. That's why VITAS established its Access Initiative program—to inform underserved populations, but also to learn about each community we serve. And we learn more and more every day."

Alyson Pardo is General Manager of VITAS Innovative Hospice Care® of Pittsburgh. For more information about VITAS' Access Initiative program in Pittsburgh, call Jim Joyce at (412) 799-2101.



Jim Joyce

UNIVERSITY OF PITTSBURGH NAMES NEW ASSISTANT VICE CHANCELLOR FOR DIVERSITY FOR THE SCHOOLS OF THE HEALTH SCIENCES

As a sign of its commitment to diversity, the University of Pittsburgh Schools of the Health Sciences has promoted Paula Davis, M.A., to fill the newly created position of assistant vice chancellor for diversity for the Schools of the Health Sciences. In her new position, Davis is responsible for working with all six health sciences schools (Dental Medicine, Health and Rehabilitation Sciences, Medicine, Nursing, Pharmacy and Public Health) on planning, implementing and monitoring efforts to recruit diverse students and faculty.

An alumna of the University of Pittsburgh, Davis came to the School of Medicine in 1994 as a program director. She rose to the position of assistant dean of student affairs and director of diversity programs in 1997. In 2005, she accepted the position of assistant dean of admissions, financial aid and diversity.

Her impact on the diversity of the School of Medicine has been significant and long-standing. Under her leadership, the enrollment of students underrepresented in medicine (URM) has achieved numbers unprecedented in the school's history. The current first-year enrollment of 24 URM medical students represents 14 percent of the first-year class.

Davis' accomplishments were recognized by the University in 2003 when she was selected as the first individual recipient of the Chancellor's Affirmative Action Award. She currently serves the university as the coordinator of AspiringDocs, a program sponsored by the Association of American Medical Colleges designed to increase the numbers of URM students considering careers in medicine.

Davis has been an active mentor of URM students, encouraging their development as leaders both in Pittsburgh and nationally. Under her mentorship, two Pitt medical students have served as national presidents of the largest organization founded to support minority medical students, the Student National Medical Association.

With the exception of a stint in alumni relations and admissions at the H. John Heinz III School of Public Policy and Management at Carnegie Mellon University, Davis' 20-year career in higher education has been dedicated to the support and development of students at Pitt. Over the years, she has provided support for students through Arts and Sciences advising, the Office of Admissions and Financial Aid, the Learning Skills Center and the former University Challenge for Excellence Programs (now Student Support Services).



Paula Davis

COMMUNITY INNOVATOR WILLA DOSWELL TEACHES LIFE SKILLS TO TEEN GIRLS

An innovator in research and community service programs, Willa Doswell, PhD, RN, FAAN, has dedicated her career to enhancing cultural pride and self-esteem among African American girls.

Doswell, an associate professor in the Department of Health Promotion and Development at the University of Pittsburgh School of Nursing, established one of the first after-school groups for African American girls in Pittsburgh. Known as the NIA Girls' Self-Development Group, seeks to support the fifth principle of Kwanzaa: "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."

One hallmark of Doswell's programs is peer-to-peer networking among teen-age girls. The idea is to cultivate a support group atmosphere, develop leadership, and teach the girls survival skills that enhance their outlook on life.

Doswell's areas of research include: mother-daughter communication, teen dating violence, adolescent pubertal development and early sexual behavior, particularly among African American girls between the ages of 9 and 14. She is coordinator of the School of Nursing's Adolescent Scholarship Group and associate director of the Research Dissemination Core of the school's NIH/NINR-funded Center for Research in Chronic Disorders.

During Doswell's 14 years at the University of Pittsburgh, she has mentored more than 60 students, providing them with valuable hands-on research experience. Students have been instrumental in many of her community projects to benefit African American mothers and youth. Her work has been recognized in local, state, and national media for its positive impact on young women and their communities. In 2006, the Pennsylvania Commission for Women selected Doswell as one of its 50 Influential Women of Color and featured her in the book *Voices: African American and Latina Women in Pennsylvania Share Their Stories of Success*.



Dr. Willa Doswell

FAMILY HOSPICE AND PALLIATIVE CARE

Irene Anek

The expression, "one in a million," describes Irene Anek perfectly. She stands out in everything she does. Anek has worked for a year and half as a Unit Secretary at one of Family Hospice and Palliative Care's inpatient facilities, Family Hospice Manor. No matter what project she takes on it is done completely, thoughtfully, and with grace. She not only takes her clerical work very seriously but is a warm, welcoming ambassador to families and friends who are visiting their loved ones. Her compassion is obvious in all aspects of her work. Without being asked, Anek sat and held the hand of a dying patient and assured the patient that they are not alone. She consistently exceeds to the expectations of her position by showing great initiative and organization. From the very beginning, Anek has been a team player, coming in on her days off when the staff was in need of an extra pair of hands. She is always willing to lend a helping hand – even helping at other Family Hospice and Palliative Care locations. Anek is so beloved by her colleagues that, this year, she was honored with Family Hospice and Palliative Care's Heart of Hospice Award. She is a tremendous asset to the organization, the patients and especially to her co-workers. Anek is truly a shining star!



Irene Anek

Mary Williams

This summer, Family Hospice and Palliative Care was lucky enough to have Mary Williams join the staff at the inpatient facility, Family Hospice Manor. From the day she began, the staff knew they had hit the jackpot with Williams. Trained as a CNA, Williams cares directly for the patients. Because of the nature of hospice care, Williams also spends a lot of time helping family members cope with their loved one's condition. Her supervisor describes her as "an incredible kind and gentle soul." She is the ultimate team player – jumping in to work extra hours when staffing was short because of illness. She always goes the extra mile for her patients. At the request of a patient, Williams arranged for the patient to be transferred to a wheelchair and she, herself, took the patient outside. From the first moment one meets Williams, it is clear that she has an innate understanding of people. She understands that when a hospice patient wants something all stops are pulled out to achieve that. Although it seemed an impossible task, one of her patients desired a tub bath. Working with other staff, Williams figured out how to make this possible for the patient. Her caring nature is not just directed to the patients but extends to her colleagues as well. When a colleague arrived at work very sick, Williams made her rest in a bed until she could go home later that day. Williams has truly found her calling – working at hospice – where everything she does is done with compassion, caring and dignity.



Mary Williams

ALLEGHENY GENERAL HOSPITAL

Minerva "Minnie" Lambo

Perseverance, hard work and a desire to make a difference in the lives of patients – these were qualities that led Minerva (Minnie) Lambo to a successful nursing career thousands of miles away from home. Born in the Philippines, Lambo followed her sister's footsteps into nursing. "I could see what a difference my sister was making as a nurse and I wanted to do the same thing," she said. "Nursing seemed like such a noble profession and a wonderful way to help people."



Minerva Lambo

After receiving a BSN degree from the University of San Carlos, Lambo met and married Michael Lambo. Although Lambo was eager to begin her nursing career, she postponed her plans to start a family.

Three years later, Lambo became an electrocardiogram technician at the Heart Station at Chong Hua Hospital in Cebu City, Philippines. She went on to become a staff nurse at the hospital's medical/surgical intensive care unit.

In 2002, Lambo was one of two Philippine nurses who were chosen to receive cardiovascular recovery room nursing training at the Philippines Heart Center. Following this training, Lambo returned to Chong Hua Hospital, where she became a recovery room nurse in the cardiac care unit.

Lambo added that there is not that much of a difference between working as a nurse in the Philippines and the United States. "In the Philippines, nurses have the same mission: to serve, heal and preserve life. However, I did notice that American nurses are much more pro-active when it comes to computer charting, working with medical equipment, administering medicine and handling certain procedures. That intimidated me a little when I first started working in the United States, but I soon got up to speed," said Lambo.

