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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

DIVERSITY IN HEALTHCARE

Candi Castleberry-Singleton Focused on Creating a Culture of Inclusion at UPMC

In February of 2008, UPMC named Candi Castleberry-Singleton as its first Chief Diversity and Inclusion Officer. Born and raised in California, Castleberry-Singleton relocated to the Pittsburgh area to join UPMC on its journey of inclusion, bringing with her a wealth of knowledge and experience.

A former vice president of Global Inclusion at Motorola, Castleberry-Singleton and her team are working to create a culture of inclusion at UPMC. "History shows that diversity for its own sake is not the surest path

to inclusion," says Castleberry-Singleton, "inclusion however, is the surest path to diversity."

Launched in October of 2008, the Center for Inclusion in Health Care serves as a resource for information pertaining to workforce development, wellness, health care careers, community outreach and development, and educational partnerships. Focusing on the 4 C's – Community, Customers, Culture and Company – the Center was established to create a more "built in" approach to inclusion, by focusing on developing the strategic partnerships needed

to ensure sustainability.

"Inclusion begins with a core belief that everyone deserves dignity and respect," says Castleberry-Singleton. "It's about ensuring all patients have access to quality care and a culture that supports collaboration with people who are different. Generational diversity will be UPMC's biggest challenge."

In an effort to raise awareness and gain employee engagement surrounding their efforts, the Center for Inclusion in Health Care will host a series of "road

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Candi Castleberry-Singleton



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Tom Pappas

Why Health Care Costs Keep Going Up

BY TOM PAPPAS

Don't blame people for wondering, perhaps angrily, why health care costs continue to rise. Once again, many employers and self-insured Pennsylvania residents are seeing double-digit increases.

But even as we bemoan the rise in health care insurance premiums, we should recognize that changing the trend of higher healthcare costs is not going to be easy. There are real, structural reasons that health care costs go up year after year.

Addressing the causes of health-care inflation is a daunting task. To start with, general inflation caused a significant part of the increase in health care costs this year. Fueled by the dramatic increase in energy costs for much of the year, general inflation will run to about 5.6 percent for 2008, the year on which 2009 insurance rate hikes are based.

Even if we account for the effects of general inflation from year to year, there are still a number of trends that continue to drive health care costs up, despite the best efforts of employers, con-

sumers, health care professionals and insurance companies to cut them:

- **Unhealthy lifestyles.** There continues to be an increase in conditions such as diabetes, heart disease and some cancers related to unhealthful lifestyles and obesity. The total bill for delivering health care in our country would decline dramatically if more Americans adopted healthy eating habits and exercised regularly.

- **An aging population.** The population is aging, and the elderly tend to need and use more

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Global Links Shares Surplus and Saves Lives

BY ANGELA GARCIA

In the healthcare greening movement, reducing your environmental footprint is a key first step. Consider this statistic—each year more than 2,000 tons of unused medical supplies, valued at more than \$200 million, are thrown away from U.S. hospital operating rooms alone.

As a member of Practice Greenhealth, a national network of healthcare organizations committed to sustainable, eco-friendly practices, Global Links helps

local facilities develop environmentally sound and responsible processes for managing their surplus. For the past 20 years, this innovative nonprofit organization, headquartered in Pittsburgh, has recovered unused medical supplies, surplus medical equipment, and furnishings from U.S. healthcare institutions. These valuable medical materials are redirected to chronically underfunded hospitals and clinics in less-developed countries – facilities where even surgical gloves are often washed and

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A Look in the Mirror

... BY HARVEY D. KART ...

Character, some say, is defined by what we do when nobody is watching.

I thought about this recently while watching first the automakers and next banking executives sit before members of Congress to, in effect, defend the way they managed—or mismanaged, depending on your viewpoint—their company's finances.

Coupled with the latest admissions by baseball's Alex Rodriguez regarding steroid use, these images of grown ups being hauled, at least figuratively, to the proverbial woodshed, made me wonder how it was all playing in the minds of those who run the healthcare industry—ironically, for good or ill, the next potential target for a major overhaul if some in Washington have their way.

What many of the wizards of Wall St., professional baseball players, and others who count their compensation in millions, even billions, failed to consider over the past few decades was the potential pitfalls of excess. They behaved as if the good times would never stop rolling and a day of reckoning would never come. And when their bubbles did finally burst, the damage went well beyond financial—for themselves and far too many who depended on them—to include loss of reputation and public trust.

What is important to those of us in health care is the impact of these events on our industry. More exactly, what impact they have on the attitudes of those in a position to affect our industry in a big way. The question is, if a hospital administrator, health insurance executive, or other major decision maker who reaps great financial benefits from his or her position were held up to public scrutiny, would the result be positive?

Such days of reckoning could be closer than many think. Even before the current economic meltdown, many were clamoring for big changes in the American healthcare system. In cities and regions around the country, healthcare has become a dominant—sometimes the dominant—industry, providing employment for large segments of the population. Perhaps most critical, health care

now means big money in the form of research, community investment, and, most critically, salaries and compensation for those in charge, for-profit and not-for-profit alike. There's a growing scrutiny of both pay and perks.

For sure, we are seeing some signs of some who are "getting it" – hospital executives around the country opting to trim budgets, forego unnecessary expenses, turn down salary increases, even offer pay cuts—to improve the situation of their organizations, employees, and clients. These, of course, are all good signs, even if they are sporadic at best at the moment.

Of course, the biggest challenge will come when the current economic maelstrom passes, leaving in its wake a changed landscape for all industries, not just in America, but worldwide. Simply put: Will we in health care have learned our lesson? Will we promote greater transparency, intelligent business practice, and—most importantly—a renewed commitment to all of our patients? Or will those left standing view the future with smugness or arrogance, blinded by the belief that to survive today's troubles somehow makes one invincible.

"Those who fail to learn from history are doomed to repeat it." In every challenge lies opportunity. We in health care are being handed a golden opportunity to rethink our industry even as we navigate through these precarious times. Let's hope that the lessons we learn enable us to emerge on the other side of this storm stronger, more effective and, most importantly, more noble than ever. In doing so, perhaps we can serve as a positive example for all other individuals and industries to follow.

It's a big challenge, one that some might call impossible. But in a world that cries out for leadership, someone should heed the call. Why not us? Why not you?

Harvey Kart

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When a Seemingly Ineligible Employee is Eligible for FMLA

Employers need to know that even if an employee doesn't meet the eligibility requirements for leave under the Family and Medical Leave Act (FMLA), he or she is eligible for protection under that law, according to a recent case in Pennsylvania federal district court.

The FMLA entitles employees with a minimum of 12 months on the job to take unpaid leave of up to 12 weeks for the care of a newborn or adopted or foster child or an immediate family member with a serious health condition, or for the employee's own serious health condition. The FMLA only covers employers with more than 50 employees.

In the case in question, an employee who had been working for only six months informed her employer that she planned to take maternity leave in six months.



BY JANE LEWIS VOLK

Although she was not yet eligible for FMLA at the time she told her employer about her plans, she would be eligible at the time of the requested leave.

Shortly after announcing her plan to leave, her employer fired her. She filed a lawsuit claiming the termination was an unlawful retaliation under the FMLA. Her employer filed a motion to dismiss the lawsuit, claiming she was not yet eligible for

FMLA leave by reason of her short tenure with the employer.

The district court said the anti-retaliation provision of the FMLA protects employees who give notice of intended leave if they will be eligible for the leave by the time it starts.

Few physician practices in western Pennsylvania employ the 50 people necessary for FMLA protection, but doctors and

physician assistants must be familiar with the additional requirements to protect patients' FMLA rights.

Some employers mistakenly think they don't have to comply with FMLA because they don't have 50 full-time employees. Part-time workers are counted on a pro-rata basis. If you have 48 full-time employees and four part-time workers who each work 20 hours a week, you have 50 employees and must comply with the FMLA. Other common FMLA mistakes made by employers include:

- Failing to develop and communicate an FMLA policy. Communicating employee rights and responsibilities under FMLA is one way to prevent abuse and misunderstanding. The policy should explain what FMLA permits and how you intend to administer FMLA.

- Neglecting to train supervisors and managers about FMLA. Your supervisors and managers know more about what is going on in the employees' lives than you do.

- Thinking that FMLA only applies if the employee requests it. An employer has the affirmative duty to advise an employee of his rights if he mentions a condition that would qualify him for leave.

- Granting FMLA to an employee who has not worked 1,250 hours in the preceding 12 months.

- Failing to monitor employees on leave. It's important to keep the lines of communication open with an employee on FMLA to prevent possible abuse and to request medical updates when appropriate.

Approximately 80 million workers have taken job-protected leave under the FMLA since it became law 15 years ago. The average length of leave is 10 days. Women make up 48 percent of the 60 percent of U.S. workers covered by FMLA. More than seven million workers took FMLA in 2005, the Department of Labor said.

Jane Volk Lewis, Meyer, Unkovic, Scott LLP, is an employee law attorney. She can be reached at jlv@muslaw.com.

COVER STORY: Why Health Care Costs Keep Going Up

Continued from page 1

health care resources. The aging of the population affects Allegheny County more than most other places; studies indicate we are living in a county with, on average, the first- or second-oldest population in the entire country.

- The economy. Several studies have shown that many people with chronic conditions such as diabetes or heart disease stop taking or take smaller doses of their medication or forego other medical care because they can no longer afford it. This results in greater costs to our overall health

care system because they then go to the doctor or the emergency room only when they deteriorate and need more expensive treatments.

- Use and overuse of medical technology. New technologies improve medical care but also drive up the cost of care-giving. For example, in what has become known as the "medical arms race," many medical practices invest in expensive imaging machines, and once a group owns one, there is a natural tendency to use it more rather than refer patients to lower-cost facilities designed to conduct these tests.

To slow or reverse any of these trends would require large numbers of people or organizations to change engrained habits and usage patterns. There are, however, some actions that employers and their employees can take today to "act locally" and lower the cost of their own health insurance.

For example, businesses can offer employees incentives to shift to the combination of a high-deductible health plan and a health savings account (HSA). A recent study of employers offering United-

Healthcare plans indicated that an HSA program provides a 10 to 12 percent absolute cost savings over a four-year period, driven in part by employees' greater use of preventive care.

Larger employers can study their employees' usage of health care benefits to identify and provide special wellness programs to address health issues that are most prevalent in their work force – e.g., nutrition and weight-loss programs to combat diabetes. And all employers can encourage their employees to use generic drugs, which usually are the same chemical compounds as brand-name pharmaceuticals, but cost less.

No quick, one-size-fits-all solution exists to reforming our health care system, but employers can take action to help lower the cost of providing health care to their employees. And in the process, employers and their employees will play an important role in making quality health care more affordable and accessible for all.

Tom Pappas is Chief Executive Officer of UnitedHealthcare of Pennsylvania. He can be reached at tpappas@uhc.com.



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OBAMACARE

The ObamaCare decisions regarding the future of healthcare in America are already starting to come together, and it has been my privilege to be a participant on several think tank meetings at the grass roots level regarding these decisions. It is imperative that we embrace this opportunity to correct a non-existent health policy. A much greater imperative, however, is that we come together as a country to stop the unconscionable verdict to ignore 47 M of our fellow Americans, and before you start, I'm not endorsing a universal government system, just coverage.

The challenge of our current leadership is to find what could only be described as middle ground for these efforts, a non-partisan middle ground. With our economy in



BY NICK JACOBS

shambles, our deficits greater than anyone could have ever imagined, and the recession deepening on a daily basis, the logical question is a how to analysis. How do we go about providing care for nearly 50 M people that we could or would not afford to provide when times were good? Obviously, we had money for war, but healthcare for those who were not, until this last election, a strong voting bloc, was not a

priority.

Interestingly, about 80 percent of our current health problems emanate from our decision as a country to live unhealthy lives. As a young child, it always astonished me when I lifted off the bandage and saw that the cut on my hand had healed. Regeneration was something that was not easy for anyone to explain to me. How was

"As a country, if we could cut back on processed flour and sugar, exercise moderately at least three times a week, find some time to reduce stress, and drop those excess pounds, we would see improvement or reversal in 80 percent of the ailments that are breaking the national healthcare bank."

it that we could go from having a bleeding hole in our hand to a neat, woundless, tiny scar in a matter of days? Imagine when I attended the first Dean Ornish Coronary Artery Disease Reversal program and met a few dozen people who had reversed their heart disease through life style changes?

After running that disease reversal program in this area for a decade, we can honestly say that we have seen hundreds of people get better, not always completely better, but better than they were. Just last year the report from my own carotid artery exam was one of reversal of the plaque from the previous reading. As a country, if we could cut back on processed flour and sugar, exercise moderately at least three times a week, find some time to reduce stress, and drop those excess pounds, we would see improvement or reversal in 80 percent of the ailments that are breaking the national healthcare bank.

In *The New England Journal of Medicine*, Jonathan Gruber, Ph.D., wrote about universal healthcare in an article entitled, "Universal Health Insurance Coverage or Economic Relief – A False Choice," that universal health coverage could play a vital role in growing our economy and could allow us to shift our health policy discussions to addressing our largest long-term fiscal challenge: escalating healthcare costs. Gruber's recommendations included expanding the States' Children's Health Insurance Program (CHIP) and activating

broad subsidies for families that currently have no insurance. Dr. Gruber found that those families who have adequate health insurance increase their spending on other consumable goods.

Dr. Gruber also reported that workers who are afraid to leave their jobs due to the potential loss of health insurance will not move to the most productive positions, a.k.a., job lock, which decreases the productivity of our labor force. Finally, he believes that this investment will provide high-quality jobs as well.

The challenges of cost cutting in the current system and universal coverage in a new system would take a Herculean effort on the part of our elected officials, and this effort cannot be accomplished with the D's standing in a majority on one side of the aisle and the R's with a mandate to co-operate standing on the other with their arms folded. Maybe it's time to sing a little Kumbayah together for the first time in over a dozen years.

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

The Journey to Improve Hospice Care in America

The old saying, "You can't judge a book by its cover," can easily apply to the operations and success of an organization. No matter how an organization appears on the outside, to be successful, it is imperative that it have a stable, well constructed, and operational infrastructure.

Many organizations and leaders get distracted by the excitement of growth and innovation. But without a well developed infrastructure this success may be short lived. Organizational infrastructure provides an essential consistency by connecting processes and systems with the mission, activities, and people throughout the business.

At times, a weak infrastructure can promote inefficient behavior and patterns. For example, employees may waste time reinventing forms and procedures; decisions take too long to be made; employees are unclear about how their work contributes to the success of the organization. Another sign that an organization's infrastructure might not be strong enough is inconsistent customer service. There may be too many people doing the same task, tasks are falling through the cracks because no one is assigned to a given task.

The first step in developing a working infrastructure is to clearly state the organization's mission and vision. After that, an organization will use its goals and results to build an infrastructure that allows it to carry out the mission and vision. The goal is defined by the service or product provided by the business. The organization then defines results which set the measures that define the priorities of an organization.

In order to move from goals to results, an organization must examine its infrastructure. Often a business' largest resource is its work force — making it essential to evaluate what employees are doing, and how they do their jobs. Another important com-



BY RAFAEL J. SCIULLO, MA, LCSW, MS

ponent of an effective infrastructure is the set of policies and procedures that the organization puts in place. These will assure that duplication is minimized, that communication takes place, and that finances are managed efficiently. Finally, independent areas of responsibility have to be assigned and clearly defined so that accountability can take place in each department.

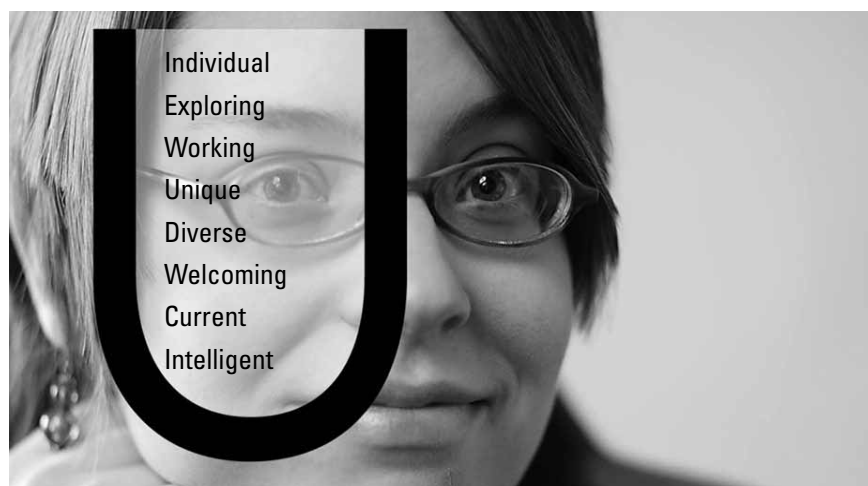
Organizations should not overlook the influence that employees have in the business' success. Each employee should understand his or her connection to the end product or service. It should be clear to each employee how they contribute to the "big picture" — having their own objectives tied to the overall goals of the organization.

Health care organizations and hospices specifically, may have more than one "product or service line" that need to be acknowledged when creating an organizational infrastructure. For example, many hospices have numerous activities — (1) patient and family care, (2) education of professionals and lay persons, (3) research, and (4) advocacy. The hospice infrastructure must be created to support all four of these goals.

The final question for every manager, director, and CEO to ask is "Is the organization's infrastructure allowing your business to get the results you need for success?" It is essential to acknowledge the intricate role that infrastructure can play in the functioning, productivity, and longevity of any organization.

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

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Healthcare Information and Management Systems Society Honors Barry T. Ross

The Healthcare Information and Management Systems Society (HIMSS) announced the recipients of its Annual Awards Program. HIMSS will recognize this year's 50 outstanding industry leaders during its Awards and Recognition Banquet on Saturday, April 4, at the Fairmont Chicago Hotel. Held in conjunction with the 2009 Annual HIMSS Conference & Exhibition, the banquet honors the 2008 award recipients for their significant contributions to the Society, their organizations and the health management systems and IT profession.

Barry T. Ross, LFHIMSS, Immediate Past President of the Western Pennsylvania Chapter of HIMSS



Barry Ros

(WPHIMSS) will receive two of the awards, the Chapter Leader of the Year and the Founders Leadership.

The Chapter Leader of the Year Award recognizes an individual who demonstrates significant leadership, extraordinary contributions to HIMSS Chapters, the society and a commitment to the healthcare management systems/IT industry. This award reflects Ross's HIMSS chapter leadership spanning the past 31 years through completing his third term as President. His prior roles include establishing and serving as the first president of each the Dairyland (Wisconsin) and the New York HIMSS chapters and coordinating the development of the first HIMSS student chapter in the country at Duquesne University.

Under his leadership, WPHIMSS membership grew and various initiatives were undertaken. They include the annual Northeast U.S. Healthcare Trade Faire & Regional Conference in Pittsburgh and the first Pennsylvania HIMSS Healthcare IT Advocacy Day in Harrisburg in collaboration with the society's Delaware Valley Chapter and Commonwealth leaders. WPHIMSS was honored last year by receiving the 2007 Chapter of the Year Award. Ross now serves on the WPHIMSS Board in a mentor/advisor capacity.

The Founders Leadership Award is presented to one or more individuals who, in the judgment of the HIMSS Board of Directors, has/have demonstrated significant leadership within the Society and/or the industry. Ross has been active in HIMSS since 1971 and has served in many HIMSS leadership roles including those chapter positions mentioned above. He served on the HIMSS Board of Directors and was elected the Society President and Chairman of the Board for 1984. He implemented the Society's first

formal strategic plan which he developed as President-Elect. The plan included:

- Introducing IT as a new constituency within the organization of hospital management engineers/process improvement professionals, academicians, and administrators;
- Advocating to others to recognize HIMSS as a driver to improve healthcare management systems;
- Introducing a member recognition/advancement program for service to the Society; and,
- Introducing a student scholarship program to help HIMSS grow into the future.

He espoused relationship building with other organizations to strengthen the Society; thus, as Immediate Past-President, he represented HIMSS on the American Hospital Association's Personal Membership Committee to provide input in AHA policy from a HIMSS perspective. He also represented HIMSS on the ACHE's Examination Confederation in 1986.

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Ohio Valley's Pain Medicine Physicians Receive Recognition

Ohio Valley General Hospital (OVGH) is proud to recognize the accomplishments of Drs. David A. Provenzano and Albert J. Carvelli of Ohio Valley General Hospital's Institute for Pain Diagnostics and Care.

In November of 2008, Drs. Provenzano and Carvelli attended the American Society of Regional Anesthesia and Pain Medicine Annual Pain Meeting in Huntington Beach, Calif., to give a presentation entitled "The Effect of Fluid Modulation on Radiofrequency Lesioning Size Parameters." The presentation garnered the doctors with "Best of Abstracts Presentation" honors.

Also, while at the Annual Pain Meeting, Dr. Provenzano presented his published work, "Provocational Maneuver Transcutaneous Oxygen Pressure Measurements Assist in the Detection of a Hidden Microcirculatory Reserve During Spinal Cord Stimulation Trial for Inoperable Peripheral Vascular Disease". Dr. Provenzano also took part in an invited lecture "Resident Forum: Pain medicine — What to Expect during Fellowship and Beyond" and taught a workshop on Discography, Percutaneous Disc Decompression, Intradiscal Electrothermal Annuloplasty (IDET), and Nucleoplasty.

In October of 2008, Dr. Provenzano moderated two Problem Based Learning Discussions while in Orlando, FL at the American Society of Anesthesiologists Annual Meeting. The topics of the discussions included, "Management of Continuous Peripheral Nerve Catheters from Placement to Removal" and "Radiation Safety for Fluoroscopically Guided Pain Procedures: Do's, Don'ts and What ifs." Dr. Carvelli also moderated a



Dr. David A. Provenzano



Dr. Albert J. Carvelli

Problem Based Learning Discussion on intrathecal drug delivery and the management of intrathecal pumps.

Dr. Provenzano was also featured in several medical publications in 2008. His two part article "Common Pain Syndromes: How to Break the Cycle, Parts 1 and 2" was published in the April edition for the journal Consultant and "The Utilization of Transcutaneous Oxygen Pressures to Guide Decision-Making for Spinal Cord Stimulation Implantation for Inoperable Peripheral Vascular Disease: A Report of Two Cases" was published in the November-December issue of Pain Physician Journal.

In addition to all other accomplishments in 2008, Dr. Provenzano was named "President Elect" on the board of directors for the American Chronic Pain Association. He also served as the Chair of the Tapentadol Outcomes Research Advisory Board Meeting in November 2008 for Ortho-McNeil Janssen Scientific Affairs in Radnor, PA.

Dr. Provenzano was also recently appointed as both an adjunct clinical instructor at Duquesne University's Rangos School of Health Sciences and an adjunct assistant professor at Duquesne University's Mylan School of Pharmacy.

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Fitch Affirms Heritage Valley Health System Bonds at “A+” with a Positive Outlook

Fitch Ratings of New York affirmed its A+ rating for Heritage Valley Health System and revised their outlook to positive from stable.

The affirmation and the outlook revision to positive reflects the ongoing performance improvement at Heritage Valley Health System, supported by four straight years of positive operating margins and the continued strength of its balance sheet. Fitch also believes that upward rating action to AA- could occur if Heritage Valley maintains its current levels of operating performance, liquidity and capital profile over the next two years.

Performance improvement has been driven by Heritage Valley's focus on operations in recent years, which has focused on revenue cycle management and growth through both geographic and service line expansion as well as cost controls and operational process improvements through Six Sigma management programs. Heritage Valley also continues to benefit from a leading market share of 62% in its primary service area.

Bryan Randall, chief financial officer of Heritage Valley Health System, stated “Our goal is to apply the fundamentals of good financial management and stewardship at all levels of our health system and achieve the maximum value out of our spending. We work hard as a management team to execute on the strategy that is set by our board of directors to achieve annual capital

and operating plan goals.”

Beyond the concerns related to the general economy and sector, other credit concerns include general construction risks related to Heritage Valley's \$35 million capital program at both campuses. In 2008, Heritage Valley embarked on a large capital program at both its Beaver and Sewickley campuses. The Beaver campus project will total \$20 million and add a three-story building to the campus that will include a new gastrointestinal laboratory, emergency department, and a new heart/vascular center. At the Sewickley Campus a \$6.2 million capital project will include changes to the hospital lobby and expansion and construction of the emergency department. Floor by floor renovations have also occurred at the Sewickley campus. Heritage Valley management has indicated that once these projects are complete, which should happen within calendar year 2010, the Health System will have no significant additional capital needs. Fitch views positively that Heritage Valley has been able to fund this capital program from a combination of cash flow and philanthropy, raising more than \$8 million from donations, which exceeded its target for the program.

“This affirmation and upgrade to a positive outlook from Fitch confirms the financial goals and objectives that the board and management team at Heritage Valley have worked toward for several years,” Mr. Randall added.

MVH Sets Dimensions in Performance Awards Recipients for Annual Gala

Recognition of five individuals with Dimensions In Performance awards will highlight Monongahela Valley Hospital's twenty-first annual Gala.

The event, sponsored by the Mon-Vale Health Resources Fund Development Committee, will be held Saturday, May 16 at the Westin Convention Center and Hotel in Pittsburgh. MVH Club 21 will be the theme, and the event will feature entertainment by Pure Gold.

The 2009 recipients of the Dimensions In Performance honors are:

- Rose Award for Dimensions In Philanthropy – Dr. Charles J. Tucker, D.D.S. and his wife, Mrs. Jeanne Tucker. Dr. Tucker, who died January 5, 2006, will be honored posthumously. The Tuckers will be recognized for their many years of benevolence to health system in such programs as Pathways Promoting Progress In Health, the annual Gala and expansion of the hospital's Emergency Department and the Charles L. and Rose Sweeney Melenzyer Pavilion and Regional Cancer Center.

- Pallone Award for Dimensions In Board Leadership – Michal Lementowski, M.D., a member of the health system's boards for nearly 12 years. He was elected to the Board of Directors of Mon-Vale Health Resources, Inc., parent company of MVH, in 1997 and to the hospital's Board of Trustees in 2000. A physician for 40 years and a member of the MVH Medical Staff since 1981, Dr. Lementowski served as president of the Medical Staff from 1996 to 2000.

- Sickman-Levin Award for Dimensions

Gala 21, which is open to the public, will begin with a cocktail and hors d'oeuvres reception at 6 p.m. Dinner at 7 p.m. in the Allegheny Ballroom of the Westin will be followed by dancing to the music of Pure Gold. Tickets are \$150 per person and tables of 10 are available. For more information, contact Kimberly Quinn at (724) 258-1097.

In Medicine – Chito M. Crudo, M.D., a physician since 1971 and a member of the MVH Medical Staff for 30 years. Dr. Crudo is a gastrointestinal and general surgeon with a private practice in Belle Vernon. In addition to his active involvement with the MVH Medical Staff, he also is serving as president of the Philippine American Medical Society of Western Pennsylvania.

- The Gibbons Award for Dimensions In Service for the Health, Social and Civic Well-Being of Area Residents – Susan Braunegg of Charleroi. Braunegg has been an active volunteer with numerous community causes for many years. She is a Life Member of the Auxiliary of Mon-Vale Health Resources, Inc. with more than 38 years of service. In addition, she is president of the Charleroi Food Pantry and has been involved with the Meals on Wheels program at Mary, Mother of the Church in Charleroi, the Charleroi Ministerium's annual Thanksgiving Day dinner for the needy, Lifeline of Southwestern Pennsylvania and St. Vincent de Paul Society.



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Healthcare Professionals in the News

ALLE-KISKI MEDICAL CENTER

Carol Brewer, MS, OTR/L, CHT, CLT, staff therapist in the Occupational Therapy department at Alle-Kiski Medical Center (AKMC) recently received certification in hand therapy from the American Society of Hand Therapists (ASHT). With over 32 years of clinical experience in occupational therapy, and 15 years working in hand therapy, Carol sat for the comprehensive test this past November.



■ CAROL BREWER

ALTOONA REGIONAL HEALTH SYSTEM

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



■ ANNE STOLTZ

Debbie McClellan of Bellwood has been named manager of the Volunteer Services department. McClellan was hired in 1991 as assistant manager/secretary for the department. She has also worked in the Glover Memorial Library and the Medical Staff office.



■ DEBBIE MCCLELLAN

CANONSBURG GENERAL HOSPITAL

Judy Gromacki, R.N., has been promoted to nurse manager of Canonsburg General Hospital's Rehabilitation Unit. Previously, she was a staff nurse on the unit. An employee of the hospital for nearly 30 years, Gromacki received her associates degree in nursing from Community College of Allegheny County.



■ JUDY GROMACKI

Desmond O'Donohoe, EMT, has been named manager of the Canonsburg General Hospital Ambulance Service and pre-hospital care coordinator. He has been an employee of the ambulance since March 2007. Previously, O'Donohoe was a self-employed business owner.



■ DESMOND O'DONOHUE

Jeannie Kurowski, R.N., B.S.N., has been named the director of ambulatory care for Canonsburg General Hospital, in addition to being administratively responsible for the operating room and the recovery room. Kurowski received a diploma in nursing from the Washington Hospital School of Nursing and a Bachelor of Science degree in nursing from West Liberty College.



■ JEANNIE KUROWSKI

David Burkey, M.D., of Upper St. Clair was recently named to the board of directors of Canonsburg General Hospital. Dr. Burkey, a board-certified cardiologist, has been a member of the medical staff since 1987.



■ DR. DAVID BURKEY

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

That's Pediatrics, a film by Pittsburgh pediatrician, **Dr. Barbara McNulty**, has won a coveted CINE Golden Eagle Award. *That's Pediatrics* chronicles life at Children's Hospital of Pittsburgh in 1952 through photographs by the famous photojournalist Esther Bubley. It interweaves Bubley's historical photographs of doctors, patients, and medical procedures with new interviews with doctors working in the hospital. The film imparts the drama of pediatric medicine, as well as the dedication and compassion of those who devote themselves to caring for sick children. Dr. McNulty is a pediatrician at Children's Community Pediatrics in Oakland. This is her fifth CINE Award.



■ DR. BARBARA MCNULTY

THE CHILDREN'S INSTITUTE

Nita Wadhvani has joined The Children's Institute's Board of Directors. In addition to her leadership role with The Children's Institute, Wadhvani has been involved with several other organizations including The Impact India Foundation; The Botanic Garden of Western Pennsylvania; the Host Committee of the PA Governor's Conference on Women and the Organizing Committee for Pittsburgh's Asian Film Festival. She also serves as Director of the Wadhvani Family Foundation.



■ NITA WADHWANI

Tess de las Alas, MS, OTR/L, occupational therapist at The Hospital at The Children's Institute of Pittsburgh received the 2009 Outstanding Fieldwork Educator Award at Duquesne University's 2009 Occupational Therapy Celebration. Tess has worked at The Hospital at The Children's Institute for two years, and has practiced occupational therapy for eight years.



■ TESS DE LAS ALAS

CONCORDIA LUTHERAN MINISTRIES

Concordia Lutheran Ministries recently announced the addition of **Jennifer McIntire** as new director of development at the Concordia at Cabot campus. McIntire, who has worked in development for over seven years, comes to Concordia from a development position with Indiana University of Pennsylvania.



■ JENNIFER MCINTIRE

Concordia Lutheran Ministries Vice President of Independent Living Larry Talmadge recently announced the promotion of Kittanning resident **Janet Bennett** to Haven II Building Coordinator. Bennett has worked for Concordia as an Administrative Receptionist since 2002 until taking her new position.



■ JANET BENNETT

DUQUESNE UNIVERSITY

Dr. Moji Christianah Adeyeye, professor of pharmaceuticals at the Mylan School of Pharmacy at Duquesne University, recently was named a Fellow in Pharmaceutical Technology by the American Association of Pharmaceutical Scientists (AAPS). Adeyeye was born in Nigeria and has been a member of the Duquesne faculty since 1989. Her area of expertise is pharmaceutical technology.



■ DR. MOJI CHRISTIANAH ADEYEYE

EXCELA HEALTH

Recently joining Excela Health's management team as Vice President of Perioperative Services, **Marcia S. Cook, RN, BSN, MPM**, oversees the perioperative divisions of Westmoreland Hospital, Westmoreland Hospital at Jeannette, Norwin Medical Commons and the Ligonier Surgi-Center. Previously, Cook served as the Chief Nursing Officer for two years at the former Mercy Jeannette Hospital (now Excela Health Westmoreland Hospital at Jeannette).



■ MARCIA S. COOK

GATEWAY REHABILITATION CENTER



■ (L-R) AMANDA DABBS, PUBLIC RELATIONS COORDINATOR; DR. KENNETH S. RAMSEY, PRESIDENT AND CEO; AND DR. NEIL CAPRETTO, MEDICAL DIRECTOR, AT THE 2009 PRSA RENAISSANCE AWARDS.

Dr. Neil Capretto, Gateway Rehabilitation Center's medical director, was recently named "Renaissance Not-For-Profit Communicator of the Year" by the Pittsburgh Chapter of the Public Relations Society of America for his outstanding communication skills as an area not-for-profit executive. Gateway Rehab also won two Renaissance Awards: one for its 2007 Annual Report and another for an opinion editorial piece authored by Gateway's president and chief executive officer, **Kenneth S. Ramsey, Ph.D.**, titled, "Sunday Forum: Raise the Drinking Age or at least don't lower it, as some college presidents would like us to consider."

GROGAN GRAFFAM, P.C.

Grogan Graffam, P.C. announced that shareholder **Joseph A. Macerelli** was recently appointed the Defense Research Institute's new State Representative for Pennsylvania. Macerelli chairs the Professional Liability practice group and has been a member of the firm's Board of Directors since 1986. He is an experienced trial attorney who concentrates his practice in medical malpractice and other professional liability defense.