While Lambo had a promising nursing career in front of her in the Philippines, an unexpected opportunity came her way in the early 2000s. Nurses from the Philippines were so highly regarded for their superb clinical skills that many of them were recruited to American hospitals. Hoping to find more opportunities for her children in the United States, Lambo contacted Allegheny General Hospital for an interview. In 2004, Lambo was hired by AGH to work in its Coronary Care Unit as a staff nurse. When she moved to Pittsburgh, Lambo left her husband and children behind in the Philippines for several months so she could concentrate on acclimating to life in the United States. Lambo quickly adjusted to a new country, culture, language and model of nursing care.



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CHILDHOOD EVENT SET CHILDREN'S HOSPITAL SOCIAL WORKER ON CAREER PATH

Little did Marc Harrison know that the difficult news that hit his family when he was a child would help shape his future and lead him to a career at Children's Hospital of Pittsburgh of UPMC.

Marc was a 12-year-old boy growing up in Highland Park when his mother was diagnosed with multiple sclerosis (MS). In the ensuing years, an array of medical personnel and social workers came into his life as they helped his mother cope with MS.

From that point, Marc decided he wanted a career in which he could have a similar positive impact on others.

In May 2007, Marc was named the clinical social worker for Children's Child Advocacy Center (CAC), which provides comprehensive evaluations for children and adolescents who may be victims of physical or sexual abuse, or neglect.

"I get to stand up for these young patients who are put in extremely difficult situations through no fault of their own," he said. "When I was a child and my mother was diagnosed with MS, I was confused and scared and the social workers were able to help us. Now, I get to help kids who are confused and scared."

Because Marc worked for a number of social service agencies before joining Children's, he gained experience working with young children, adolescents and adults.

"Because Children's is one of the busiest pediatric trauma centers in the country and because we get patients from all of western Pennsylvania and parts of West Virginia and Ohio, we have a very fast-paced environment. This can be challenging, but Marc and all of the staff in the CAC have a passion for helping abused and neglected kids," said Janet Squires, M.D., physician director of the CAC. "Both on a personal level because of his experiences a child and through his experience of working in social services, Marc is uniquely prepared to provide the counseling services our patients and their families need."

After earning an associate's degree from the Community College of Allegheny County in 1998, Marc spent three years as a counselor at the Whale's Tail (now FamilyLinks), a residential facility for adolescent males.

In 2001, Marc earned a bachelor's degree in clinical social work from the University of Pittsburgh. He then spent a year as a caseworker in the Allegheny County Office for Children, Youth and Families, before returning to Pitt where he earned a master's degree in social work. In 2004, Marc began a three-year stint as a therapist at Western Psychiatric Institute and Clinic.



Marc Harrison

ODITZA CARRASCO PRESIDENT AND CEO 1ST VANGUARD MORTGAGE

Oditza Carrasco, the President and CEO of 1st Vanguard Mortgage, is a native South American who has succeeded in the fast-paced and often ruthless world of American business. Her company currently partners with UPMC to offer financing for the healthcare giant's employee mortgage needs.

Carrasco has humble roots; she was born in the coastal town of Traiguén, Chile in 1963. In order to avoid the political upheaval in Chile during the 1970's, Oditza relocated to Germany where she had the opportunity to attend high school.

In the early 1980's, Oditza returned to Chile and married an American who was a volunteer for the Peace Corps. Soon thereafter she moved to Pittsburgh with her husband. It was here that she began her career in the mortgage industry working for financial institutions such as First Seneca Bank, Equibank, and AllState Financial.

In 1999, Oditza made the decision to take advantage of the business acumen that she had acquired and founded 1st Vanguard Mortgage Company in Pittsburgh, PA. As President and CEO, Oditza has led the company during seven straight years of positive growth.

Her business skills were recognized as early as 2002 when the Pittsburgh Post-Gazette named Oditza one of Pittsburgh's Top 50 Business Leaders. Carrasco's perseverance and dedication have been recognized recently as she was named one of Pennsylvania's Best 50 Women in Business for 2007.

Despite her busy schedule, Oditza finds the time to contribute to several professional organizations: National Association of Women Business Owners (NAWBO), Women's Presidents Organization (WPO), and serves in an advisory role at the Center for Women's Entrepreneurship and the department of Business Entrepreneurship at Chatham University.

Carrasco is also active in the local Hispanic Community as well, serving on the Board of Directors of the Latin American Cultural Union and the Duquesne University Center for Hispanic and Minority Business.



Oditza Carrasco

UPMC APPOINTS CHIEF DIVERSITY OFFICER

Candi Castleberry-Singleton has been named to the newly created position of chief diversity officer at the University of Pittsburgh Medical Center (UPMC).

Castleberry-Singleton will develop and implement UPMC's diversity and inclusion strategy, which includes recruitment and retention, building an inclusive environment, training and cultural competency and improved community partnerships.

She will oversee the existing UPMC Office of Diversity and will be responsible for establishing systemwide diversity and inclusion goals, measuring the health system's progress toward them and partnering with UPMC leadership to achieve them.

Before joining UPMC, Castleberry-Singleton was vice president for global inclusion at Motorola, where she led the company's diversity councils and developed and implemented strategies designed to embed inclusive practices into the company's day-to-day business practices. Castleberry-Singleton's prior employers were Sun Microsystems, where she created Sun's first Global Inclusion Center of Expertise, and the Xerox Corp., where she held various roles in sales management and product marketing.



Candi Castleberry-Singleton

LISA BYNOE, L.P.N. GATEWAY HOSPICE

Black history month is a time to acknowledge individuals who have shaped our society in a positive fashion. A few names come to mind if you are pondering over the forerunners for the pursuit of justice and equality, you may think of Sojourner Truth, who was a leader in the underground railroad for those looking for a better life. Martin Luther King, Jr, who had a dream that all man would be equal just to name a few.

They are true heroes and should be praised for their efforts to educate and unite. In the health care industry, there are many silent heroes. At Gateway Hospice, we cannot keep quiet about one of our own

hero's, Lisa Bynoe, L.P.N. Lisa has been with Gateway for three years and though never receives national recognition for the work she (and countless other at Gateway) does, she is certainly a hero in the eyes of her patients and their families. Lisa is a shining star due to her commitment to our families and patients. She improves the lives of our patients and families by ensuring that all are treated with respect and dignity. She is concerned with her patient's mind, body and spirit -a holistic approach to her patients needs. When you ask Lisa, "What makes a person successful in the field of hospice, she replies, "You give the patient what they need, direct care activities, hair washing, bible reading and hand holding".....Her approach is gentle and welcoming. Lisa may not be famous for her march on Washington for human rights, but ask any patient or family member who have encountered her care and they will say "she is a true hero."



Lisa Bynoe



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Rehabilitation



HealthSouth Harmarville and Sewickley Rehabilitation Hospitals Applaud Arlen Specter, Robert Casey and Jason Altmire for Support

HealthSouth Harmarville and Sewickley Rehabilitation Hospitals today announced its appreciation to Senators Arlen Specter and Robert Casey, as well as Congressman Jason Altmire, for their efforts on behalf of patients in our community. Largely as a result of Specter, Casey and Altmire's co-sponsorship of the Preserving Patient Access to Inpatient Rehabilitation Hospitals Act of 2007, Congress recently passed the "Medicare, Medicaid, and SCHIP Extension Act of 2007." The bill includes language that would permanently freeze the implementation of the Inpatient Rehabilitation 75% Rule at the 60% threshold level, and would allow patients' secondary medical conditions, or "comorbidities," to continue serving as a basis for access to inpatient rehabilitation care and services. The 75% Rule is a federal policy which imposes restrictions on the types of medical conditions that can be treated in an inpatient rehabilitation setting.

"We'd like to commend Senators Arlen Specter and Robert Casey, as well as Congressman Jason Altmire for their work with members of both parties to achieve a bipartisan solution to this issue, eliminating numerous problems for rehabilitation hospitals, doctors and most importantly, patients in our community and across the country," said Ken Anthony, CEO of HealthSouth Harmarville. "Every patient deserves access to the highest quality rehabilitative health care. In the absence of the recently passed bill, many patients who need our services might not have been able to receive them due to the effects of the 75 Percent Rule, even if that treatment was recommended by their doctors. By freezing the implementation of this rule at the 60 percent level, access to inpatient rehabilitative healthcare will be available to more patients who need it."

Since the phase-in implementation of the 75% Rule back in the summer of 2004, HealthSouth Harmarville and Sewickley had been forced to deny access to literally hundreds of patients in need of inpatient rehabilitative care and services. This legislative relief now affords the hospital to care for more patients in need. Although HealthSouth Harmarville and Sewickley are Joint Commission certified in caring for Stroke and Brain Injury patients...two primary diagnoses that have always been considered "75% Rule friendly" ... they can now care for more "75% Rule non-compliant" diagnoses such as respiratory, cardiac, oncology and complex orthopedic patients.

HCR Manor Care Selected to Assist Retired Players Needing Joint Replacement Surgery

The National Football League and NFL Players Association's newly created NFL Player Joint Replacement Benefit Plan has selected 15 leading medical centers across the country, including HCR Manor Care skilled nursing and rehabilitation centers, to assist eligible retired players in need of joint replacement surgery.

HCR Manor Care has been selected to provide post-surgery rehabilitation and physical therapy to players who qualify for financial assistance from the NFL Player Care Foundation. The costs of these services will be paid for by the NFL Player Care Foundation.

"We are pleased that HCR Manor Care was the only skilled nursing and rehabilitation company chosen to provide this invaluable service. We are the leader in the industry and are proud to be able to work with the NFL," states Stephen Guillard, HCR Manor Care's Executive Vice President and Chief Operating Officer. HCR Manor Care's Chief Medical Officer adds, "HCR Manor Care's clinical and rehabilitative expertise with patients recovering from orthopedic injuries and surgeries makes us the right fit for this program. We have an enviable record for rehabilitating patients and enabling them to return home to resume a meaningful lifestyle."

Meadville Medical Center Awarded Top Performer in Recognition of Outstanding Rehabilitation Program Performance

Meadville Medical Center was recently awarded the Uniform Data System for Medical Rehabilitation (UDSMR) 2007 Top Performer Award in recognition of outstanding rehabilitation program performance. This top performer status is based on ranking in the top decile of UDSMR's program evaluation model for 800-plus facilities.

Rehab patients at Meadville Medical Center are assessed using the Functional Independence Measure or FIM. Data is then submitted to the Uniform Data System for Medical Rehabilitation (UDSMR), and comparisons are made to other facilities within our region and nationally.

The types of patients being treated on the Rehab Unit at MMC include hips and knee replacements; spinal injuries; congenital spinal cord deformities; back surgeries; strokes; amputations; broken hips; brain tumors; major multiple trauma; and brain injury; neurological disorder; burns.

Patients are evaluated upon admission, discharge, and post-discharge (follow-up) to document the level of disability and to assess the effectiveness of treatment.

In the case of rehab patients, special computer software is used to determine Functional Independence Measure (FIM) scores, measure the burden of care required for a patient entering and leaving a rehabilitation setting. Lower FIM scores indicate a higher level of dependence upon a caregiver for basic activities of daily living. Data collected from other facilities is used to create a database to better track FIM™ assessments as well as demographic, financial, and clinical data. This information can be used to:

- Evaluate the efficiency and effectiveness of a rehabilitation program
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- Become part of a national database that forms a basis for predicting rehabilitation outcomes for groups of patients
- Generate important data for the accreditation processes of JCAHO, CARF, and other regulatory agencies
- Gain access to resources (e.g., assessment data, print and non-print educational materials, research reports and reference materials, bibliographies) useful in clinical training and research

The Uniform Data System for Medical Rehabilitation offers a wide range of services and tools to its subscribers that enable them to document the severity of patient disability and the results of medical rehabilitation in a uniform way.

Krupa Directs Rehab Services at Mount Nittany Medical Center



Emidio Krupa

Mount Nittany Medical Center is proud to announce the appointment of Emidio Krupa, OTR/L, to the position of rehabilitation services director. Most recently, Krupa was employed by HealthSouth Nittany Valley as a staff occupational therapist and has served in administrative roles throughout his career. Graduating from the College Misericordia with a B.S. degree in occupational therapy, Krupa has nearly thirty years of experience caring for patients.

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Schenley Gardens Physical Therapy Program includes Gait and Balance Training, Range of Motion and Strengthening, as well as Orthotic and Prosthetic Training. When appropriate, Aquatic Therapy can enhance recovery in a warm water therapy pool, which can be complimented by whirlpool treatments. In conjunction with the Arthritis Foundation, there are designated aquatic classes available to people of all ages with a diagnosis of arthritis.

In addition to physical and aquatic therapy, Schenley Gardens Rehabilitation Center also offers Occupational Therapy and Speech Therapy. Psychological Services are available in conjunction with the treating physician's recovery plan.

Respite Care Services (short-stay) are available in participation with Schenley Gardens Assisted Living Community. Respite Residents can rest assured that with 24-hour nursing care, three meals daily, private apartments, and an onsite Comprehensive Rehabilitation Center, they can focus on efforts to improve their health.

For more information, contact the Rehabilitation Center at (412) 621-4200.

Pitt School of Health and Rehab Sciences Announces New Master's Program

The University of Pittsburgh School of Health and Rehabilitation Sciences (SHRS) has announced the addition of a new master's program to its curriculum. The Master of Science in Health and Rehabilitation Science, with a concentration in Prosthetics and Orthotics (MSPO) will be available to students this fall. Applications currently are being accepted.

This two-year program within the Department of Rehabilitation Science and Technology is designed to prepare students to be certified prosthetists and orthotists.

Orthotics and prosthetics is the evaluation, fabrication and custom fitting of artificial limbs and orthopaedic braces. As a strategic part of the health care team, prosthetists and orthotists work hand-in-hand with physicians and therapists to provide the orthotic and prosthetic needs of patients.

For more information about SHRS, visit www.shrs.pitt.edu.

ManorCare North Hills Receives Good Results on Annual Department of Health Survey

According to Kimberly Josephs, administrator at ManorCare North Hills, receiving good survey results by the department of health takes a lot of work and dedication by nursing home staff and is not an accomplishment to be taken lightly. "We are very proud of our accomplishments, and we believe that our recent survey results help illustrate what defines us as the provider of choice for skilled nursing and rehabilitation services to the North Hills area. I am pleased that my staff is committed to the care and caring of our patients."

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Rehabilitation



Celtic Healthcare

Andy Yurasko Physical Therapist



A deeply rooted love of health and physical fitness is what led Andy Yurasko into the field of physical therapy. Initially going to college to become a personal trainer, Yurasko tore his ACL in his sophomore year and had surgery. It was during his own post-surgery physical therapy that he discovered his passion for this career. Changing his focus of study, he graduated with his BS in Sports Medicine in 1999 and his Masters of Physical Therapy in 2001.