■ JOSEPH A. MACERELLI

GROVE CITY MEDICAL CENTER

Dr. Francis J. Bassani, obstetrician/gynecologist, has joined the practice of Drs. William Dundore, Rand Himes and Tonia Kosek, at Grove City Medical Center. Dr. Bassani received his education and training at University of Medicine and Dentistry of New Jersey and most recently, has practiced in Bradford, PA.



■ DR. FRANCIS J. BASSANI

Pediatrician **Richard T. Filiaggi, D.O.**, has joined the practice of Family Health Care Partners, and the staff of Grove City Medical Center. Dr. Filiaggi received his Doctor of Osteopathy from the College of Osteopathic Medicine at Michigan State University. His professional career has included serving in the United States Navy as a flight surgeon prior to entering private practice in Sewickley Valley and Butler.



■ DR. RICHARD T. FILIAGGI

HERITAGE VALLEY HEALTH SYSTEM

Heritage Valley Health System's two philanthropic foundations, The Medical Center Foundation and Sewickley Valley Hospital Foundation, have announced their officers for 2009. The 2009 officers for The Medical Center Foundation are: Chairman – **Don Flick**, Vice Chair – **David Atcheson, DMD**, and Secretary/Treasurer – **Judy Maddar**. The 2009 officers for the Sewickley Valley Hospital Foundation are: Chairman – **Scott Elste**, Vice Chair – **Don Spalding**, and Secretary/Treasurer – **Greg Smith**.

The Sewickley Valley Hospital Foundation welcomes four new members to its Board of Directors: **Lynn Vescio**, director of performance improvement for VHA



■ LYNN VESCIO



■ DR. SHELLEY MCQUONE



■ CHARLIE DRISCOLL



■ SEAN HENDERSON

Pennsylvania; **Dr. Shelly McQuone**, partner with Straka and McQuone, MD and chief of head and neck surgery at the Western Pennsylvania Hospital; **Charlie Driscoll**, vice president and financial advisor with First National Bank Wealth Management; and **Sean Henderson**, district manager for Kelly Services – Pittsburgh.

The Board of Directors of Heritage Valley Health System recently announced their returning officers for 2009. They are **Laura Vassamillet**, Chair; **Joe Becherer**, Vice-Chair; **Johannah Robb**, CPA, Secretary; and **Gary Chace**, Treasurer. In addition, the Board of Directors announced three new board members and one returning member. New members include **Gwen Manto**, **Scott Elste** and **Dr. Allen Wolfert**. Returning to the board is **Garry Hogan**.

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

Lake Erie College of Osteopathic Medicine faculty member **Christopher C. Keller, Ph.D.**, Assistant Professor of Microbiology and Immunology, was recently certified in public health by the National Board of Public Health Examiners (NBPHE). In addition to being certified, Dr. Keller has the special honor of being in the Charter Class of Certified in Public Health.



■ DR. CHRISTOPHER C. KELLER

LUPUS CENTER OF EXCELLENCE

The Foundation for the Lupus Center of Excellence has hired **Sandra Bernardi** its first director, reinforcing its commitment to providing philanthropic support to the Lupus Center of Excellence. Bernardi brings to her new post an extensive background in marketing, fund-raising, major gift development, and events planning honed over 16 years with the United Way of Allegheny County.

MONONGAHELA VALLEY HOSPITAL

Albert Dawson, Jr., PHRN, has been named nurse manager of the Emergency Department at Monongahela Valley Hospital in Carroll Township. Prior to joining the Emergency Department at Monongahela Valley Hospital, he worked in various nursing and management capacities at UPMC, Excelsa Health and Uniontown Hospital.



■ ALBERT DAWSON, JR.

Longtime journalist **Samantha Bennett** has joined the Communications Team at Monongahela Valley Hospital. Bennett has 20 years of experience in the newspaper profession. Prior to coming to MVH, she worked for 14 years as a lifestyle and humor columnist, online editor and copy editor for the Pittsburgh Post-Gazette. She also has worked for newspapers and an advertising agency in Connecticut.



■ SAMANTHA BENNETT

MOUNT NITTANY MEDICAL CENTER

Mount Nittany Medical Center announces the promotion of **Tom Stoessel**, director of communications, to vice president of strategic planning and marketing. Prior to his employment at the Medical Center in 2006, Stoessel worked with the Medical Center for five years in a consultative role while serving as vice president for Sacunas Stoessel in Harrisburg, PA.



■ TOM STOESEL

Sady M. Ribeiro, M.D., medical director of the pain management clinic at Mount Nittany Medical Center, has recently been awarded a subspecialty certification for headache medicine by United Council for Neurologic Subspecialties. An accomplished pain management physician for 16 years, Dr. Ribeiro was also recently awarded a subspecialty certification in fluoroscopy for interventional pain physicians by the American Society of Interventional Pain Physicians.

PENN HOME MEDICAL SUPPLY CO., LLC

Penn Home Medical Supply Co., LLC, of Ebensburg recently promoted **Jamie Blake** to the position of Sr. Vice President of Sales and Operations. Blake joined Penn Home Medical Supply Co. in 2001 as a sales representative and has held various positions since then. He is Certified Fitter Orthotics (CFO) through TruForm Technologies and has earned his EMT-P certification through Community College of Allegheny County.



■ JAMIE BLAKE

SAINT VINCENT HEALTH CENTER

Saint Vincent surgical oncologist **Hank C. Hill, M.D.**, has authored an article titled, "Challenges of Utilizing Immunostains to Facilitate the Diagnosis and Management of Metastatic Adenocarcinoma," in the December, 2008 *Journal of the National Medical Association*. At Saint Vincent Health Center, Dr. Hill has been instrumental in the development of The Saint Vincent Cancer Care Center. Dr. Hill is in practice at Saint Vincent Surgical Oncology in Erie.



■ DR. HANK C. HILL

Sister Ricarda Vincent, SSJ, recent past president of the Sisters of Saint Joseph, has joined Saint Vincent Health Center in the newly created position of Senior Vice President of Mission Integration. Sister Ricarda entered the Sisters of Saint Joseph in 1952 and served as President for the past eight years. At Saint Vincent Health Center, Sister served in pastoral care for 1 year and was on the Saint Vincent Board of Trustees for 8 years.



■ SISTER RICARDA VINCENT

SHARON REGIONAL

Sharon Regional recently welcomed **Joseph M. Abalos, M.D.**, a specialist in internal medicine to its medical staff. Dr. Abalos specializes in internal medicine and geriatric medicine. Dr. Abalos received his medical education from Marshall University School of Medicine in Huntington, WV, and completed a three-year Internal Medicine residency at UPMC McKeesport in Pittsburgh. He is board eligible in Internal Medicine through the American Board of Internal Medicine.



■ DR. JOSEPH M. ABALOS

UNIVERSITY OF PITTSBURGH SCHOOLS OF THE HEALTH SCIENCES

Ian McGowan, M.D., Ph.D., FRCP, professor of medicine in the division of gastroenterology, hepatology and nutrition and the department of obstetrics, gynecology and reproductive sciences, has been named chair of the Food and Drug Administration's Antiviral Drugs Advisory Committee.



■ DR. IAN MCGOWAN

Andrew B. Peitzman, M.D., Mark M. Ravitch professor and vice chairman, and chief of general surgery, University of Pittsburgh School of Medicine, department of surgery, recently was elected President-elect of the American Association for the Surgery of Trauma (AAST).



■ DR. ANDREW B. PEITZMAN

Kenneth McGaffin, M.D., Ph.D., assistant professor of medicine, University of Pittsburgh School of Medicine and UPMC Cardiovascular Institute, has received the American Heart Association's James A. Shaver, M.D., Research Award.



■ DR. KENNETH MCGAFFIN

Mary Beth Happ, Ph.D., R.N., was selected as an American Association of Critical-Care Nurses (AACN) Circle of Excellence Award recipient.



■ DR. MARY BETH HAPP

Yvette Conley, Ph.D., and **Jan Dorman, Ph.D.**, received the President's Award at the International Society of Nurses in Genetics (ISONG) conference in November.



■ DR. JAN DORMAN

David A. Lewis, M.D., professor of neuroscience and psychiatry, University of Pittsburgh School of Medicine, and UPMC Endowed Professor of Translational Neuroscience, was selected by NARSAD, the world's leading charity dedicated to funding research on psychiatric disorders, to receive its prestigious Distinguished Investigator Award.



■ DR. YVETTE CONLEY



■ DR. DAVID A. LEWIS

UPMC HORIZON

Joel Yuhas, current president of UPMC Horizon and interim president of UPMC Northwest, has been appointed senior vice president, international operations, within UPMC's International and Commercial Services Division (ICSD). In this new position, Mr. Yuhas will work closely with ICSD managers to guide operational improvement across the international division and standardize operational best practices. He will be based in Europe.



■ JOEL YUHAS

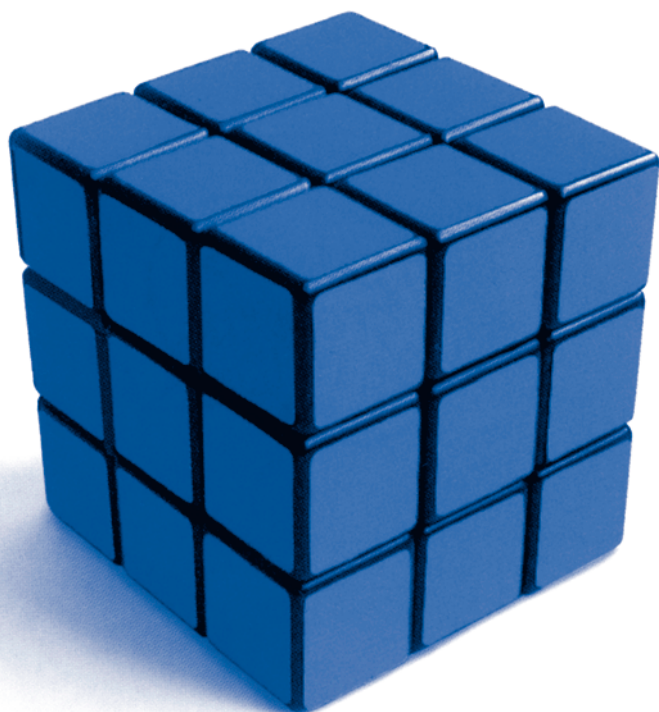
Don Owrey, MBA, CMPE, will assume the position of interim president of UPMC Horizon. Owrey came to UPMC Horizon in 2008 as vice president, clinical operations. Before joining UPMC Horizon he served as executive director of Children's Community Pediatrics, a medical group affiliated with Children's Hospital of Pittsburgh of UPMC, UPMC Health Plan, and served as administrator of the Greenville Medical Center, now part of UPMC Horizon.



■ DON OWREY

Continued on next page

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Healthcare Professionals in the News

Continued from previous page

UPMC HORIZON

Brent Hurd, D.O., obstetrician/gynecologist, recently joined UPMC Horizon's medical staff. He is affiliated with the Primary Health Network. Dr. Hurd earned his medical degree from Ohio University College of Osteopathic Medicine.



■ DR. BRENT HURD

UPMC NORTHWEST

Lori McCracken brings 21 years of experience to her new job as UPMC Northwest's Information Services manager. McCracken came from UPMC Horizon where she was responsible for supervising all aspects of telecommunications. Earlier she held various posts in UPMC Horizon's Information Services department.

VA PITTSBURGH HEALTHCARE SYSTEM

Dr. Rajiv Jain, VA Pittsburgh Healthcare System's Chief of Staff and MRSA Program Director, was recently honored as the 2008 Service to America Medal winner in the category of Citizen Services. Dr. Jain received a Citizen Services Medal for developing and leading an initiative that is eliminating methicillin-resistant staphylococcus aureus (MRSA) infections in VA and throughout the U.S.



■ DR. RAJIV JAIN

VANTAGE® HEALTHCARE NETWORK

Katrina Leftheris has been named Vantage® Healthcare Network's National Business Development Coordinator. Katrina graduated with honors from Edinboro University of Pennsylvania with a BA in Communications and a minor in English and Business. In addition to national coordinating, Katrina will also focus on North Carolina and Florida for development.



■ KATRINA LEFOTHERIS

Mary Jo Hunter was named Chief Operating Officer for the Vantage® Healthcare Network. Mary Jo earned her Pharm. D. and began her professional career as a pharmacist with the Meadville Medical Center. In 1999, Hunter was recruited to join the Vantage® Team as Vice President of Infusion Pharmacy Services.



■ MARY JO HUNTER

WEST PENN ALLEGHENY HEALTH SYSTEM

West Penn Allegheny Health System (WPAHS) officials announce that **Dawn M. Gideon** has been



■ DAWN M. GIDEON

appointed as Executive Vice President and Chief of Hospital Operations for the health system. Gideon has served as President and Chief Executive Officer of West Penn Hospital since April, 2008. Before joining West Penn Allegheny Health System last year, Gideon was a Managing Director for the Huron Consulting Group. Gideon is quite familiar with components of West Penn Allegheny Health System. She started her career at the former Forbes Health System (FHS), rising rapidly through the ranks to serve as Chief Executive Officer and Executive Director for Forbes Metropolitan Hospital and ultimately, Senior Vice President for Strategic Planning and Chief Operating Officer for FHS.

WESTERN PENNSYLVANIA HOSPITAL

David B. Lerberg, M.D., has been named Chief Medical Officer at The Western Pennsylvania Hospital. Dr. Lerberg, a cardiovascular surgeon, joined West Penn Hospital in 1981 as a teaching attending physician. From 1999 to 2007, he served as Chief of the Division of Cardiovascular Surgery, as well as Medical Director of the Cardiovascular Intensive Care and Cardiothoracic Stepdown units. Since 2007 he has served as Vice Chief of Quality Assurance in the Department of Surgery.



■ DR. DAVID B. LERBERG

Officials of the West Penn Allegheny Health System and The Western Pennsylvania Hospital announce the recruitment of **Walter E. McGregor, M.D.**, formerly of Riverside Methodist Hospital in Columbus, OH, as Chief of the Division of Cardiac Surgery at West Penn Hospital. He is expected to join West Penn Allegheny Health System on March 1. A former fellow in cardiothoracic surgery and research fellow at Allegheny General Hospital (AGH), Dr. McGregor has been part of the attending teaching staff at Riverside Methodist's Department of Cardiovascular Surgery since 2003.



■ DR. WALTER E. MCGREGOR

WESTERN PENNSYLVANIA HOSPITAL - FORBES REGIONAL CAMPUS

Mark A. Rubino, M.D., MMM, FACOG, has been named Chief Medical Officer at The Western Pennsylvania Hospital - Forbes Regional Campus. Dr. Rubino has been associated with Forbes since 1987. He will continue in practice with East Suburban Obstetrical and Gynecological Associates in Monroeville. Dr. Rubino has held numerous leadership positions at West Penn Hospital and Forbes Regional Campus and was the second physician to serve as President of the combined medical staff of both hospitals.



■ DR. MARK A. RUBINO



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WHAT'S NEW... WHAT'S NEW... WHAT'S NEW...

Carlow University Announces Doctor of Nursing Practice (DNP) Program

Carlow University will offer a new doctor of nursing practice (DNP) degree, a low-residency nursing program that will begin in August 2009.

The DNP program is open to students who have a current RN license, a bachelor of science in nursing, and a master's degree in nursing. Students should also have completed 1,000 hours of professional nursing practice within the past three years or possess a national certification in a nursing specialty area.

The DNP program will include online classes, as well as a core class session for one Saturday a month each term. The 27-credit program can be completed in three to four terms by taking two or three classes a term. Three electives from graduate-level offerings can be chosen according to the student's personal interest.

For more information, contact Jim Shankel, director of Carlow University's Cranberry Education Center at (724) 741-1028 or via e-mail at shankeljv@carlow.edu.



Alle-Kiski Medical Center Celebrating 100 Years of Redefining Community Medicine

January 29, 2009 marked the centennial anniversary of Alle-Kiski Medical Center (AKMC). What stands today as a 250-bed community hospital providing the community with a wide range of progressive health care services, began in a 20-bed, three-story frame house on Second Avenue in Tarentum, PA.

The hospital, originally named Allegheny Valley General Hospital, spawned from the need for local access to medical care at the time of the industrial boom of the early 1900s. Thousands of laborers in the Alle-Kiski Valley suffered daily from catastrophic industrial illnesses and accidents working in local plants. The 20th century was also a period of frequent epidemics. Local doctors did not have the facilities to handle life-threatening injuries and would flag down a train to transport patients to a hospital in Pittsburgh for more sophisticated care.

As early as 1903, community leaders had a vision and a desire to respond to the critical community need. There were numerous hospital committee meetings and fund raising activities held in the early years. Henry Morgan Brackenridge, a key figure in the hospital's history, pledged to donate \$5,000 if the citizens of the community raised \$50,000. This launched the first capital campaign for the establishment of the hospital. Dr. George M. Getze, a physician who was very vocal about the need for a hospital in the Valley, served as the first president of the hospital and is considered the hospital's founding father.

With a rich history of serving the community and meeting its health care needs, AKMC has continued the legacy of its predecessors and evolved to now offer state-of-the-art medical technology to residents in a close to home, compassionate community hospital setting.



Local Students Learn from Pediatric Care Facility

Student nurses at The Western Pennsylvania Hospital School of Nursing (West Penn) in Pittsburgh have limited options for completing their nursing rotation in pediatric care. The Children's Home of Pittsburgh & Lemieux Family Center recently launched a program in partnership with the school to bring students into their facility and give them hands-on experience caring for patients.

"It has been our goal to collaborate with nursing schools to help educate students. West Penn is the first school we partnered with, but we are looking forward to working with additional schools in the future," said Kim Reblock, Hospital Director at The Children's Home.

For five weeks, students learn about patient care in the non-traditional setting The Children's Home offers. Students are exposed to pediatric patients with a variety of medical conditions in the pediatric extended day care Child's Way and the Pediatric Specialty Hospital for infants and children.

"The students learn about the importance of family communication and receive training in the use of home-care equipment, patient integration and transition to home," Reblock said.

Currently, there are approximately 6-8 students participating in the program, but that number may grow in the future depending on the needs of West Penn. Corey Conroy, a West Penn nursing student, is one of the first to participate in the program.

"My instructor encouraged me to join the program," Conroy said. "It's been very beneficial to me because I feel more comfortable interacting with children now."

The Children's Home aims to further the education of student nurses interested in pediatrics and family aided care. They also hope to increase awareness about the differences between their facility and other pediatric hospitals.

For West Penn, the program offers students an additional pediatric site for completion of their rotation. It also allows them to maintain pediatrics as a part of the educational curriculum.

"I really enjoy taking care of the kids, especially the infants," said West Penn student nurse Erik Weneelburger. "Doing the assessments and learning more about pediatric care has exposed me to a lot of different things."

The students say the program is preparing them not only for their careers in nursing, but also for life. They appreciate the opportunity to care for infants with specialized needs and value the unique setting The Children's Home provides.



Marking the opening of the Joint and Spine Center at The Western Pennsylvania Hospital - Forbes Regional Campus with a ribbon-cutting are (l-r) Dr. Michael Levine, Interim Chairman of the Department of Orthopaedic Surgery at The Western Pennsylvania Hospital and Forbes Regional Campus; State Sen. Sean Logan, D-Allegheny/Westmoreland, and Dawn M. Gideon, President and Chief Executive Officer of West Penn Hospital and Forbes Regional Campus.

Forbes Regional Opens Joint and Spine Center

The Western Pennsylvania Hospital – Forbes Regional Campus (WPH-FR) recently announced the opening of its new Joint and Spine Center, a state-of-the-art facility that offers patients access to a multi-disciplinary team of healthcare professionals with advanced expertise in the surgical treatment and rehabilitation of joint and spine diseases.

"This terrific new Center at Forbes Regional will help us address a critical need in our community. With the aging population, the demand for joint and spine surgery is going to continue rising exponentially in western Pennsylvania. We are now uniquely positioned in the eastern suburbs to meet the demand for these services," said Dawn M. Gideon, President and Chief Executive Officer, Forbes Regional Campus.

The Joint and Spine Center offers patients access to an array of specialized orthopaedic care, including hip replacement, knee replacement, shoulder replacement, and spinal surgeries such as laminectomy, a procedure used to treat herniated disks or spinal stenosis; kyphoplasty: a minimally invasive procedure used to treat spinal fractures; and spinal fusion, a procedure that fuses two or more vertebrae to immobilize a section of the spine in order to reduce pain and prevent more damage.

The Center is a dedicated in-patient unit with private and semi-private rooms. A new nurses' station helps nursing staff respond swiftly to patients' needs. Rooms are equipped with flat-screen TVs and furniture selected specifically for the comfort and safety of those who have undergone joint or spine surgery. Each room is also equipped with freezers so patients always have cold-therapy supplies available for post-surgical swelling and for pain management. "We are very excited about the opening of the Joint and Spine Center at Forbes. This program affords patients in eastern Allegheny County and western Westmoreland County an exceptional new resource for their joint and spine care needs," said Michael Levine, M.D., Interim Chairman of the Department of Orthopaedic Surgery at The Western Pennsylvania Hospital (WPH) and Forbes Regional Campus.

A New Direction for Patients who Suffer from Pain

Too often, patients continue to suffer from acute and chronic pain, despite receiving various treatment methods, including surgery. They are also unaware that their acute and chronic pain can be safely and effectively treated.

At Ohio Valley General Hospital's Institute for Pain Diagnostics and Care, a leading facility for treating patients who suffer daily from pain, Dr. David Provenzano uses proven and innovative techniques to diagnosis and treat many types of pain related disorders, such as acute and chronic spinal injuries, compression fractures, and visceral and neuropathic pain syndromes.

Dr. Provenzano, who is board certified in Anesthesiology and Pain Medicine, also performs advanced pain technologies such as spinal cord stimulation, intrathecal pumps and vertebroplasty, which can assist selected individuals with specific pain conditions that have not responded to more conservative measures.

Treatment at the Institute for Pain Diagnostics and Care

During treatment at the Institute, Dr. Provenzano develops a multimodal treatment strategy for each patient, which includes a thorough review of the patient's medical history and a personalized and efficient pain treatment plan. The result: The patient's comfort level is often restored and they can return to participating in the activities that they enjoy.



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Duquesne University Nursing School Focuses on Vulnerable Populations

BY CHERITH SIMMER

The School of Nursing has announced the appointment of Sister Rosemary Donley, S.C. to the newly created Jacques Laval Endowed Chair in Justice for Vulnerable Populations, the ninth endowed chair to be established by Duquesne University in the past five years.

Currently, Sr. Rosemary is a professor of nursing at The Catholic University of America. She was formerly

The Catholic University of America's executive vice president and chief operating officer as well as that university's dean of nursing.

The Laval Chair is endowed through a bequest from the estate of the late Thomas F. Bogovich, a 1953 Duquesne business graduate and retired Penn Hills funeral director. It is named for a seventeenth-century Spiritan priest and physician who dedicated himself to caring for freed slaves on the tiny Indian Ocean island of Mauritius.

As holder of the Laval Chair, Sr. Rosemary will spearhead the Nursing School's community service efforts to provide health care services to vulnerable populations, a category of persons that can include the very young or very old, but can also include people whose access to health care is limited or for any reason does not meet their needs.

Examples of School of Nursing community service initiatives for vulnerable populations include the Nurse-Managed Wellness Center, which provides a wide variety of health care services to the elderly in locations throughout Pittsburgh's neighborhoods, and Operation Churchbeat, which trains volunteers in the Hill District to recognize and respond quickly to heart attacks.

In addition, Sr. Rosemary will be responsible for teaching and conducting research related to health care access and quality for underserved persons and communities. Developing stronger community partnerships, as well as organizing academic colloquia and establishing an annual lecture series on social justice issues in health care will also be the Chair holder's responsibilities.

"I look at the Laval Chair as a good opportunity for me but also a golden opportunity for the School of Nursing's faculty and students" Sr. Rosemary said. "I'm very excited about what we can do."

According to Duquesne Nursing Dean Eileen Zungolo, the school's faculty has identified health care disparities among the elderly, poor, disadvantaged and other marginalized groups as its top research priority.



Sister Rosemary Donley

"Addressing social injustice is a key aspect of Duquesne's Spiritan mission," Zungolo explained. "By raising awareness and knowledge and igniting responsiveness in our students, we are living this mission of helping those most in need."

Throughout her nursing career, Sr. Rosemary has been focused on providing better care for the underprivileged and the chronically ill.

A native Pittsburgher whose father studied at Duquesne's School of Business, Sr. Rosemary claims that nursing is, ironically, a career that she probably never would have chosen for herself. Hearing the call to enter the convent and join the Sisters of Charity, the religious order that taught her at Sacred Heart High School, she imagined a future as a teacher, perhaps a teacher of literature.

However, shortly after entering the convent, she was assigned to carry trays of food to ill members of her religious community, and conscientious dedication to the task inspired an elderly nun, a former hospital administrator, to tell Sr. Rosemary's superior that the young novice had the makings of an ideal nurse.

The decision was made, and Sr. Rosemary obtained a diploma in nursing from the now closed Pittsburgh Hospital School of Nursing, which was located on the border of Homewood-Brushton and Lincoln-Lemington. That experience put a human face on suffering and shone a light on the injustice of health care disparities for Sr. Rosemary.

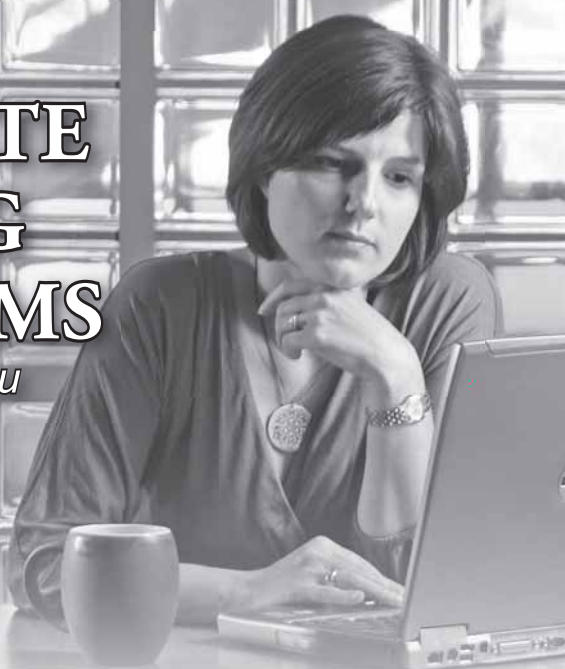
She soon after she received a BSN (Bachelor of Science in Nursing) from St. Louis University as well as a master's degree in nursing education and a Ph.D. in higher education and public health, both from the University of Pittsburgh. In 1977, while teaching at Pitt's School of Nursing, she was awarded a Robert Wood Johnson Health Policy Fellowship, which sent her to Washington, D.C., for a year of post-graduate study on health policy issues.

For the past three decades, Sr. Rosemary has taught courses in health policy at The Catholic University. She has taught community health nursing there for the last 10 years—graduate-level course work she was instrumental in developing. She will begin her duties as holder of the Laval Chair in August 2009.

Cherith Simmer is Assistant Dean and Assistant Professor, Duquesne University School of Nursing. For information about Duquesne University School of Nursing, visit www.nursing.duq.edu.

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Many physicians like yourself are hesitant to outsource their billing. You feel comfortable knowing that you have a billing staff in your office. Do you really know if your staff is following up on your unpaid services or doing your billing properly?



BY SALLY ANTHONY

Billing has become more complex over the years because of technology. Follow-up on denied and unpaid claims have become more time consuming. Ever-changing rules by the insurance companies is making it more difficult for an office staff to bill properly. Changes of codes, fees, and procedures have resulted in a 30% increase in denied claims. Unpaid services over a course of a year can have a dramatic impact on an office.

It's getting harder for offices to retain competent billing personnel or replace them. The cost of hiring and training a new employee can cost thousands of dollars. Costly software updates, computer maintenance, and compliance can push that

dollar amount even higher. Hiring a billing company can actually cost less than hiring someone to handling the billing in house.

Some things to consider when making a decision to outsource:

- Is your billing staff up to date on all the compliance laws?
- Do they have extensive knowledge of insurance rules and regulations?
- Are the proper codes being used for the services rendered?
- Are regular updates being done with your billing software?
- Do they compare your reimbursements to the maximum allowances?
- Is there extensive monthly follow-up being done on unpaid services?

Billing companies are specialists in the field of claims processing. Our goal is to maximize collections and ensure you're getting paid for your services. We have many resources that most office staff do not have. The time has come to put your billing in the hands of professionals.

As a physician, you must keep up on your training to give your patients the best care. The same care should be given to the financial stability of your practice.

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

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Monongahela Valley Hospital Ranks in the Top 200 Coding Hospitals in the United States

Monongahela Valley Hospital was recognized as one of the Top 200 Coding Hospitals in the United States for its documentation coding excellence and accuracy. The top 200 list is divided into four hospital categories: major teaching; minor teaching; urban, non-teaching; and rural, non-teaching. MVH was one of only 50 hospitals recognized in the urban, non-teaching category and only one of four in PA in its category.

Donna Ramusivich, MVH Senior Vice President said, "Winning this award was truly a team effort. The Utilization Department works closely with all hospital personnel verifying and clarifying patient service information for proper coding. The physicians, nurses, clinicians and coders all work diligently ensuring accuracy of our patients' medical records and that we appropriately charge and bill for services rendered. It is reassuring that an independent, outside entity, such as Ingenix, reviews our coding practices and awards us for our high quality medical coding practice and accurate and compliant billing services."

Each patient has a medical record that includes information regarding medical history, symptoms, medical or surgical interventions, results of examinations, X-ray and laboratory results, treatment outcomes and any other pertinent health information. The health record is reviewed for completeness and accuracy and then the coder/abstractors assign a code to each diagnosis and procedure. Coders use classification system software to assign the patient to one of several hundred "diagnosis-related groups," or DRGs. The DRG determines the amount the hospital will be reimbursed if the patient is covered by Medicare or other insurance programs using the DRG system. In addition to the DRG system, coders use other coding systems, such as those required for ambulatory settings.

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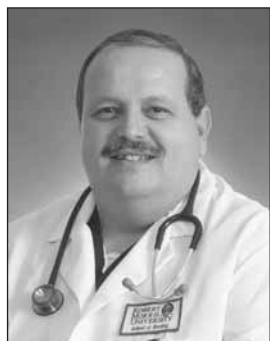
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Culture-Specific Care: Meeting the Needs of Our Diverse Population

Historically, as a discipline and a profession, nursing has always sought to provide holistic and individualistic client-focused care. Incorporating culture into the assessment, planning, and implementation of nursing actions and decisions facilitates the provision of meaningful and beneficial culture-specific care, prevents major transcultural conflicts, and results in many beneficial health outcomes. This is especially important when one takes into consideration today's increasingly multicultural world and the lack of cultural diversity within the nursing workforce in the United States.

Nurses and other health professionals in the United States are caring for clients from cultures throughout the world. Practicing transcultural knowledge related to culturally-sensitive and meaningful care is crucial, since health consumers today want health care that is a combination of care services reflecting both culturally learned and transmitted generic care, as well as formally taught and learned professional care.

The American Nurses Association's nursing social policy statement advocates the provision of culturally congruent care,



BY CARL A. ROSS,
R.N., PH.D.,
C.R.N.P., BC, CNE

which is primarily achieved by using new knowledge generated from transcultural nursing research. It states that nursing is a dynamic profession that reflects the changing nature of societal needs and cultural and demographic patterns. In addition, in its official publication, *The American Nurse*, the American Nurses Association described cultural diversity as a "high priority" and called for strengthening cultural competency in the nursing workforce.

With nursing being the largest work force in both acute care and community-based care, nurses need to learn about the diverse cultures living in our society. That will prevent stereotyping and unfavorable consequences such as cultural clashes, cultural imposition practices, and cultural pain.

Transcultural nursing is a humanistic discipline that acknowledges diversities and universalities involving generic care knowledge, and aims to discover the care beliefs and practices embedded in worldview, and cul-

Understanding the diversities and universalities of a culture, and the influences each has on health and caregiving perceptions and practices, is essential knowledge needed for all health care providers.

tural and social structure contexts. Practicing these culturally specific values and beliefs in their similarities and differences will help in the delivery of beneficial and culturally congruent nursing care and diminish cultural conflicts and pain.

Culture care beliefs, values, and practices influence the health and well-being of all people from different cultures. Understanding the diversities and universalities of a culture, and the influences each has on health and caregiving perceptions and practices, is essential knowledge needed for all health care providers. Cultural aspects of care relevant to diverse people must be identified in order to develop culturally congruent modes of care.

With globalization, health care is impacted by multiple factors and involves many health care disciplines. Holistic caring, the very essence of nursing, emphasizes the importance of caring for the whole person rather than the separate physiologic systems. Transcultural nursing in the forefront of "culture

care" could potentially lead other disciplines to obtain more holistic knowledge and provide culturally compe-

tent care for diverse and similar cultures worldwide.

In summary, acting as a client advocate is a fundamental responsibility of nurses. To effectively perform this duty, nurses need an accurate understanding of the client's needs from the client's perspective. Nurses must be aware of the uniqueness of how cultures respond to health and illness, so they can design appropriate health care interventions to meet the needs of specific cultural groups.