An observant and conscientious individual, Yurasko admires people who balance work and family, and defines his own worth by his need for strong relationships with others.

His observant nature and critical thinking abilities also set him apart as a physical therapist.

"A few weeks ago, a nurse and myself saw a client who had recently become incontinent with numbness in the saddle area. I had an uneasy feeling and knew that numbness in the saddle area is a red flag for immediate low back surgery. I went home and did some more research while simultaneously communicating with the nurse – and found a lot of information supporting my theory. The client had lower back surgery the next day and the client's daughter said that we saved her mother from a life of paralysis."

As a physical therapist for Celtic Healthcare, Yurasko loves the environment, as it is filled with mutual respect and highly skilled professionals.

"We're all helping people regain function to improve the quality of life. That's priceless."

Andrea D'Angelo Speech-Language Pathologist



For Andrea D'Angelo, a little research went a long way. After discovering an interesting newspaper article profiling a speech-language pathologist, she decided to look further into the career. What did she learn? Speech-language pathology was one of the fastest growing professions in the United States, and that speech-language pathologists were instrumental in assisting people in regaining or obtaining speech, language, cognitive, and/or swallowing skills. Deciding that this career would be both intellectually and emotionally rewarding, she went on to graduate with her Masters in Education in 2001 and she obtained her Certificate of Clinical Competency in 2002.

Working at Celtic Healthcare has become a source of motivation for D'Angelo, where she works with a team centered on integrity.

"Celtic has a wonderful team, and we work closely together to coordinate the best possible care for our patients. Our technology allows the team members to work efficiently and accurately with documentation requirements in order to devote the majority of our time where it should be – with our client," says D'Angelo.

As a speech-language pathologist, D'Angelo goes above and beyond the call of duty. Understanding the emotional effects of a diagnosis such as severe dysphagia, which requires a diet downgrade to puree food, D'Angelo assists clients and their family members during that stressful time by providing recipes and individualized care.

D'Angelo thrives on improvement. Even the smallest accomplishments of her clients provide her with satisfaction and encouragement, as shown in one of her favorite stories:

"I'll always remember a man in his late 50s who had a left hemisphere CVA. He was completely independent prior to his stroke, but when I met him, he was living with a family member, no longer driving, and cried during most of his treatment sessions. His medical status was stable, but he could not communicate more than a few social phrases. The day he was introduced to a speech-generating device (SGD), I began to see a marked change in emotional status. After overcoming funding challenges, he received his own device. During the programming process, a long-time friend provided a voice for the client and together they reminisced and laughed about their past experiences. Once the patient became proficient with the device, it never left his side."

For D'Angelo, that's what it's all about.

Joy Lisak Occupational Therapist

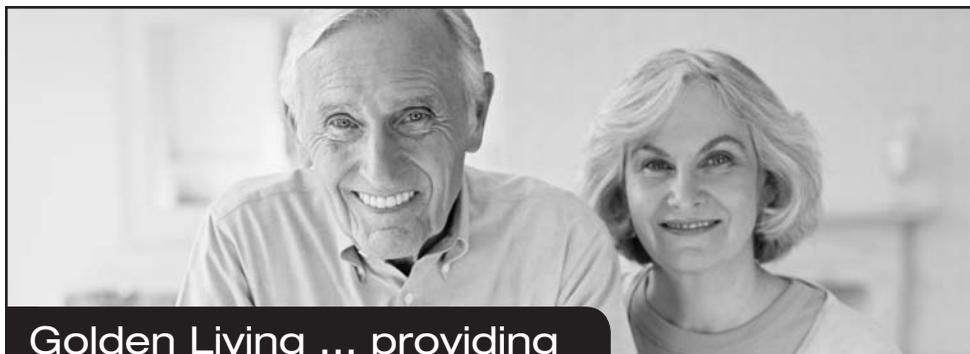
Joy Lisak, an occupational therapist with Celtic Healthcare, embodies the qualities that make a therapist more than a therapist. She's a life-changer. Returning to school after a short career in science, Lisak decided that she was searching for something else – a career that involved creativity, flexibility, and a challenge. Working with people was a must, as that is one of her greatest passions. Occupational therapy provided all that and more, and Lisak decided it was a perfect fit for her. Graduating in May 2006 from Duquesne University, Lisak was so motivated to begin her career at Celtic Healthcare, she started her training before graduation.

Motivation comes easy for Lisak. Give her a challenge and a strong cup of coffee and she's ready to go. Say "I can't" to Lisak and she'll make it her personal responsibility to prove that indeed, you can.

"My greatest satisfaction is helping people realize they have the potential to succeed at something, even when they doubt it themselves. I also enjoy being able to really spend time with people and learn about their lives. I think my clients can tell that I genuinely care about them. When they open up to me about fears or worries, I think that says a lot about being able to create rapport and trust," says Lisak.

For Lisak, all her hard work and dedication is worth it when she receives a genuine thank you from a client. One of her favorite moments was when an elderly client thanked her for treating her like an adult when recommending leisure activities. Heartfelt appreciation always stands out.

Taking her strengths outside of Celtic Healthcare as well, Lisak has been venturing into a variety of community involvement. She's been trained as a self-help group leader with the Arthritis Foundation, spoken as a guest lecturer to the Women's Auxiliary and Duquesne University, and more recently, she's been invited to sit on a National Board for Certification for OT panel in Miami, FL this upcoming May for determining passing criteria for the national exam.



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The Journey to Improve Hospice Care in America

As one would expect, providing high quality care is of foremost importance to hospices. Many hospices participate in programs that help them to measure and evaluate the quality of care their staff is providing. Most of the time, participation in these programs is voluntary – each hospice deciding for itself how it wants to monitor and improve its quality of care. But to hospices like Family Hospice and Palliative Care, providing high quality care is not voluntary – it is an obligation.

Although participation in benchmarking programs may be voluntary, delivering high quality care is not an option for most hospices. Hospices that are run by community boards are making the commitment to serve the community in the best way possible. Providing high quality care, along with easy access geographically and financially, are important components in serving the community.

A hospice is obligated to provide patients and families with the highest quality of care possible. Providing quality care reinforces the trust those patients, families, and referral sources have in a hospice. A hospice's reputation in an area and among referral sources can be dependent on a hospice's quality of care. Recruitment of reputable and well-trained staff can be influenced by their perception of the quality of care delivered by a particular hospice. Finally, for hospices, the ability to fundraise effectively can be dependent upon their reputation for quality care.

Measuring quality in hospice care can be a complex process. Many factors influence the delivery of high quality hospice care. One of the best overall systems for measuring quality of care is the one developed by the National Hospice and Palliative Care Organization. Not only does NHPCO collect a wide range of data but also sets standards. The standards are based on the information collected from hospices across the



BY RAFAEL J. SCIULLO,
MA, LCSW, MS

country. NHPCO's Standards of Practice for Hospice Programs has been redesigned to include ten components of quality:

- Patient and Family Centered Care
- Ethical Behavior and Consumer Rights
- Clinical Excellence and Safety
- Inclusion and Access
- Organizational Excellence
- Workforce Excellence
- Standards
- Compliance with Laws and Regulations
- Stewardship and Accountability
- Performance Measurement

In addition to these measurements, Family Hospice and Palliative Care, like many hospices, has implemented its own surveys. Families and physicians receive follow up surveys about the care provided and services used. Bereavement surveys are sent out to families so that information

can be collected about the availability and effectiveness of the bereavement services. To make best use of this survey data, hospices, in turn, should use this data to further improve their services and care. Participation in national benchmarking, like that of NHPCO, helps hospices see how they compare to other hospices, national averages and trends.