Nurses and other health care providers will need to intervene with diverse clients and communities in culturally sensitive ways, such as viewing culture as an enabler rather than a resistant force, incorporating cultural beliefs into the plans of care, stressing familialism and involving the community in preventive health care programs. Such interventions require nurses and other health care providers to be knowledgeable about the culture, customs, and beliefs of the different cultural groups within their practice area. Nurses will need to take a leading role in health care policy development that will improve health care for the growing diverse population.

Dr. Carl Ross is a professor of nursing at Robert Morris University. He can be reached at ross@rmu.edu or at (412) 397-3941.

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Brandi Goodlowe CERTIFIED NURSING ASSISTANT

Although Brandi Goodlowe recently joined the staff of Family Hospice and Palliative Care she did not remain the “new kid on the block” for very long. Her outgoing personality, knowledge, and expertise allowed her to hit the ground running. She quickly became an active member of the hospice team that cares for patients in nursing and personal care homes. Even while being very focused on her work, Goodlowe never loses sight of the big picture. The care she provides reflects a true understanding that hospice cares for the family as well as the patient. Her caring nature comes through in everything she does. Even while visiting her patients in a nursing home, Goodlowe is always sure to greet other residents as she passes them in the hallway. Not only does she provide excellent care to her patients but she cares for each one with a personal touch. Her patients and co-workers benefit each day from her warm and compassionate character. Family Hospice and Palliative Care is privileged to have such a rising star on our team!



Charma Philips CERTIFIED NURSING ASSISTANT

At first glance, it seems that Family Hospice and Palliative Care is fortunate to have a certified nursing assistant like Philips on its staff but really it is the patients and families who are lucky. Philips goes beyond the call of duty in advocating for her patients. She is not only very attuned to the physical needs of the patients but recognizes patients' emotional needs as well. Philips often acts as the eyes and ears for the hospice team – notifying the team when she makes an important observation or learns something essential from the patient. Her compassion and caring allows her to easily advocate for patients. Recently she recognized that a patient was not able to be showered and spoke with the nurse to make alternative arrangements that would be more comfortable for the patient. Philips flexibility is appreciated by all her co-workers, especially her willingness to work in different settings and to work extra hours when needed. She not only cares about the patients and families, but also cares deeply about her co-workers and the overall organization. Recently, Philips joined an internal committee, the Presidents Council, which brings employee concerns to upper management. She is very thoughtful in her representation and also helps to better the organization as a whole by participating in this committee. Finally, Philips must be commended for her efforts to further her education by attending classes in social work. Charma Philips is truly someone who goes the extra mile for her patients and families.



Cover Story: Candi Castleberry-Singleton Focused on Creating a Culture of Inclusion at UPMC

Continued from page 1

shows”, which will include visits to 40 UPMC hospital and facilities, to showcase existing programs, as well as those to come.

One of the Center's primary initiatives is to promote cultural competency by creating a series of awareness guides, the first of which is an interfaith pocket brochure for staff. This brochure provides basic information on more than a dozen religions, in order to better address the needs of a diverse patient population. Web-based training modules will also be available as part of the series and will compliment each awareness guide. In addition, the Center has also kicked off its “Dignity and Respect” campaign across the UPMC system. The first component of the campaign involves an employee pledge, which includes a blue wrist band or lanyard that reads “UPMC dignity UPMC respect,” to be given to those

who take the pledge. The campaign's goal is to help employees remain mindful of their commitment to treating others with dignity and respect.

Other inclusion efforts center on workforce recruitment, retention, and development, and partnering with community and educational organizations to address the workforce challenges of today and encourage the health care workforce of tomorrow through internships, fellowships, mentoring, and health awareness programs.

“We need to influence the next generation to do well and begin to focus today - on promoting dignity and respect, leading healthy lives, and choosing health care careers,” says Castleberry-Singleton. “The future of health care lies in the hands of our youth, and it is our responsibility to ensure that they are well informed and prepared for the journey ahead”.

Pitt School of Dental Medicine's David Anderson, D.D.S., M.D.S., Appointed Director of Diversity Initiatives

David A. Anderson, D.D.S., M.D.S., has been appointed director of diversity initiatives at the University of Pittsburgh School of Dental Medicine. Dr. Anderson is a clinical assistant professor in the Department of Prosthodontics at the School of Dental Medicine.

The creation of this position is tangible evidence of the school's commitment to cultural, gender and ethnic diversity. It is one of several initiatives in place to help enrich the school's service and research missions, according to Thomas W. Braun, D.M.D., Ph.D., dean, University of Pittsburgh School of Dental Medicine.

“Dr. Anderson was appointed director of diversity initiatives because of his unique capabilities, personality and consistent support of the school's educational, research and service missions,” Dr. Braun said. “He is a successful clinician and practitioner, respected teacher and alumnus of the school. He is highly regarded in the community and I believe that he will serve superbly as our representative.”

The School of Dental Medicine collaborated with Paula Davis, M.A., assistant vice chancellor in the Office of Health Sciences Diversity, and Kathy Humphrey, Ph.D., vice provost and dean of students, University of Pittsburgh, to develop this role as part of an institution-wide strategic plan to support diversity and inclusion.

Dr. Anderson received his Doctor of Dental Surgery degree from Howard University and his Master of Dental Science degree in prosthodontics from the University of Pittsburgh. He holds certificates in prosthodontics residencies and general dental practice from the Veterans Administration.

In addition to his responsibilities at the School of Dental Medicine, Dr. Anderson has maintained a private practice for more than 25 years. He also has held faculty appointments at several UPMC hospitals.



Dr. David Anderson

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The Heart Center of the Future: Elements of Cost-Effective Facility Design

Competition for patients in the cardiovascular (CV) arena continues to be fueled by new entrants in the market, despite hard economic times. As hospitals compete for CV patients, facility design is now being seen as a strategic initiative and not simply the provision of additional beds or the replacement of aging buildings. Corazon believes that facility design can be a key differentiating factor for heart and vascular service lines, especially as program success increasingly relies on the whole patient experience, which is often ultimately determined by design.

Multiple driving forces within the cardiovascular specialty must be considered in designing a heart center for the future, especially in the context of economic hardship. The below design elements are most critical when evaluating cost-effective facility design:

Flexible Layout

The acuity adaptable inpatient room, equipped with the appropriate cardiac care technology and capable of handling varying acuity, is becoming more common. This design can be implemented



BY ROSS SWANSON

using the universal bed care delivery model, wherein nursing ratios and technology are adjusted to match the changing needs of the patient.

Recently, the concept of a modality-adaptable procedure room that promotes flexibility with a design that accommodates a variety of equipment and maximizes staffing with a universal recovery space has been utilized. Over time, the major function of the procedural room can change without much retro-fitting, accommodating the shift from major surgery to less-invasive therapies without additional cost. Flexibility and interchangeability in terms of procedure rooms, support space, and prep/recovery areas allow for program growth with minimal impact on the bottom line, while also supporting an evolving care paradigm.

Consumer-Driven Technology

The consumer experience (patients, physicians, staff, families) is often the main focus of planned facility changes. Strategically, improvements in technology are a must for programs committed to providing leading-edge high-quality care and attracting and retaining skilled physicians. However, a significant challenge

remains: technology is changing at a rapid pace, and often comes with a hefty price tag.

Corazon advocates that hospitals employ a distinct strategic planning and budgeting process related to available new technologies to ensure that the utilization of these technologies produces a positive return on investment.

Using technology to improve the patient admission/registration process and patient flow through the program is crucial, especially for the cardiovascular patient population, as this procedural setting is among the highest priced real estate in a hospital. Furthermore, CV procedures have the potential to bring significant revenue; thus, these areas must be as "operationally" efficient as possible.

Patient-Centered Unit Design

Within the nursing unit are multiple design elements that can support staff in their daily work. The goal is to assure that care remains not only patient-centered, but efficient as well. Facility considerations, such as lifts built-into ceilings and bathroom proximity to beds, allow patients to be easily mobilized and monitored.

Small nurse workstations placed in between rooms enhance visibility of the patient and reduce walking when documentation is required. These flexibly-designed nursing stations also allow for

charting closer to the patient via a decentralized model. Larger workstations are used for staff collaboration and are more effective as patients recover.

Overall, strategic facility design should not be based around old, outdated processes; rather, an updated facility should be created in parallel to a reengineered care model. Corazon is typically paired with architects to drive changes in care delivery and support a culture of change that is often more critical to new design implementation than the "bricks and sticks" facility itself.

In order to be successful in strategic facility design efforts as a means to grow program volume and revenue, hospitals must understand the direction and impact of the most critical design elements, and the benefits and challenges of implementing them. By designing a 'flexible' building that will accommodate the needs of the cardiovascular patient into the future, and supporting a care reengineering mindset, hospitals will be best positioned to weather the economic challenges that inevitably lie ahead.

Ross Swanson is a Vice President at Corazon, a national leader in heart and vascular consulting, recruitment, and management resources. To contact Ross, e-mail rswanson@corazoninc.com or call (412) 364-8200. Visit www.corazoninc.com for more information.



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Medical Waste Recovery Service Economically and Environmentally Friendly

BY PATRICIA RAFFAELE

Hospitals, nursing homes, physicians, clinics, laboratories, dentist offices, veterinarians and every healthcare provider in western Pennsylvania now have access to an economically and environmentally friendly way to process medical waste in the region.

Hospital Council of Western Pennsylvania and Medical Waste Recovery, Inc. formed a business partnership approximately a year ago when Medical Waste Recovery, Inc. began offering a mobile, environmentally-friendly medical waste processing system in the region. Just last month, the company received a permit from the Pennsylvania Department of Environmental Protection to open a state-of-the-art medical waste processing facility in Jeannette, Pennsylvania.

"Because of the technology we use and the amount of waste we can process in an hour we can pass savings on to clients," said Joe Fazio Jr., president of Medical Waste Recovery, Inc. "At the same time, with the technology we are using to process infec-



Joe Fazio, Jr.

tious waste, there are no air or waste emissions." The technology, called MMT-3000, uses a chemical/grinding process that renders infectious waste non-infectious and unrecognizable without using any harmful chemicals.

Fazio notes that the company already has several hospital clients in the region, as well as approximately 100 small waste-generator clients. Medical Waste Recovery, Inc. has programs in place to handle all types of medical waste, including infectious, chemotherapy, pharmacy and pathological waste.

One hospital client, Jameson Health System in New Castle, PA, chose to contract with Medical Waste Recovery after reviewing the technology, looking at potential cost-savings, reviewing the DEP permit and checking with Hospital Council on its relationship with the company.

"Medical Waste Recovery has made our lives a lot easier," said Neil Chessin, vice president of Jameson Health System. "We wanted to make sure the technology was environmentally safe and we have found

that to be the case. We have also found using Medical Waste Recovery is providing a cost savings to our health system—and that is a very important factor."

Chessin said Jameson has used the mobile service for approximately one year and that the hospital has been pleased with the results of using Medical Waste Recovery. "We have found this to be a real plus for Jameson Health System," he said.

Now, Medical Waste Recovery is opening a newly-licensed 18,000 square foot facility which will house two in-house processing units along with the current mobile unit. The facility will be able to serve western Pennsylvania along with parts of Ohio including Cleveland, Akron, Youngstown and Columbus as well as the top of West Virginia.

"No one else has the technology that processes medical waste and does not produce air or waste emissions," Fazio said. "We can process 2000 pounds of waste per hour—this is the largest type of equipment of its kind anywhere in the world."

Fazio said the Jeannette facility is the first site in Pennsylvania and that Medical Waste Recovery plans to open sites in Illinois and Eastern Pennsylvania within the next year. He said the technology is being used in

some southwestern states including Texas, Arkansas and Kansas. He noted that the technology was developed approximately 12 years ago and was first used to process medical waste 10 years ago.

Medical Waste Recovery and Hospital Council of Western Pennsylvania began working as business partners to offer this new processing technology to healthcare facilities throughout the region. "We did due diligence to review this process, as well as how medical facilities actually process their waste," said Sean O'Brien, director of Member Services and IT for Hospital Council.

"Personally, I appreciate the nature of this industry and I feel proud to be doing something to benefit generations to come," Fazio said. He also noted that the Jeannette facility is creating jobs in the region. "We encourage people interested in working at our facility to contact us."

For more information about Medical Waste Recovery, contact Joe Fazio Jr. by telephone at (877) 619-0808 or by e-mail at jfaziojr@mwr.us.com. For information about Hospital Council's business partnership with Medical Waste Recovery, contact Sean O'Brien at obriens@hewp.org.

COVER STORY: **Global Links Shares Surplus and Saves Lives**

Continued from page 1

reused.

"Basic materials that we often take for granted in the U.S. are lacking in countries worldwide, and having them can make a huge difference to medical teams and the level of patient care in public hospitals overseas," explains Kathleen Hower, Global Links Executive Director and Co-Founder. "Everything from unused, single-use supplies to durable medical goods—crutches, wheelchairs, and furnishings such as beds, nightstands, and overbed trays—can have a valuable second life instead of needlessly entering our landfills."

Global Links will tailor a custom recovery plan for hospitals, senior care homes, private practices, and other facilities. Complimentary consultations are made with various departments, such as materials management, construction or facilities management, supply chain, and nursing, and free donation pick-ups can be scheduled on a one-time or ongoing basis throughout the tri-state region.

Recent Global Links recovery projects have involved various medical facilities in the region as well as the general public:

- The University of Pittsburgh Medical Center (UPMC) is donating 3,000 IV poles being removed from service due to a change in IV pumps.

- Individuals throughout Western Pennsylvania gave over 6,000 pounds of unused medical supplies from homecare and hospice patients.

- Allegheny General Hospital—Suburban Campus in Bellevue donated hundreds of surplus surgical sutures, which in developing countries patients are often asked to purchase and bring themselves.

- Jefferson Regional Medical Center in the South Hills provided 18 critical care patient monitors and the staff time to

refurbish them.

"While some equipment may seem outdated by American standards, many items actually work well in developing countries," explains Hower. "For example, mechanical crank beds are in high demand from our recipient hospitals where electricity may not be reliable."

After medical donations are received, Global Links volunteers dedicate more than 6,000 hours annually to sorting, evaluating, refurbishing, and packing. Global Links collaborates with the World Health Organization and Ministry of Health officials in the receiving countries to identify recipient hospitals. Then Global Links works with the hospital staff to perform a needs assessment to ensure there is a good match and use for the donated materials. Last year, Global Links recovered over 200 tons of medical materials, and shipped 34 sea containers of aid to Bolivia, Cuba, Guatemala, Haiti, Honduras, Jamaica, Nicaragua, and the Dominican Republic. Every item that is sent makes a positive impact on improving healthcare, and recipient organizations are extremely grateful.

"Your donations have allowed us to set up crash carts in different areas of the hospital to treat patients in cardiac arrest. The same day that we set up the service, patients in three different areas of the hospital arrested and we were able to treat each of them because we no longer had to share equipment between departments." Caibarien Hospital, Cuba

While the benefits of recycling are many for a healthcare facility—reducing waste disposition costs, minimizing environmental impact, and freeing up warehouse and storage space—patients around the world benefit even more. It's a very fitting, responsible way for each facility to expand its mission of healing and prevention and to share the bounty we enjoy in this country with those less fortunate.

Angela Garcia is Deputy Director, Global Links. For more information, visit www.globallinks.org or call (412) 361-3424 ext. 201 or e-mail info@globallinks.org.



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Taking Healthcare GREEN

Memorial is Growing Greener Together – One Step at a Time

BY JEANNINE MCMILLAN

Healthcare facilities across the country have quickly realized the benefits of "Going Green." Through numerous employee suggestions and with the support of Senior Leadership, Memorial Medical Center (MMC) located in Johnstown is approaching the "Green" philosophy with great enthusiasm! Programs currently in place include the recycling of cardboard, batteries and kitchen grease, and the use of an autoclave for red bag waste to reduce the amount that is sent to an incinerator for burning. We have also assembled a "Green Team" comprised of staff from several areas of the organization to explore environmentally friendly practices and are in the process of scheduling a site visit to another hospital to gain insight on their initiatives. We are also working with our local waste hauler to investigate developing programs to recycle plastic, glass, aluminum, blue sterile wrap and paper.

In order to create a better healing environment for our patients, all of our day-to-day cleaning chemicals at MMC are

certified Green, and high-pressure steam equipment is used, which requires no chemicals, in the cleaning of floors to remove old wax and dirt. The use of micro-fiber cleaning cloths eliminates the use of disposals for cleaning by almost 100 percent and utilizing micro-fiber technology in our daily mopping reduces our water and chemical consumption by more than 80 percent.

Our Green Team is currently in the process of preparing a monthly e-newsletter to educate staff on several small things they can do in their day-to-day activities, including the use of washable coffee mugs rather than Styrofoam cups, setting printer options to double-sided as a default, utilizing more electronic communication and encouraging shutting off lights, computers and radios when not in use or at the end of the work day.

The Green Team at Memorial is optimistic that the momentum we currently have will continue, and we look forward to growing our green practices within the organization and creating a healthier environment for both our patients and staff.



Jeannine McMillan practices what she preaches and places empty water bottles in the recycling bin - a recent addition to the Administration kitchen area as part of the Green Team initiative at Memorial.

Jeannine McMillan, Administrative Assistant to the President, Memorial Medical Center- a member of Conemaugh Health System, can be reached at (814) 534-9000 or jmcmilla@conemaugh.org.

MVH Takes ENERGY STAR® Challenge to Save Money and Protect the Environment

In a positive step toward improving energy efficiency and fighting global warming, Monongahela Valley Hospital has taken the U.S. Environmental Protection Agency's (EPA) ENERGY STAR Challenge.

The ENERGY STAR Challenge, launched by EPA in March 2005, calls for an energy efficiency improvement of 10 percent or more for the more than 5 million commercial and industrial buildings in the United States. Energy is often generated by burning fossil fuels, which emits greenhouse gases that contribute to global warming. Forty-five percent of U.S. greenhouse gas emissions are caused by buildings and industrial facilities.

"Many of us are taking steps to improve energy efficiency at home but may not realize that there are opportunities to save and make a difference where we work," said D. Ray Andrews, Vice President at MVH.

"By making energy-efficient choices, we can reduce our energy use and save money while protecting the environment. At MVH we installed a number of systems that will monitor our energy usage and costs for our gas and electrical consumption even before we purchase the equipment or make the renovation," Andrews said. "We can now examine the energy costs in a single light bulb or a comprehensive electrical panel."

Products and buildings that have earned the ENERGY STAR designation prevent

greenhouse gas emissions by meeting strict energy-efficiency specifications set by the government.

Today, leading companies realize that energy efficiency is not only the first step to being green, but is also about smart business. Energy efficiency can have a high return on investment and is necessary in order to remain competitive.

Businesses, organizations, and governments that are leaders in energy efficiency use about 30 percent less energy than their competitors. The EPA noted that every \$1 a nonprofit health care organization saves on energy is equivalent to \$20 in new revenues for hospitals or \$10 for medical offices.

"The Challenge is a win-win for us and for other health care facilities looking to save energy and improve the bottom line," continued Andrews.

"EPA's ENERGY STAR program provides the tools and resources to help identify areas for improving energy efficiency manage energy strategically. Our internal planning processes are not just about equipment. We now address the human interface and our policies reflect that.

"We expanded our recycling program for example and our housekeeping department uses 70 percent green cleaning agents and chemicals," Andrews said. "We have also completely eliminated mercury use in our facilities."



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Sustainable. Efficient. Green. What Are You Looking to Gain, or Lose?

How many times a day do property and facilities professionals hear these words and deal with products claiming to transform buildings to be just that; sustainable, efficient or green? Talk to any building owner and they'll agree that lowering operating costs by way of energy efficiency is a standard goal across the board. Throughout history property and facilities professionals have looked for ways to become more efficient than their competitors, but what exactly are they looking to gain, or lose? Does public appeal drive the need to be green? Is it a conscious effort to be efficient for the environment? Or, do monetary savings drive an entire industry to invest in sustainability?

A recent poll conducted by the American Society for Healthcare Engineering (ASHE) and Johnson Controls reported that 65% of healthcare professionals saw energy efficient programs as "very important." However, when asked about their rationale, 59% said that the need to control cost is a greater motivator when investing in energy efficiency rather than environmental responsibility. In fact, cost-saving is the main reason most companies "go green."

In 2007 building owners saw going green as a way to improve their public relations. Before the economic downward spiral hit, sustainability and the products that promoted it were seen as a "trend," not only in the facility and property management industry, but in consumer spending as well. Capital was being spent on expensive green properties simply to gain exposure. Still, in the 2008 survey, 42% of owners say they would pay a premium for a green property, but in 2007 the same survey reported that 77% said they would pay more for a green property; a noticeable shift in priorities from just one year ago.

Now building owners are focusing on the cost-savings, not public exposure, that can come from sustainable, efficient, and green programs and systems. Of course, having a LEED certification will gain you positive views from the public, but as environmental activist and writer Bill Walsh puts it, "We need to see the lower utility bill," he continues, "not overpay some LEED consultant." More and more building operating plans are

including energy-strategies staff education programs, approximately 41% in 2008. Having an educated team provides surety that their professionals don't just have basic knowledge of systems; they are experts in implementation, maintenance and reparation. Property and facilities maintenance professionals must know how to benchmark their building's performance to help compare, analyze and improve a building's performance by reducing its cost to the owner and improving its sustainability rating.

According to a 2008 Green Survey of Existing Buildings, 70% of building owners have implemented some type of benchmarking system to monitor energy usage and efficiency. Another 80% reported that the money spent on sustainability efforts has helped to stabilize, and in some cases overcompensate, for the costs of energy efficiency programs and/or systems. Building Automation Systems (BAS), which are present in more than half of U.S. buildings over 100,000 square feet, are an easy way to monitor and control energy consumption in a building while reducing energy usage and maintaining a comfortable environment for staff and tenants. Most commonly, building owners see a 5-15% drop in energy costs depending on the state of the building. With bottom-line savings like that, it can be projected that by 2010 100% of buildings in the United States will have a BAS system.

Overall, we can tell that each factor; public opinion, environmentalism, and capital, have an effect on our industry and day-to-day operations. In the end, it is the educated and well-trained that will drive the property and facilities industry into a sustainable, efficient, and green world.

"But if we become complacent, and the status quo becomes the bar, we will have squandered the biggest part of what we could and should do for our nation, our planet and our children. And that's just not acceptable."

— Rick Fedrizzi, founding chairman of the US Green Building Council in 1993

This article is from the BOMI Boost Newsletter, Volume I, Issue 8, December, 2008. For more information, visit www.bomi.org.

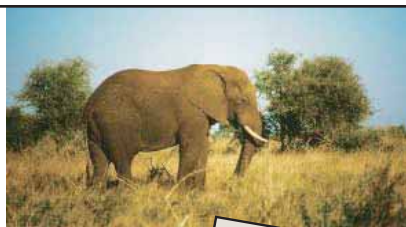
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ElderCare

LIFE Pittsburgh Helps Frail Seniors Stay in Their Own Homes

BY VANESSA ORR

As people age, it often becomes harder for them to remain in their homes. Activities of daily living become more difficult; oftentimes, medical conditions require more treatment than seniors can do themselves. Without a dedicated support system, many of these individuals have no choice but to move into nursing homes.

LIFE Pittsburgh (Living Independence for the Elderly) offers frail seniors another option. Founded in 1998 and sponsored by Lutheran Senior Life and Pittsburgh Mercy Health System, the organization is based on the idea that with the right amount of help, many people who might otherwise end up in nursing homes can remain in their own homes. "The idea for this type of care was conceived in Chinatown in San Francisco where the elderly are revered," explained Joann Gago, founder and executive director of LIFE Pittsburgh. "In the Chinese culture, people don't think of putting their parents into institutions; they try to keep them at home at all costs."

Started as a demonstration project, LIFE Pittsburgh has successfully shown how elderly individuals can benefit from receiving their care they need in their own homes, or at one of the organization's Day Health Centers. Participants have access to a comprehensive array of health and

social services 24 hours a day, seven days a week, 365 days a year.

"Studies by Medicare and Medicaid have shown that this type of program helps to make participants quality of life better, lessens visits to the hospital, and helps to reduce more serious medical problems through the use of preventative care," said Gago. "It's really the way that all healthcare ought to be provided—instead of going to the doctor when the 'next bad thing' happens, our participants are able to avoid the next bad thing because their medical problems are being managed ahead of time."

"Most people also prefer to remain in their own homes, no matter what," she added. "By enabling them to do this, we are giving them the freedom to live their lives and to do their own decision-making. We provide an opportunity for the elderly to live the way that they want to."

To take advantage of LIFE Pittsburgh's services, participants must be determined by the government to be clinically eligible for placement in a nursing facility. "Often, these people have issues tied to a chronic medical condition, though they can also qualify if they need help with activities of daily living, or have other issues, such as not being able to provide food for themselves," said Gago. Participants must also make no more than \$1,869 per month, and have less than \$8,000 in assets. Medicare and Medicaid pay Life

Pittsburgh a per member/per month fee, and their services are also available through private pay.

Care can be provided in the home, if needed, and is also available at LIFE Pittsburgh's three Day Health Centers, located in Greentree, on the North Shore, and near Allegheny Center. "Of the 320 people we currently serve, most come into our centers," said Gago. "We operate these centers to give our participants a place to go, because we believe that isolation can contribute to a person's decline. Many of our participants are extremely isolated—they don't have jobs and don't see a lot of people. At our centers, they can not only receive medical treatment, but can take part in all sorts of activities, from working on the computer to participating in exercise classes."

Participants can also take advantage of a light breakfast and hot lunch, and transportation is provided to and from the center. "Pittsburgh is lucky to have ACCESS, which provides door-to-door transportation," said Gago. "We actually provide door-through-door transportation, which means that we have a personal care assistant go to a person's home to get them ready. They assist them to our van, and do the same upon the person's return."

As Allegheny County's population continues to age, Gago believes that the need for LIFE Pittsburgh's services will continue to grow. "Already, Pittsburgh has an



Joann Gago


inordinately high number of older people living alone—more than 50 percent of our elderly live by themselves," she said. "In 10 to 20 years, I expect to see a lot more people needing this type of alternative, not only because Baby Boomers will be requesting these types of services, but because with the number of people who need these services increasing, many of them won't be able to get into nursing homes."

"Our program works, it costs less, and people like it because it lets them remain in their own homes," she added. "While we can't take away the effects of illness and aging, we do make seniors' lives better."

For more information on LIFE Pittsburgh, visit www.lifepittsburgh.org or call (412) 388-8050.

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Eldercare: Finding the Way in Full-Continuum Home Healthcare

Who is really in charge of care as a patient moves across the continuum?

Healthcare providers regularly face the challenges of improving the quality of care for patients they serve. The patients, too, face challenges, as our current health system provides care that is siloed, complex, and difficult to navigate.

Quality may be defined not only as it relates to quality measures for individual provider settings, but also in terms of the quality of care that occurs during care transitions (as patients move from one setting or location to another). These movements or transitions are often unplanned and may occur at the most unforeseen times, such as nights or weekends, when healthcare delivery systems are tested because of staff shortages or busier environments. To complicate matters further, the patient and caregivers are generally ill-prepared for their role in the next care setting. Often transitions in care are the result of unplanned acute problems that the



**BY MARIAN ESSEY,
R.N., B.S.N.**

patient has not anticipated, does not understand, and is not prepared to handle adequately. Patient safety can be jeopardized when this situation occurs, and medication mismanagement may also occur. Patients who are cognitively impaired offer an even greater challenge, and are potentially at even higher risk for adverse events occurring as care is transitioned across the continuum.

Since we work in such complex systems, there is generally not a single practitioner who takes the lead in coordinating the patient's care between settings, from the sender to the receiver. Who owns the patient during care transitions—the sending team or receiving team? How can we decrease the probability of adverse events such as medication errors or avoidable hospitalizations? Since there are no standardized measures for publicly-reported care transitions, how can we measure the quality of transitional care?

Let's keep in mind that care transitions often leave patients vulnerable to addition-

al healthcare issues such as:

- Medication errors caused by multiple providers and insufficient communication among providers, possibly with multiple pharmacies involved as well
- Lack of understanding how to self-manage care (as diagnoses, medications or treatments may be new to the patient, they often lack the knowledge of how to adequately self-manage their care as they are transferred across the continuum)
- Communication errors (due to multiple providers from multiple settings)
- Duplication of tests or services (again due to insufficient communication)

Providing optimal patient care during transitions has a seemingly endless list of challenges, but there are also many opportunities. Certainly the greatest opportunity is to provide true patient-centered care—care that is respectful and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions. How can we achieve this?

First, each setting must have policies and procedures in place to ensure that for their patients the “care does not stop here.” In other words, their policies, procedures, and

practices ASSURE that patients are not just handed off to other providers, but that care truly continues across the continuum as a finely executed set of events with the patient's needs at the forefront. Secondly, the quality of care transitions needs to be MEASURED in each setting. The only way to improve care is to measure care, and to then make adjustments as needed to guarantee excellence in care. Third, when possible, select providers in other care settings as partners and reduce the pool of providers to those that truly meet high standards of care and are committed to quality transitions.

To answer the original question, “Who is really in charge of care as a patient moves across the continuum,” the answer is: WE ALL ARE. If we cannot passionately accept that challenge, we should be prepared to be replaced... because there is always another healthcare provider out there that will gladly step into our shoes and meet this challenge!

Marian Essey is Vice President, Performance Improvement, Celtic Healthcare. For information on Celtic Healthcare, visit www.celtichealthcare.com or call (800) 355-8894.

There's No Place Like Home

BY M. CRYSTAL LOWE

As Pennsylvania's older adult population soars, where people receive their long term care has become a critical issue for seniors, families, and the health care professionals that care for them. Gloria Taylor lives a much different life than she did a few years ago. At 62, she leads a prayer group and bible study at her senior high-rise in Squirrel Hill, is active in her neighborhood, visits the library and community center frequently and has the freedom to live how and where she chooses.

“I feel much better and much happier,” Gloria says now compared to the four years she lived in a Squirrel Hill nursing home. She had been admitted for a four month stay following the death of her only son. Unfortunately, her health declined rapidly and she lost nearly 100 pounds. Like a lot of nursing home patients, Gloria's planned short stay dragged on for years. First there were medical setbacks and then financial hardships. Eventually she lost her apartment and she had no place to call home or a way to pay a security deposit or buy furniture.

“It was very painful to lose everything and know you couldn't go home,” she says.

Gloria's life changed a year ago through the Commonwealth's Nursing Home Transition Program. A coordinator from Allegheny County Area Agency on Aging helped her enroll in the Aging Waiver Program, which gets Pennsylvania's eligible seniors over age 60 the services they need to live independently in their own homes and communities. When Gloria first moved into her apartment she had lots of support including an attendant



Gloria Taylor

who would visit several times a week to help with her daily self-care activities. The longer she has lived in the community her health has improved and today she needs few supports to live independently.

Gloria's story is not unique. She is one of thousands of Pennsylvanians leaving nursing homes to live independently at home with high quality, safe and affordable care. This transition is part of a trend in Pennsylvania, as in most states, to redesign how long term living is provided. The goal is to “rebalance” the system with a 50/50 split in spending—half for nursing home care and the other half for home and community services like Gloria's.

This is a dramatic change for Pennsylvania, which relied almost exclusively on nursing homes until a decade ago. In 1999, the state spent 97% of long-term living dollars on institutions and only 3% on providing services in the home. Much progress has been made, but even today, PA still spends less than 20%

in the community. We're moving in the right direction, but we still have a long way to go.

The balance is shifting because people like Gloria are demanding alternatives for themselves and their parents. Given the choice, people prefer being in their own home, close to friends and loved ones. Rebalancing is also economically smart. At least two people can receive the services that they'd need to live in their homes for less than the cost of one person living in a nursing home.

In 2007-08, more than 3,000 older Pennsylvanians and younger people with disabilities moved out of nursing homes and into their own homes with services provided by state and federal funds. Thousands more are at home, where they want to be,

supported by home and community based program such as the Aging Waiver, Family Care Giver, and the Life Program (Living Independence for the Elderly). As Pennsylvania's population ages, alternatives to nursing homes are increasingly important and these community based programs enable people to get the care they need where many want it, in their own home.

M. Crystal Lowe is Executive Director, Pennsylvania Association of Area Agencies on Aging. To learn more about the wide range of services available, contact your local Area Agency on Aging, the Pennsylvania Office of Long Term Living Helpline at 1-866-286-3636 or visit www.LongTermLivingInPA.com.