All hospices are concerned with the quality of care. Each needs a formal structure to evaluate quality, analyze the data, and then implement improvement measures. Even though participation in many of the benchmarking programs is voluntary, hospices have an obligation to their patients, families, referral sources, and funders to always work to further improve the quality of their end-of-life services.

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.

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What's new

Jewish Healthcare Foundation Approves Grants to Test Use of "Medical Homes" in Treating Addictions

The Jewish Healthcare Foundation's board has approved \$1.5 million in grants, including \$200,000 for the first stage of a three-year project to redesign care for patients whose chronic illnesses are complicated by substance abuse.

The substance abuse project is expected to incorporate promising new screening tools and to emphasize the use of "medical homes" for improving diagnosis and treatment of substance abuse in patients with illnesses such as diabetes, chronic obstructive lung disease, high blood pressure and congestive heart failure.

The goal is to reduce emergency room visits, hospitalizations and recurrent detoxifications through better screening, office-based treatment and follow-up of patients with substance use problems that put them at risk for addiction or complications of other medical conditions.

The JHF project is timely for several reasons. First, treatment in medical homes – where one physician practice provides or coordinates all of a patient's medical and behavioral care – is viewed as the new frontier for primary care and fertile ground for testing changes in current healthcare reimbursement methods. Leading professional organizations, such as the American College of Physicians, the American Academy of Family Physicians and others have endorsed the concept.

West Penn Allegheny Health System to Offer State-of-the Art Robotic Surgery

West Penn Allegheny Health System (WPAHS) has purchased two state-of-the-art da Vinci Surgical Systems, a sophisticated robotic technology that enables surgeons to perform complex procedures using a minimally invasive approach. The da Vinci System will be available both at Allegheny General Hospital (AGH) and The Western Pennsylvania Hospital. Originally developed by NASA for operating remotely on astronauts in space and used by the Department of Defense to operate on soldiers in the battlefield, da Vinci offers patients all the benefits of minimally invasive surgery, including less pain, less blood loss, a shorter hospital stay and faster return to normal daily activities. At West Penn Allegheny, da Vinci will initially be used for prostatectomy surgery in the treatment of men with prostate cancer, and for gynecological procedures. Plans are also in place to expand its use to additional clinical areas such as cardiovascular surgery.



Congressman Tim Murphy presents a check for \$341,000 to Canonsburg General Hospital for its E-Pharmacy initiative. Shown (l-r) are Joseph Macerelli, President/ Canonsburg General Hospital Board of Directors; Congressman Tim Murphy; Kim Malinky, President and Chief Executive Officer/Canonsburg General Hospital; W. Keith Smith, President and Chief Executive Officer/West Penn Allegheny Health System.

Canonsburg General Hospital Receives Federal Funds

Congressman Tim Murphy (PA-18) announced that Canonsburg General Hospital has received \$341,000 for E-Pharmacy patient safety technology.

E-Pharmacy initiatives reduce the potential for medication errors throughout all stages of the medication distribution process from prescription and transcription to administration and documentation.

Today's Senior Resource Introduces a Free Service for Local Seniors and Caregivers

Today's Senior Resource, Inc. has combined a wide variety of senior and caregiver resources for five local counties, and put them together on a new website, www.TodaysSeniorResource.com. Now both families and professionals can easily find complete senior resource information, from Senior Freebies to Crisis Help, all in one place. The new Pittsburgh Region website covers Allegheny, Beaver, Butler, Washington, and Westmoreland counties, and includes:

- 35 Resource Categories, Find and Contact Local Senior Resources
- Educational Articles, Checklists and Tools
- Active Caregiver Message Board for Ideas, Advice, and Support (Linked with AARP's Caregiver's Circle Message Board.)
- Events Calendar for Local Healthcare, Family, and Senior Activities

For more information visit www.TodaysSeniorResource.com, e-mail info@TodaysSeniorResource.com, or contact Cheryl Nemanic at (724)712-5655.

UPMC Reports Growing Revenue for First Half of Fiscal Year 2008

Increasing patient volumes and a larger number of insurance services members boosted operating revenues 11 percent to \$3.37 billion for the six months ended Dec. 31, 2007, the University of Pittsburgh Medical Center (UPMC) reported. Due to higher depreciation resulting from extensive capital investments and its commitment to the Pittsburgh Promise scholarship program for city high school students, UPMC's operating income was \$100 million for the six months compared to \$124 million for the period ended Dec. 31, 2006.

UPMC continued to attract increasing numbers of patients, both in its hospitals and at outpatient locations. Inpatient activity as measured by medical-surgical admissions was up 2 percent for the six months vs. the year-ago period. Outpatient activity rose 4 percent, while physician service revenue—measured by average revenue per workday—increased 11 percent. Enrollment in UPMC's insurance services grew 26 percent to more than 1.2 million members.

One key measure of UPMC's financial performance, operating earnings before interest, depreciation and amortization (EBIDA), was solid at \$260 million in the six-month period. Lower returns in the financial markets compared to last year and an accounting change in the prior period led to a reduction in UPMC's investment income, from \$220 million to \$3 million in the most recent period. The latest results reflect a 2.7 percent return on UPMC's investment portfolio vs. 9.8 percent in the year-ago period. To provide a more accurate and timely picture of its investment activity, UPMC last year began to reflect all changes in the market prices of its investments in its earnings statement, even though UPMC may not have realized actual gains or losses on the underlying securities.

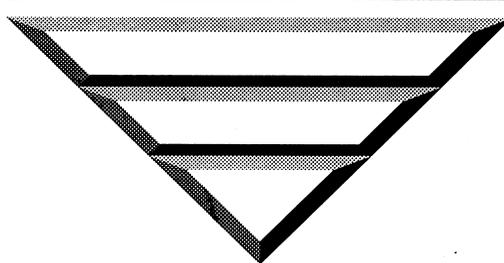
Net income, which includes both investment and operating income, totaled \$101 million for the latest six-month period, compared with \$342 million in the prior year.

Ellwood City Hospital Forms Clinical Alliance with AGH

Officials at The Ellwood City Hospital (TECH), announced that its Board has voted unanimously to develop a clinical alliance with Allegheny General Hospital (AGH), part of the West Penn Allegheny Health System (WPAHS). According to Herbert S. Skuba, president and CEO of TECH, the relationship with Allegheny General and WPAHS allows The Ellwood City Hospital to remain an independent institution while enhancing the level of clinical expertise it can provide to the local community. "The alliance provides the best of both worlds in our view," said Skuba. "We maintain our autonomy yet strengthen our capabilities." Both organizations will be evaluating locations at the Ellwood City campus for developing clinical space for physicians. Efforts will also include close collaboration with existing community physicians. It is expected that new services and programs will be in place by the end of the year.

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May 20-23

HIMSS Asia Pac Conference

Designed to be dynamic and interactive, the HIMSS AsiaPac Conference & Exhibition will engage participants in thought-provoking discussions and offer ways to experience technology applications firsthand. Leading these forums are keynote speakers, visionaries and thought-leaders from Asia Pacific's most well-respected hospitals, universities, associations, government/policy and health ministries. For more information, visit www.himssasiapac.org.

March 5

Professional Development Series Hosted at La Roche

In order to achieve business goals, employees within top human resources departments are trying something new. Instead of working harder and faster, the forward-thinking companies are using principles, techniques and tools to rejuvenate creativity, cooperation and productivity in a constantly changing society. Members of the public – especially those working in a business environment – may learn more about these concepts at a seminar sponsored by La Roche College at 7:00 p.m. Wednesday, March 5, in the Ryan Room, Zappala College Center, on the college's McCandless Campus.

For more information or to register, visit www.laroche.edu or call (412) 536-1262 or e-mail jean.forti@laroche.edu.

April 16

Living With Grief: Children and Adolescents National Teleconference

Living With Grief: Children and Adolescents National Teleconference will take place on Wednesday, April 16th from 1:30 to 4:00 p.m. This teleconference will focus on the experience of grieving children and adolescents and ways professionals and parents can best support them. Being shown at Family Hospice and Palliative Care's Center for Compassionate Care at 50 Moffett Street, Mt. Lebanon. For reservations, call (412) 572-8829.

May 4-7

25th Annual VHA Leadership Conference

More than 1,500 hospital executives are expected to attend VHA's 25th Annual Leadership Conference: The Power of Innovation, in Philadelphia, May 4-7.

Health care leaders attend this conference to learn innovative ways to improve clinical and operational performance; network with leaders from VHA health care organizations of all sizes; earn continuing education credits as you discover the latest thinking in health care; get a view from the cutting edge from our two featured speakers; and view best-in-class supply chain management and clinical improvement solutions at the Supplier Exposition.

For more information, visit www.vha.com.

May 16

15th Annual Nursing Horizons Conference

The 15th Annual Nursing Horizons Conference, Best Practices in Patient Safety: Sharing the Evidence, will take place May 16, 2008 at the University of Pittsburgh School of Nursing, 3500 Victoria Street, First Floor. The target audience is clinicians, educators and managers in clinical and academic settings. For more information, contact (412) 624-3156 or chb30@pitt.edu.

June 17-20

CMSA's 18th Annual Conference & Expo

The 18th Annual Conference & Expo of the Case Management Society of America (CMSA) will be held in Orlando, Florida, June 17-20 at Rosen Shingle Creek Hotel & Golf Club. The theme is "Go Beyond Expectations, Find the Balance, Raise the Standard – Engage Case Management." For complete program and online registration information, visit www.cmsa.org/conference.

September 5-6

2008 Hospice and Palliative Nurses Association Clinical Practice Forum

The Hospice and Palliative Nurses Association (HPNA) is very proud to offer the 2nd Clinical Practice Forum, "Caring for People Who are Not Like Me.", on Friday, September 5 and Saturday,

September 6 at the Hilton Pittsburgh Hotel. This Forum will focus on the challenges of caring for individuals and those who love them when differences in culture, languages, beliefs, attitudes, and practices may differ from those of the caregiver. This course is designed for practicing hospice and palliative registered nurses and any other professional nurses who care for patients with life-limiting illnesses interested in improving the cultural care of their patients. For more information, call (412) 787-9301 or visit www.HPNA.org.

September 9-11

21st Annual Healthcare Facilities Symposium & Expo

The 21st Annual Healthcare Facilities Symposium & Expo will take place September 9-11, 2008 at the Navy Pier, Chicago. The Healthcare Facilities Symposium & Expo (HFSE) is the longest running event focused on how the physical space impacts the delivery of health care. Facility Managers & Planners, Consultants, Architects, Planning & Construction Professionals, Interior Designers, Product & Service Providers, Executive Healthcare & Operations Management will meet for three days to discuss, learn about and share today's design, construction and operational challenges. HFSE truly brings together today's evolving marketplace. Visit www.hcarefacilities.com for complete event information or call (203) 371-6322

Shingles ... What Is It?

Shingles or Herpes Zoster is a disease caused by the varicella virus, the same virus that causes chickenpox. The name is derived from the Latin and French words for girdle as the shingles rash commonly circles one side of the waist. Other areas of the body affected are the small of the back and along the side of the face. Once you've contracted the varicella virus, it never completely leaves the body, lying dormant along the nerve pathways. Sometimes however, it is reactivated when disease, stress or aging weakens the immune system.

Shingles can first appear as flu-like symptoms with general malaise, sensitivity to light, tingling, itching or pain on one side of the body or face and progresses to a painful, blistering rash along the path of one or more nerves. It is characterized by excruciating pain. The rash is usually limited to one side of the body and may blister. The blisters will fill with fluid and eventually crust over. It generally takes 2 to 4 weeks for the blisters to heal. Fluid from shingles blisters is contagious and direct exposure can cause chickenpox in the unvaccinated or those without a history of having had chickenpox.

Exposure to a person with shingles cannot cause shingles. Usually shingles resolves spontaneously in one or two weeks. Although shingles can lead to serious complications, including persistent often debilitating nerve pain (Post Herpetic Neuralgia), scarring, skin infections, pneumonia, mus-



BY MARY E. SAUER, R.N.,
M.S.N., B.S.N.

cle weakness, and decrease or loss of vision or hearing.

Your risk for shingles increases as you age. Almost half a million cases in the United States occur each year in people 60 years of age and older. Over 90% of adults in the US have had chickenpox and are at risk for shingles. Up to half of all people living to age 85 will develop shingles during their lifetime. It is estimated that up to 800,000 people in the United States suffer from shingles each year, and the

incidence is expected to increase as the population ages.

The good news is that a new vaccine, Zostavax, has been approved for adults, 60 years or older to prevent shingles. Zostavax works by helping your immune system protect you from shingles after only one injection. Most people who have had shingles will not get it again, although you can. Therefore, vaccination should be considered even if you have had the disease in the past. Approximately 25 to 50% of shingles patients older than 50 years of age develop post herpetic neuralgia (PHN). The older you are the higher the risk for complications from shingles.

The Zostavax vaccine is available at Passport Health.

Mary E. Sauer is Executive Director and Travel Health Specialist, Passport Health. For more information, call (412) 372-4007 or visit www.passporthealthpa.com.

HPI Health Policy Institute Governance Briefing

Thursday, March 6, 2008

Thursday, March 6, 2008, noon - 1:30 am
12-12:15 Registration and lunch
12:15-1:30 Briefing

Capital Needs: The Board's Role

Kenneth Kaufman, Managing Partner, KaufmanHall

Mr. Kaufman, founder and Managing Partner of KaufmanHall, is experienced in all areas of Capital Advisory services. He is author of *Finance in Brief: Six Key Concepts for Healthcare Leaders* and the co-author of *The Capital Management of Health Care Organizations* and *The Financially Competitive Healthcare Organization*. His presentation will focus on:

- Best practice financial management techniques that lead to expert capital planning and allocation
- Appropriate use of corporate finance methodologies to support decision making in the not-for-profit environment
- Leadership roles board members can play to assure high quality financial and capital management

Location: University of Pittsburgh's William Pitt Union on the first floor, corner of 5th Avenue and Bigelow Boulevard in Oakland. Ample parking is available nearby at Soldiers & Sailors parking garage and metered parking.

Briefings are free. Registration is required and available through these options:

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Live webcast can be viewed at <http://mediasite.cidde.pitt.edu>
Click on "Live Webcasts" link. Use Windows Media Player 9 or newer. View past briefings at <http://www.healthpolicyinstitute.pitt.edu/briefinglist2.htm>

Final Spring 2008 Briefing:

Friday, April 4, 8-9:30 AM

The Excellent Healthcare Board: A Bond Rating Agency's Perspective

Jeff Schaub, Senior Director Healthcare Group, Fitch Ratings
Mr. Schaub joined Fitch's healthcare group in 1993 and is a senior director in Fitch Ratings' public finance department based in NY and head of Fitch's healthcare ratings group.