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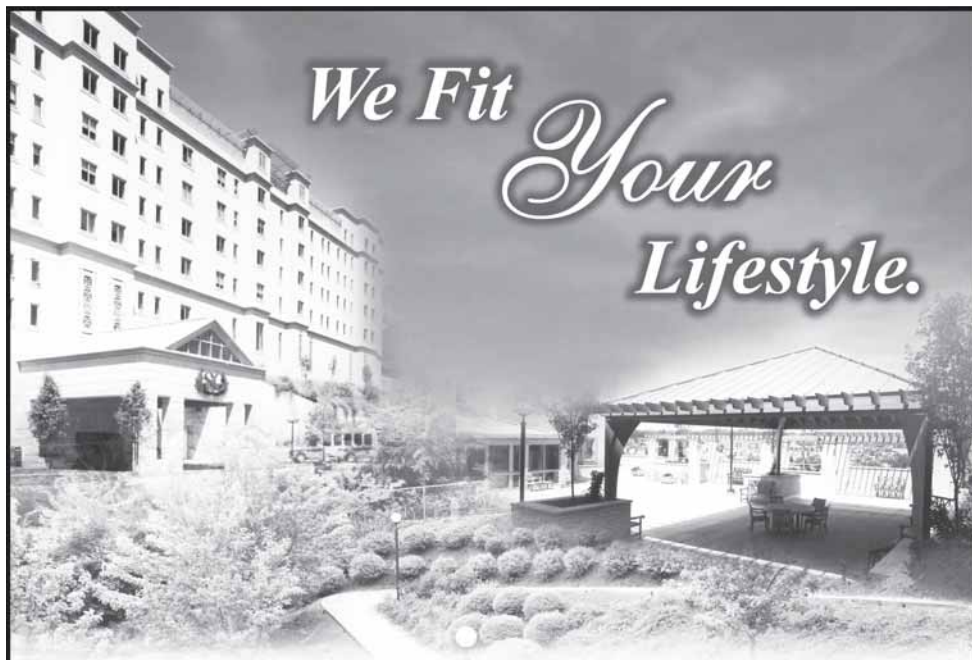
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★ Five-Star Failure ★

Much has been said about the new rating system that has been implemented by CMS for Nursing Homes. The new system is called the "Five Star" Rating System. The American Healthcare Association feels that CMS relied heavily on a flawed survey system that does not accurately measure quality, does not include important quality elements that would help consumers make an informed decision and includes inaccurate data. Many have said that the system is clearly flawed. The "Five Star" system is basically made up of three elements: survey rating, quality rating and staffing rating. The survey forms the base "star" rating with stars being added or subtracted depending upon a facility's star rating for QMI and staffing respectively. The overall rating for a facility cannot be greater than 5 Stars or less than 1 Star. Some of the data in the rating system may not be accurate or up to date. CMS uses 3 years worth of survey data and complaint data, and averages the three most recent quarters worth of data in calculating a facility's Quality Measures (QMS) rating. The survey rating and staffing rating information will change yearly but the quality information changes monthly.

One of the major flaws in the system is that it does not take into account nursing administrative staff or Clinical Specialists such as therapy. A facility cannot receive a 5 Star rating for the staffing component unless it meets the threshold of 4.08 nurse staffing hours per resident day. CMS' 2001 staffing study, which is the basis for the 4.08 hour threshold, was never set into statute. In fact, CMS noted previously that maintaining this threshold would be too costly for both Medicare and Medicaid to reimburse.

Another major problem is the inconsistency in the survey process. Surveys are not consistent across the state let alone across the country. This severely limits the comparability of the data. While CMS did recognize weaknesses and regional differences in the Survey and Certification system and limited comparisons within a state, they did



BY BARBARA E. MALLONEE, RN, BSN, MBA, NHA

not account for differences between survey regions within the state. By not having a tool which allows consumers to accurately compare facilities in different states or regions, it limits the usefulness of the data collected. Today's survey system does not specifically measure quality; it assesses compliance with federal and state regulations. While the survey system is not unimportant, customer satisfaction or how a resident and family members judge the actual care being provided in a facility is a superior indicator of the quality of care and the quality of life experienced by its residents.

The primary goal in launching this rating system was to provide residents and their families with an easy way to understand assessment of nursing home quality, make meaningful distinctions between high and low performing nursing homes. This was not accomplished. No rating system can address all the important considerations that go into a decision about which nursing home may be the best for a particular person. The 5 Star system provides little useful information for the consumer, and may further complicate the already difficult decision of which facility best serves the consumer's needs. Some things to keep in mind when choosing a facility is the type of specialty care that will be needed or how easy it will be for family members to visit the nursing home resident. Because family visits can improve both the resident's quality of life and quality of care, it may often be better to select a nursing home that is very close to family members, instead of to a higher rated nursing home that is further away.

Just as every one of our nation's nursing home residents deserve the highest quality nursing home care, consumers deserve accurate, consistent and comparable data when choosing a nursing facility for a loved one.

Barbara E. Mallonee is the Nursing Home Administrator for the Southwestern Group, Ltd. For more information, contact Nancy L. Austin, Director of Marketing, Southwestern Group, Ltd., at (412) 469-6955.

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Senior Living Administrators Face 'Culture Change'; Trends in Hospitality

Let's face it, food is at the heart of senior living communities. But for today's older adults, dining is more than just another meal. Gone are the days of food prepared in bulk and served in the traditional "massive" dining room setting. Today's administrators are challenged with a "culture change" to create intimate dining more conducive to socialization, farm fresh food that is prepared to order, wellness programs, and sustainable, greener operations.

Just as no two cultures are exactly alike, "culture change" will be different for each individual community, as defined by the desires and preferences of its residents.

Cura Hospitality realizes the need to have multiple options and resources prepared to address community-specific culture change. To do so, some of the best operators, marketers and clinicians from Cura, as well as senior living administrators who serve in advisory roles, help the industry understand the trends and needs of the new senior. Together, they create action plans to address everything from points of dining service to designing greener communities.

According to Cura President and Founder Mitch Possinger, whose company is a leading specialist in senior living and healthcare food service management, "Our goal is to be a resource for our clients in implementing their culture change initiatives, to help them increase census and be a leader during these tough economic times."

For example, food service at the new Hanna HealthCare Center at Longwood at Oakmont, PA is now "decentralized" to free-standing country kitchens. Instead of tray-line systems, which limit what health-care residents can order, residents now receive a variety of fresh food that is plated and prepared to order when they are ready to eat at the country kitchens.

This new style of service resembles home-like kitchens and allows for a main and alternate entree to be prepared in the main kitchen and delivered to the country kitchen just prior to serving the residents. Fresh food is held hot in attractive steam tables out of view and surrounded by a large countertop. In addition to the entrees, soups and sandwiches - as well as quick-serve items - such as hot dogs and grilled cheese, are easily prepared to order by request. Residents, with the assistance of recreational services staff, also may use the country kitchen to prepare food.

According to Michael K. Haye, executive director of Longwood at Oakmont, residents also look forward to eating in the country kitchen, because of its openness to living and activity areas, which increases socialization, mobility (as they need to walk to the dining room) and overall well-being.

Older adults also like convenience, especially independent living residents. At Sherwood Oaks in Cranberry Township, PA, residents requested grab-and-go options, so Cura constructed a cart that offered fruit, soups and sandwiches twice a week. The cart concept was so popular, that Sherwood Oaks incorporated a grab-and-go section in their dining room renovations. The grab-and-go section offers a variety of food that is packaged in bio-based green-ware. Open daily, residents may



Sherwood Oaks Cafe and Corner Market

choose from freshly cut fruit, yogurt with granola, desserts, salads made fresh daily, sandwiches on homemade breads and assorted beverages.

A small area for grab-and-go groceries includes: milk, eggs, boxed cereals, deli meats, loaves of bread and other convenience items.

Older adults are also more aware and educated on the key health benefits of the food they eat. In fact, it's important for them to know where their food is grown and harvested. Jamie Moore, Cura's director of sourcing and sustainability, partnered with more than 150 local farms and producers of food that deliver fresh product to our communities through Cura's FarmSource program.

Moore says that sustainability and designing greener communities continues to challenge us to behave ethically across generations — senior living is no exception. In fact seniors are as active as ever concerning these issues.

For example, The Bridges at Bent Creek in Mechanicsburg, PA, plans to begin its own version of FarmSource. Residents will attend a class instructed by a local greenhouse owner who will give the residents the "know-how" to plant, water, tend and care for their own garden. The "harvest" from the garden will be used by Cura's executive chef to prepare foods and will be identified with a customized logo when the foods are featured on the menu.

Future plans may include the purchase of a composter so that the community's pre-consumer food waste consisting of vegetable waste and woody material (cardboard, leaves and woodchips) can be composted on-site and returned back to the garden.

Cura's clinicians also conduct wellness workshops that tackle the specific health issues that affect the lives of older adults. Topics may include eating for a healthy life, trans-fatty acids and heart disease, exercise and nutrition, diet trends and fads, organic foods and living with diseases. According to Joe Herman, Cura's senior director of clinical and nutrition services, M.S., R.D., L.D.N., our dietitians create customized nutrition plans and menus, as well as orga-

nize wellness events that provide residents the opportunity to utilize our health experts and take part in health screenings.

For more information about Cura Hospitality, visit www.curahospitality.com.

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Fighting the Stigma of Age

Nicole Welding, DrNP, RN, can predict some of the answers she will hear from her nursing students on the first day of class. Diapers. No teeth. Wheelchairs. Senility. The assignment she gives them is to write down the first things that come to mind when thinking about the elderly.

Welding says the responses show the mindset of far more people than just her Concepts of Gerontology class at Carlow University; the same stereotypes toward the elderly pervade healthcare at every level, and are as big a problem as the more transparent ones in Pennsylvania.

"Geriatrics is going to become even more important as our elderly population grows," said Welding.

The Baby-Boomers, born between 1946 and 1960, account for 25 percent of the



"The biggest problem is ignorance in how we view the elderly, when asked the specific challenges facing nurse educators. I just try to open students' eyes to some of the issues. I try to show them how to care and how to be patient advocates."

— Nicole Welding

national population, and they are rapidly approaching retirement age. Individuals over 65 account for 50 percent of hospital stays, 70 percent of home-care visits, and 90 percent of long-term care residencies. Welding says that because of numbers like these, understanding geriatrics is a necessity for the healthcare community.

The increasing age of the population also makes it tough for an already-strapped nursing industry. According to current standards, only one RN is required to staff an eight-hour shift at a nursing home.

"You have nursing assistants passing medication, or you have personnel in place who may not know you need to reposition an elderly patient to prevent bed sores," said Welding. "That's not

safe."

Beyond the clear problem of needing more personnel, Welding suggests that there is perhaps more to it. She says there are not enough incentives for nursing personnel to get into geriatrics. In a career that demands hard work and long hours, nurses are looking for jobs that do not have the stigma attached that elderly care can carry.

"Nursing is a tough job regardless; nobody wants to go into something that they think has a stigma attached to the job, such as geriatric nurses only work with patients who need bedpans," said Welding.

Welding feels that hospitals and universities must fight these perceptions through education. More and more BSN programs, like the one Welding teaches at Carlow, are now making coursework in gerontology mandatory, and there are new programs being formed that stress specific training in geriatrics. Geriatric nurses have been certified as nursing practitioners specifically in geriatrics. There are new hospital and university centers that hold conferences and fund study into geriatrics.

One big development in the field has come from the UCSF/John A. Hartford Center of Geriatric Nursing Excellence. Nine centers were formed in 2001, including one at The University of Pennsylvania, and they have come to be

viewed as the Mecca of gerontology. Four new centers were added in 2008, including one at Pennsylvania State University, according to the UCSF website.

Soon our society will have more people over 65 than it ever has, and Welding suggests that that provides both a challenge and opportunities. As the demand has grown, so has the response, and there are organizations who focus specifically on the ever-changing world of geriatrics. These include: The Gerontology Society of America (GSA), the American Society on Aging (ASA), The Association for Gerontology in Higher Education (AGHE), the National Council of Aging (NCOA), and the International Association of Gerontology and Geriatrics.

Welding is also encouraged by some of the moves in the field to help geriatric nurses, to create incentives and to try and break down the stereotypes of the elderly held by people in the profession.

"The biggest problem is ignorance in how we view the elderly," said Welding, when asked the specific challenges facing nurse educators. "I just try to open students' eyes to some of the issues. I try to show them how to care and how to be patient advocates."

Nicole Welding, an instructor in the School of Nursing at Carlow University, can be reached by calling (412) 578-6103.

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Do I Need an Elder Law Attorney?

Let's face it. We're all getting older. Is 60 the new 40? The good news is that statistically we're all living longer. The bad news is also that we're living longer. A decade ago, many clients arrived at the office requesting assisting in preparing simple Wills and related estate planning documents. The focus was on Estate Planning, which concentrates on death planning. Primarily, clients were seeking advice on minimizing estate and inheritance taxes, eliminating probate and transferring wealth to their heirs.

Fast forward to the present and people are now concerned with the legal issues surrounding getting older and planning for long term care and disability issues in addition to the traditional Estate Planning goals. Enter the emergence of the Elder Law practice. Elder Law focuses on the issues particular to older people who may encounter expensive and prolonged health care costs which are not covered by traditional insurance such as Medicare. In addition, Elder Law attorneys provide a wide range of advice dealing with the financial, social and public benefits encountered by seniors. These issues are in addition to the traditional foundation of Estate Planning.

Now that the "buzz" is out on the need to plan for the distinct needs of seniors, many lawyers (and non-lawyers) have embraced the label of Elder Law as an addition to their existing practices. However, this area of law is a complex maze of daily changing Federal and State regulation that requires constant monitoring by a professional in order to provide the most accurate information to clients and formulating plans that are effective and cognizant of the many levels of issues specific to planning for older individuals and their families. While increasing numbers of people are now holding themselves out as Elder Law planners, it is important to understand the difference between traditional Estate Planning and Elder Law.

Generally, estate planners focus on the three core areas listed above. However, Elder Law involves a more holistic approach which takes into consideration the impact of long term care on the client and family. In short, the best estate plans



BY JULIAN E. GRAY,
CELA

can be devastated by an unforeseen long term disability, such as dementia, stroke and other physical or cognitive disabilities. Think about how many people you know who have needed care in a nursing home or assisted living facility. Instead of planning for death, the question should be, "What happens if I live?" Inevitably, a large percentage of older people will become involved in long term care planning

issues. This involves a complex web of public benefits, quality and delivery of care, and tax issues. Therefore, when selecting an attorney in this area, one should inquire into the attorney's experience in these areas. For example, inquire as to how many Medicaid applications the attorney has filed? Has the attorney guided a client through the VA benefits application process? Is the attorney familiar with various programs to help seniors obtain the best care in an appropriate setting (i.e. in the home or a facility)? How are the traditional estate planning documents (Will, Trust, Power of Attorney) drafted to maximize the client's options in a long term care planning scenario? Some of the planning techniques utilized by Elder Law attorneys are significantly different than traditional estate planning because of the unique issues involved in counseling older clients.

Generally, an Elder Law attorney is involved when a client makes the transition to retirement and becomes exposed to new issues, such as Medicare enrollment, Social Security benefits and other public benefits such as Medicaid and Veterans benefits. This typically involves clients over the age of 65 and especially those with either an existing long term disability (such as dementia) or the indication of the onset of certain medical conditions that could result in the need for extended care at home or in a facility. However, it's almost never too late to plan, but the benefits of planning before a crisis occurs puts the client in a better position to maintain more favorable options.

Julian E. Gray, CELA is a Certified Elder Law Attorney and the founder of Julian Gray Associates. He can be reached at (412) 269.9000 or Julian@GrayElderLaw.com.



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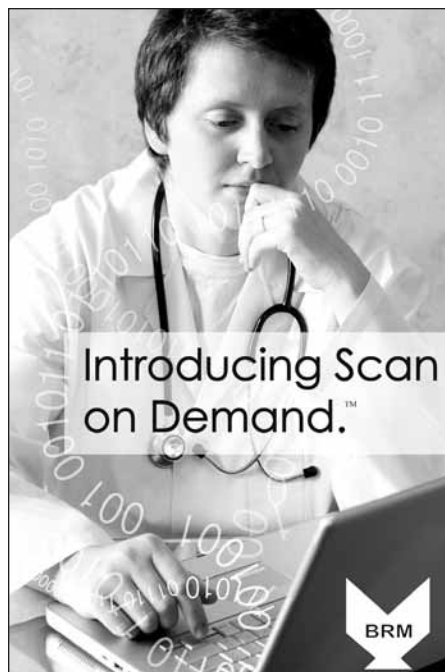


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R Rehabilitation

Rehab Patients Benefit from HealthSouth Harmarville's Half-Century of Expertise

BY VANESSA ORR

For a person who has suffered a stroke or traumatic brain injury, recovery can be a slow and difficult process—and it can't be done alone. It takes the help of experienced physicians, nurses and therapists who specialize in these types of injuries, as well as the resources of a facility that can provide not only the latest technology, but intensive therapy programs geared toward returning patients to their homes.

HealthSouth Harmarville Rehabilitation Hospital is such a facility. A 202-bed acute rehab hospital established in 1954, HealthSouth Harmarville provides comprehensive inpatient, outpatient and home health services to more than 2,000 patients a year. The hospital specializes in the care of patients who have had strokes, or who suffer from brain or spinal cord injuries, orthopedic injuries, amputations, or neurological diagnosis such as Multiple Sclerosis and Parkinson's disease.

"Our ultimate goal is to get patients well enough to return home," explained Mark Van Volkenburg, PT, director of Therapy Operations. "Through a combination of physician involvement, intensive therapy



HealthSouth

programs and a team approach that includes the expertise of physicians, therapists, case managers and nurses, we are able to provide the highest level of rehabilitative care."

"One of the things that distinguishes us from other facilities is the amount of time we commit to our patients," he added. "Patients receive three hours of intense rehabilitation each day in an aggressive program designed to help them get up and moving so that they can return home more quickly. Despite the fact that many of our patients are significantly sicker than those you would see in the majority of rehab centers, our outcomes are very good—both in functional improvement and in discharges to the community."