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For almost a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, non-profit charitable organization, located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care, Alzheimer's specialty care and adult day services. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way. For more information, contact Joan Mitchell, for Independent Living; Suzanne Grogan for Nursing Admissions; or Kelley Ames for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES OF WESTERN PA

Baptist Homes has been serving older adults of all faiths on its campus in Mt. Lebanon since 1910. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Our continuum is accredited by the Continuing Care Accreditation Commission (CCAC), and serves almost 300 adults with skilled and intermediate nursing care, short-term rehab, Alzheimer's care, assisted living/personal care and HUD independent living. In addition, our residents have access to a full range of rehabilitative therapies and hospice care. Baptist Homes is Medicare and Medicaid certified. For more information visit our website at www.baptisthomes.org or arrange for a personal tour by calling Pam Tomczak, Admissions Coordinator, at 412-572-8247. Baptist Homes is conveniently located at 489 Castle Shannon Boulevard, Pittsburgh PA 15234-1482.

COMMUNITY LIFE

Living Independently For Elders

Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social service, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive healthcare and social services, meals, and participate in various activities.

The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated healthcare for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

GOLDEN LIVINGCENTER –

MT. LEBANON

Golden Living ... providing complete senior care.
At Golden LivingCenter — Mt. Lebanon, we believe that for seniors to live life to the fullest, they must receive the highest-quality services. Professional, 24-hour care is provided in a comfortable and inviting setting. Our residents participate in a variety of results-driven programs that help them reach their healthcare goals, build confidence in their abilities, and maintain their independence.
Golden LivingCenter — Mt. Lebanon
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412-257-4444 • Fax: 412-257-8226

KANE REGIONAL CENTERS

The Kane Regional Centers, located in Glen Hazel, McKeesport, Ross and Scott, provide 24-hour skilled nursing care, rehabilitation services, specialty medical clinics and dedicated units for dementia care to the residents of Allegheny County. Admission to the Kane Regional Centers is based on medical needs and can occur within 24 hours, including weekends and holidays. Kane accepts a number of insurance plans well as private pay. To apply for admission to the Kane Regional Centers call (412) 422-6800.

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website, www.oakleafpersonalcarehome.com

3800 Oakleaf Road, Pittsburgh, PA 15227
Phone (412) 881-8194, Fax (412) 884-8298
Equal Housing Opportunity

PRESBYTERIAN SENIORCARE

A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:

Presbyterian SeniorCare - Oakmont
1215 Hulton Road, Oakmont, PA 15139
412-828-5600
Presbyterian SeniorCare - Washington
825 South Main Street, Washington, PA 15301
724-222-4300

ST. BARNABAS HEALTH SYSTEM

St. Barnabas Health System offers a continuum of care at its two campuses in the North Hills. Skilled nursing care is offered at the 172-bed St. Barnabas Nursing Home in Richland Township, Allegheny County, and the 47-bed Valencia Woods at St. Barnabas in Valencia, Butler County. The Arbors at St. Barnabas offers assisted living for up to 182 persons. All three facilities offer staff-run, on-site rehabilitative services, extensive recreational opportunities, and beautiful, warm decor. Home care is available at the St. Barnabas Communities, a group of three independent-living facilities: The Village at St. Barnabas, The Woodlands at St. Barnabas and The Washington Place at St. Barnabas. The Washington Place, a 23-unit apartment building, has hospitality hostesses on duty to offer residents support as needed. St. Barnabas Health System, a non-denominational, faith-based organization, has a 106-year tradition of providing quality care regardless of one's ability to pay. For admissions information, call:

- St. Barnabas Nursing Home
5827 Meridian Road, Gibsonia, PA 15044, (724) 444-5587
- Valencia Woods at St. Barnabas/The Arbors at St. Barnabas
85 Charity Place, Valencia, PA 16059, (724) 625-4000 Ext. 258
- St. Barnabas Communities
5850 Meridian Rd., Gibsonia, PA 15044, (724) 443-0700, Ext. 247

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare and Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay. Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Shelley Thompson, Director of Admissions
2480 S. Grande Blvd., Greensburg, PA 15601 • 724-830-4022

HOME CARE / HOSPICE

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CATHOLIC HOSPICE

At Catholic Hospice, we never lose sight of the person behind the illness. We help individuals feel that they matter, that they are cared for, and that even with illness they can still make a valuable contribution to the lives of their families and loved ones. As a non-profit, Medicare certified program, our compassionate team of professionals and volunteers serve people of all faiths at end of life – body, mind and soul. Unlike other programs, we only provide hospice care. And we do it exceptionally well. Faith based, mission focused...quality end of life care. 1-866-933-6221 Serving Allegheny, Beaver and Butler counties.

CONCORDIA VISITING NURSES

Concordia Visiting Nurses provide skilled and psychiatric nursing, physical a, occupational and speech therapies, wound and ostomy care, respiratory therapy, nutritional counseling, infusion therapy, maternal/child care, in your own home. The TeleHealth Monitoring System is a free service that keeps you constantly connected to your doctor and HealthWatch personal response system is an electronic device designed to summon help in an emergency. Concordia Visiting Nurses pledged same day service, weekend referrals and evaluation visits for post-emergency room patients. It is a non-profit, Medicare certified home care agency that accepts most major insurances. Contact Concordia Visiting Nurses at 1-877-352-6200.

GATEWAY HEALTH HOSPICE

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

Homewatch CareGivers

Homewatch CareGivers serve our clients with affordable and trusted care providing families with peace of mind and freedom. Staff are selected based on experience, skill and dependability and are provided orientation to the client and continuous training.

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Interim HealthCare is a national comprehensive provider of health care personnel and service. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout North America. Interim HealthCare of Pittsburgh began operations in 1972 to serve patient home health needs throughout southwestern Pennsylvania and northern West Virginia. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982. IHC provides a broad range of home health services to meet the individual patient's needs – from simple companionship to specialty IV care – from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case manager to effect the safe and successful discharge and maintenance of patients in their home. For more information or patient referral, call 800-447-2030.

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LIKEN HEALTH CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liability and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available. For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call (412) 816-0113 – 7 days a week, 24 hours per day.

TRINITY HOSPICE

Trinity Hospice offers comprehensive care focused on easing the physical, emotional and spiritual pain that often accompanies terminal illness. Trinity Hospice provides an alternative to routine home care and repeated hospitalizations. Offering outstanding care, the hospice team members are dedicated professionals and trained volunteers who specialize in meeting the individualized needs of terminally ill patients and families. For more information or to schedule an assessment, please call 1-888-937-8088.

2020 Ardmore Boulevard, Suite 210
Pittsburgh, PA 15221
www.trinityhospice.com

VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH

Hospice of Greater Pittsburgh Comfort Care is now a part of VITAS Innovative Hospice Care, the nation's largest and one of the nation's oldest hospice providers. When medical treatments cannot cure a disease, VITAS' interdisciplinary team of hospice professionals can do a great deal to control pain, reduce anxiety and provide medical, spiritual and emotional comfort to patients and their families. We provide care for adult and pediatric patients with a wide range of life-limiting illnesses, including but not limited to cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, ALS, Alzheimer's and AIDS. When someone becomes seriously ill, it can be difficult to know what type of care is best ... or where to turn for help. VITAS can help. For Pittsburgh, call 412.799.2101 or 800.620.8482; for Butler, call 724.282.2624 or 866.284.2045.

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality; Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director
333 Forbes Avenue, Pittsburgh, PA 15213
Phone 412-687-ACHD • Fax 412-578-8325 • www.achd.net

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For more information, or to schedule a tour, contact:

Deborah Flowers, Chief Clinical Officer
The Children's Home of Pittsburgh & Lemieux Family Center
5324 Penn Avenue, Pittsburgh, PA 15224
412-441-4884 ext. 304

PROFESSIONAL DEVELOPMENT

THE SOCIETY FOR HEALTHCARE STRATEGY AND MARKET DEVELOPMENT

The Society for Healthcare Strategy and Market Development (SHSMD) of the American Hospital Association is the resource of choice for healthcare communications, marketing, public relations, and strategic planning professionals. SHSMD offers a variety of publications, education programs, and a 4,400-member-strong network of peers to help you meet the challenges you face each day. Request membership information by visiting the SHSMD website, www.shsmd.org, or by calling the SHSMD offices at (312) 422-3888. (Mention promotional code HNDL for a special gift.)

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Greensburg - 724-838-1008
Greensburg West - 724-832-0827
Harrison City - 724-527-3999
Irwin - 724-863-0139
Jeannette - 724-523-0441
Monroeville - 412-373-9898
Moon Township - 412-262-3354
Mt. Pleasant - 724-547-6161
Murrysville - 724-325-1610
New Alexandria - 724-668-7800
Penn Hills - 412-241-3002
Pittsburgh Dtrwn. - 412-281-5889

Latrobe - 724-532-0940
Ligonier - 724-238-4406
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Investors' Lab

The Falling Dollar, the Price of Oil and the Cost of Tostitos

We start our analysis of the falling dollar and the price of oil in the local supermarket.

Anyone who goes to the grocery store can tell you that the price of food is rising rapidly. Everything from milk and bread to eggs and meat is going up. Much of this increase is due to increases in the price of corn. Agriculturally speaking, we are a "corn" nation. Cows, sheep, hogs, chickens and people eat corn. Additionally, corn by-products such as corn oils and corn syrups are used in food processing. If you're a label reader, you'll see they're in just about every baked good and processed food in the grocery store.

What's all this have to do with the falling



BY PAUL BRAHIM, CFP®
AIFA®

dollar and the price of oil? Be certain that the rising price of oil and the falling dollar are the same problem. Over the last few years, demand for energy increased dramatically because of the rapid economic expansion of China and India. Simple economics dictates that an increased demand for a fixed supply causes prices to go up.

The United States is still the largest importer of oil. As our economy expanded, we imported more and more. Increased imports meant that the trade imbalance worsened. As a country, we imported more than we exported and this caused the dollar to decline in value. The trading currency for OPEC is the dollar. As

the dollar fell in value, OPEC nations received fewer dollars for the oil they sold. So, in addition to demand from China and India causing prices to go up, OPEC found it necessary to raise prices to offset the losses in revenue caused by the falling dollar. Thus, the start of a vicious and ugly cycle.

To reduce our dependence on ever more costly foreign oil, the federal government provided incentives to fuel companies to produce ethanol, made primarily by corn. By the year 2012, federal standards require production of 7.5 billion gallons of ethanol production per year. This means that U.S. corn production must increase from about 10.9 billion bushels to 13.5 billion bushels by 2012. That's about a 22% increase!

Enter the law of unintended consequences. More demand than supply means prices go up. How do farmers produce more corn? Mostly, they plant more acres. This means that there are fewer acres committed to wheat and soybean. And as we

know from the law of supply and demand, when there is less wheat and soy to fill the same demand, the result must be higher prices for those commodities as well.

All of these price increases are great if you're a grower. They're not so great if you're a rancher, or a hog or chicken farmer because it costs more to feed your livestock. It's not so great if you're a food processor or baker because your corn oil and corn syrup costs more. If you're a consumer of meat, grain or processed food, these increased costs are passed on to you in higher prices.

Who would have ever thought that reducing our dependence on foreign oil with renewable bio-fuels would cause my Tostitos to skyrocket in price?

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

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474 Ironwood - Cecil, PA \$999,900

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105 Lantern Circle - Peters Twp \$1,050,000

That certain "je ne sais quoi!" Outstanding finishes with Grace & Design. Open flowing floor plan for entertaining, circular staircase, Marble Entry, Vaulted Great Room w/wet bar & built-ins, Cathedral eating area in Gourmet Kitchen, Handsome Den w/rich detailed woodwork, 1st Flr Master w/fireplace & veranda, LL w/Game Room, Maid's quarters, workout area, sauna, indoor pool all situated on almost 1 wooded cul-de-sac acre home site. MLS #666394



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REALTY

RICHLAND TOWNSHIP \$236,500

\$5,000 credit for pending exterior repairs! Unsurpassed character in this 4 bedroom colonial!

Updates begin in a hardwood living room with added French doors & fireplace! Dining room opens to updated kitchen with granite, maple cabinets, top of the line appliances & Italian porcelain tile floors! Crown molding added in most rooms! A 2 level, covered deck & pond adorn the exterior! #709018

Visual Tours at www.HoneywillTeam.com
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RICHLAND TOWNSHIP \$234,500

Well-suited colonial set in quiet cul-de-sac location! Wonderful 4 bedroom home presents new flooring in the living room, dining room, family room, kitchen & master bedroom! Very open dining room flows into an updated Hickory kitchen! Family room boasts a log fireplace & walks out to incredible 21x22 covered deck! New dimensional shingle roof on the exterior! Exceptional value! #708650

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PINE TOWNSHIP \$775,000

Unparalleled custom residence resting on a flat, cul-de-sac lot! An exquisite exterior presents large (40 yardx38 yard), level backyard and Treesdale Golf course views! Cherry cabinets, stainless appliances, marble backsplash & more accent a perfectly designed kitchen. Maple hardwood floors decorate the living room, dining room & family room. Extensive game room has Pecan wood floors, 3 sided fireplace, granite wet bar & full bath! Incomparable! #710490

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MARSHALL TOWNSHIP \$398,500

Stunning lines & open spaces! Two story foyer with skylights, traditional dining room has hardwood floors & kitchen with quartz island counters! Unwind in the tranquil upper level with hardwood master bedroom & vaulted master bath with Whirlpool. Invite guests to relax in the finished game room with dry bar, or on the multiple level deck, with built in stainless grill. AHS Warranty Included! #709427

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MCCANDLESS TOWNSHIP \$299,500

Colonial delight! Updates in this 4 bedroom home include fresh interior paint, newer carpet, newer siding & recently added hardwood floors! Crown moulding begins in a formal living room & continues into the dining room. Granite counters & newer appliances enhance an Oak kitchen. A gas fireplace is featured in the hardwood family room, as well as, a lower level game room complete with dry bar. Appreciate this fine home minutes to everything! #711080

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PINE TOWNSHIP \$324,500

Endearing home nestled in the pleasant neighborhood of Karrington Woods! Fine living begins with a 2 story foyer, 9'ceilings throughout the first floor & gracious rooms. Hardwood floors decorate a study & traditional dining room. The practical, island kitchen & neutral family room with fireplace both offer walk-out to the rear patio. Outstanding opportunity for an ideal home! #693006

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See more photos and virtual tour at www.julierost.com



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\$650,000

Fabulous home on 1.6 wooded acres; 5 bedrooms, 4.5 baths. Spectacular foyer with turned staircase, hardwood floors, beautifully detailed trim. Expansive kitchen offers abundant cabinetry and counter space and views into the trees. Large finished lower level opens onto the patio; above is a full-length treated deck with awning. 3-car attached garage; convenient location!



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\$780,000

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In Conjunction with Prudential Preferred Realty



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Auction Date
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