While many people don't realize it, they do have a choice of where to go when it comes to rehab facilities, according to Medical Director Dr. Thomas Franz. "Just because a place says that it's a rehab facility doesn't necessarily mean that it is," he explained.

"Some places are actually nursing homes that have added the work 'rehab' to their names, but they have a completely

different licensure and medical supervision requirements than a true rehab facility. For example, while our bylaws require physicians to see their patients a minimum of three times a week, physicians at skilled nursing facilities are only required to see their patients every 30 days."

As one of the largest inpatient rehabilitation centers in the country, HealthSouth Harmarville offers patients a depth and breadth of experience rarely found anywhere else. "One of the things that sets us apart from other facilities is that our therapists and nurses are not generalists—they specialize in specific areas, such as brain injury or stroke, that are geared to the rehabilitation model," explained Valerie Bucek, speech therapy manager, Stroke Rehabilitation Program. "While staff at some facilities find it easier to do something for a patient, we believe that it is more important to teach patients to do it for themselves."

As a result of HealthSouth Harmarville having provided rehabilitation services for more than 50 years, its staff is also well-versed on issues faced by patients recovering from long-term injuries. "We understand the problems that a patient deals with who has been in a wheelchair for 20 years," said Dr. Franz. "We know what complications can occur. Another facility may not be as familiar with these types of ongoing problems because they don't have decades of experience following such a large variety of patients. We have the ability to educate our patients on what lies ahead."

HealthSouth Harmarville also stays abreast of the latest technology to help improve outcomes. "We are committed to



Mark Van Volkenburg



Valerie Bucek



Dr. Thomas Franz

investing in new technologies, such as the AutoAmbulator, to improve patients' functional lives," said Dr. Franz. The Auto-Ambulator is a cutting-edge therapeutic device designed to help patient who have difficulty walking. Another device, the VitalStim, is used to retrain throat muscles of patients who have trouble swallowing, such as those suffering from stroke or neurological disorders.

HealthSouth Harmarville provides a continuum of care for all of its patients through its outpatient and home health services. "After patients leave, if they are not ready to participate in outpatient care, we will go to their homes to provide these services," said Bucek. "If we see that they are not doing well, we can admit them into the inpatient unit from home, instead of having to admit them to a hospital first. We also act as a resource for families who are taking care of more involved patients in the home."

For more information on HealthSouth Harmarville Rehabilitation Hospital, call (412) 828-1300 or visit www.healthsouthharmarville.com.

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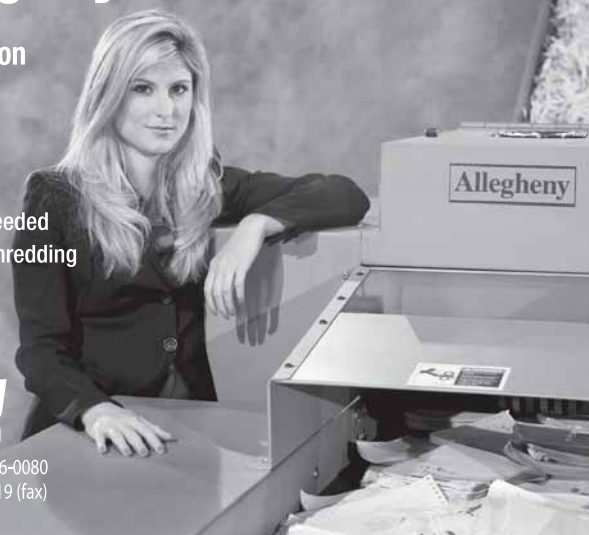
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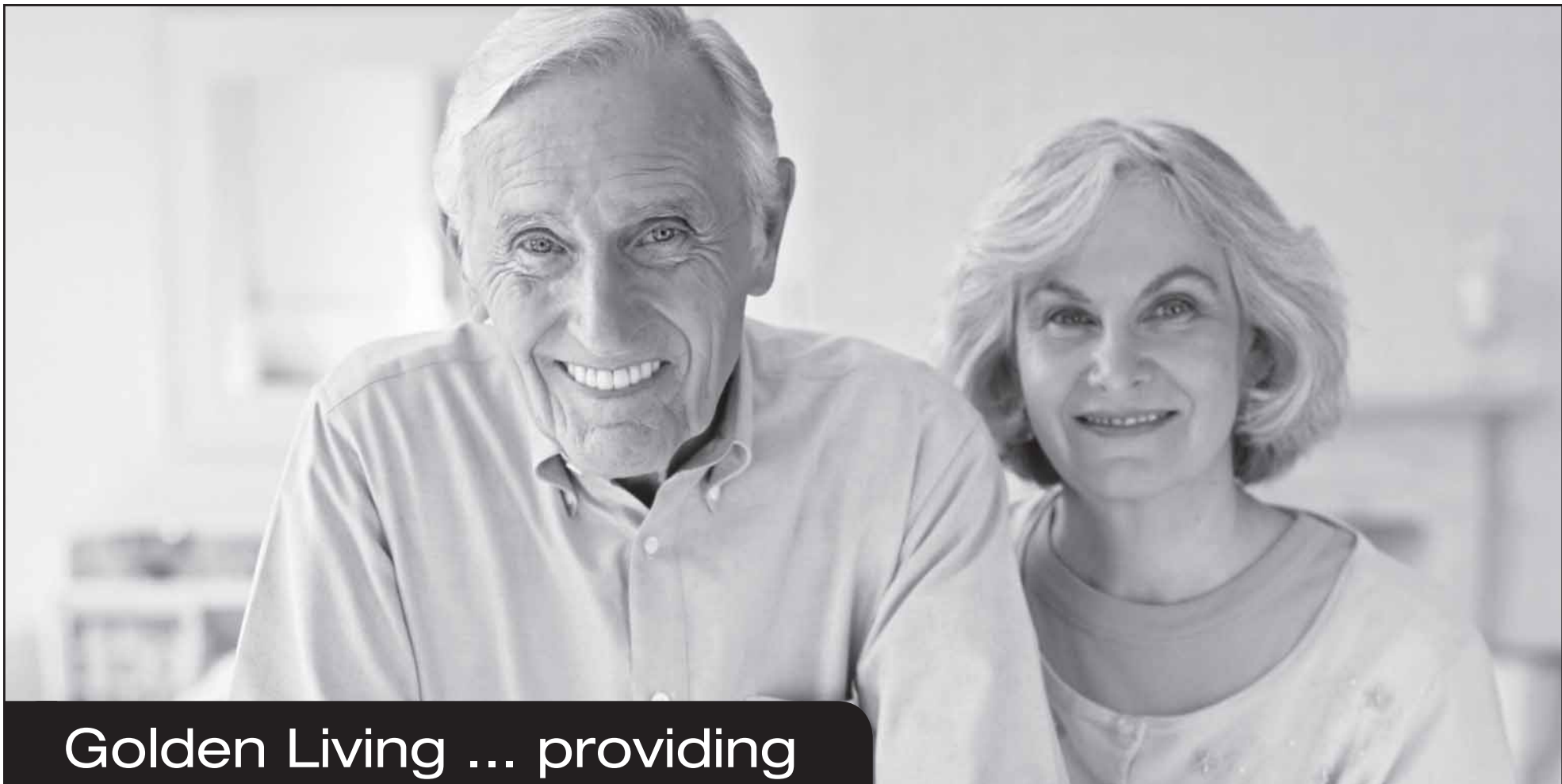
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Rehabilitation



Michele Rundquist-Franz with patient.

Rehabilitation Isn't for Quitters!

BY MICHELE RUNDQUIST-FRANZ,
MA, CCC-SLP/L

The other day as I was strolling through the mall I spied someone with a T-shirt on that said "Rehab is for Quitters". As someone who appreciates sarcastic wit, I gave a little chuckle; as a rehab professional, however, I know nothing could be further from the truth! Of course, the T-shirt was referring to a different type of rehab, but it still brought to mind how this applies to the patients we frequently admit to our facility.

As a speech therapist and rehabilitation program coordinator in a skilled nursing facility that excels in rehabilitating patients with multiple medical diagnoses, I see everyday how hard people work to regain their strength and independence. Despite complex and debilitating medical issues, they strive to gain back what they have lost, often fighting through pain and exhaustion.

Take for instance the patient on 6 liters of oxygen who, after a recent heart attack, can barely raise his head off the pillow. He insists, in gasping speech, he will be going home "soon". Throw on top of that respiratory failure and diabetes and you have one of our "typical" patients. As you can imagine, working with these patients presents many challenges, but an equal number of rewards. Our team of clinical professionals including the physician, executive director, nursing, rehabilitation, dietary, & social work communicate regularly to closely manage these patients. This is imperative to achieve the medical and rehabilitation outcomes that we do. Our approach to such patients must be comprehensive to address all of their clinical needs. In physical, occupational and speech therapy we carefully monitor the patient's vital signs to provide balanced treatments that produce gains without causing undue and detrimental stress. This includes checking blood pressures, monitoring oxygen levels, and keeping track of respiratory and heart rates. Treatments are individualized for all of our patients, however, for the medically complex patient this is especially crucial. Treatments are often shorter and more frequent and must be prioritized and paced for timely results without overtaxing the

patient. Therapy may start at bedside until the patient is strong enough to tolerate getting out of bed and down to the rehabilitation department.

Together the three rehabilitation disciplines, physical, occupational and speech therapy will typically perform an anatomical assessment of respiratory function each from their own particular perspective. PT may work to retrain breathing and help the patient through specialized exercises to strengthen the muscles required for breathing. As the patient progresses they will work on improved endurance and activity tolerance through progressive exercise all the time carefully monitoring the patient. OT is especially adept at assisting medically compromised patients perform self-care including bathing and dressing using adapted techniques that help the patient conserve precious breath and energy. Oftentimes, patients that have medically complex conditions, especially those with respiratory compromise, experience difficulty swallowing and/or speaking. It is the role of the speech therapist to treat these patients by providing breath support exercise and instruction for eating and speaking. If there are concomitant problems with the patients' voice and/or cognition, the speech therapist is uniquely qualified to assess and treat these conditions. All disciplines, working closely with nursing, carefully monitor the patient every step of the way and revise treatments continually based on the patients' responses to therapy and progress. It is through this careful monitoring and constant revision that our patients are able to achieve maximal potential, a process which may take weeks to months.

And through it all, although they may want to at times, no one who is successful in the rehab process is a quitter, because, you see, "Rehab is NOT for quitters!" Hey, I think I need to put that on a T-shirt!

Michele Rundquist-Franz is the Rehabilitation Program Coordinator and Speech Therapist working for Aegis Therapies at Golden Living Center-Erie. For more information, Aaron Ackley, Executive Director Golden LivingCenter-Erie, at (814) 453-6641.

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A Focus on Brain Injury

BY CHRISTOPHER VENUS, PT, NCS, AND
HALLIE ZELEZNIK, PT, NCS, CBIS

Centers for Rehab Services, a part of UPMC provides physical and occupational therapy services to a variety of individuals. We have specialty therapist, experts at treating those who have suffered catastrophic injuries including spinal cord injury, brain injury, stroke and amputations. This article will serve to focus on brain injury.

Individuals from the Pittsburgh and surrounding areas often times are transported to the hospital after a brain injury. Brain injuries can be caused by traumatic events such as motor vehicle accidents or falls or by non-traumatic events, such as tumors, lack of oxygen to the brain or a toxic event. Regardless of the cause of the injury to the brain a wide array of impairments can result. Most commonly, these impairments are broken up into cognitive impairments (memory, problem solving, communication and executive functioning), sensorimotor impairments (weakness, balance, sensory deficits, abnormal muscle tone, motor planning, swallowing impairments and coordination) and emotional impairments (such as lability, agitation, depression). These impairments result in functional limitations, such as the inability to walk or perform daily self care activities; as well as restrictions in participation in the community in work, school and leisure activities.

The range of symptoms after brain injury is vast. Some individuals are able to walk and talk, however have very limited capacity for memory, problem solving and safety awareness; others may be severely physical-

ly disabled with only milder impairments in the cognitive realms. Likewise, they may be severely or mildly impaired across all areas.

These individuals require very specialized care from the moment they enter the emergency room to the moment that they return home and sometimes for the remainder of their lives. Physical and occupational therapists at Centers for Rehab Services are working in conjunction with the professionals at the UPMC IRR to provide specialized care to these individuals in the trauma center intensive care units, the inpatient rehabilitation units, the outpatient centers and in the home. Our Certified Accredited Rehabilitation Facility (CARF) is specially designed to meet the needs of these patients and their families with a focus on neurological recovery, patient and family education/training, medical care, cognitive rehabilitation, physical rehabilitation and return to community.

Once the individual has been stabilized medically in the acute care hospital, they often require intensive inpatient rehabilitation. These individuals, though medically stable, now present life changing impairments, that will require a team of specialized rehabilitation professionals including physical medicine and rehabilitation doctors, rehab nurses, physical and occupational therapists, speech-language pathologists, psychologists, neuropsychologists, case managers and social workers.

After these individuals are no longer in need of inpatient medical and rehabilitation attention, they are discharged to their homes. Often times it is recommended that they attend our neurologically focused outpatient centers to benefit

from the unique environment where more equipment and therapies are available (physical, occupational and speech therapy). Moreover, other disciplines can also be consulted while they are involved in the outpatient rehab programs including, but not limited to vocational counseling, return to driving services, psychology, and pain management services.

At all levels of rehabilitation, the CRS rehab team works with the individual towards mutually agreed upon goals that address their impairments, functional limitations and participation restrictions. Family members, caregivers and friends are encouraged to attend therapy sessions at all levels of care. Since these individuals may require ongoing or lifelong care their family, caregivers and friends will benefit greatly from direct education offered by our rehab team in areas of how to properly assist the individual, keep them safe and promote a return to meaningful activities. Additionally, CRS promotes, through its relationship with the UPMC IRR, support groups for brain injury survivors, their families and friends.

Individuals who have suffered a brain injury require very specialized care, a wide variety of services and a team approach to their care that addresses these needs and services. CRS and the physicians and professionals at UPMC IRR offer that valuable team that is dedicated to caring and advocating for these individuals.

For more information, call
1-888-724-4CRS or visit
www.CentersForRehab.UPMC.com.

West Penn Allegheny Health System and RehabCare Announce Collaborative Agreement

West Penn Allegheny Health System (WPAHS) and RehabCare Group, Inc. announced they have reached a comprehensive management and consulting agreement. Under the agreement, RehabCare will provide onsite management, marketing and patient care coordination for the multi-hospital system's post-acute services, including care management, inpatient rehabilitation, medical/surgical and outpatient therapy services.

"After a great deal of analysis and reflection, we decided that a partnership with RehabCare is the best way to achieve our vision of creating a seamless integration of system-wide post-acute care and ensure that the highest level of rehabilitation services are available to our patients and families," said Christopher T. Olivia, President and Chief Executive Officer of WPAHS. "This business approach will help us most quickly add new clinical services for an ever-growing post-acute population, as well as deliver a more coordinated continuum of care for patients within the West Penn Allegheny Health System. It also is a very important investment as we expand our capabilities in rehabilitation services, especially at West Penn Hospital and Alle-Kiski Medical Center.

"RehabCare brings over 25 years of experience managing patients in these complexly regulated and resource intensive environ-

ments with superior outcomes. Combining RehabCare's proven track record in this area with our system's national reputation for high-quality complex healthcare will improve the quality of life for many western Pennsylvania families."

John H. Short, Ph.D., RehabCare President and CEO, said the company is pleased to be partnering with some of the best-regarded names in healthcare in western Pennsylvania. "The WPAHS family of hospitals has been synonymous with excellence and innovation in patient care, as well as a commitment to education and public service," said Dr. Short. "We are excited to be affiliated with a premier healthcare provider, as well as to expand our presence in the region with one of our largest hospital system contracts to date."

Dr. Short said RehabCare will be looking to build and expand WPAHS post-acute services and making certain capital investments in IT infrastructure and other resources to support that growth. Specific services will vary for each hospital, but the overarching objectives are to increase awareness and utilization of WPAHS services, develop advanced rehabilitation specialty programs, explore and invest in market growth opportunities and ensure timely and appropriate placement of post-acute patients through a coordinated care management process.

Two Heritage Valley Employees Become Certified Hand Therapists

Heritage Valley Health System recently announced that two of its employees have received certification as hand therapists. They are occupational therapists Terri Narehood, OTR/L, CHT and Mary Sisak, OTR/L, CHT.

Narehood has a Bachelor of Science in Occupational Therapy from University of Pittsburgh and a Master of Arts in Health Care Ethics from Duquesne University. She has worked at Heritage Valley Beaver for the past 18 years and for 15 of those years she has focused on working with outpatients on hand and upper extremity injuries including evaluation and treatment.

Sisak has a Bachelor of Science in Occupational Therapy from the University of Puget Sound in Tacoma, WA. She also has a Certificate in Advanced Practice in Upper Quarter Rehabilitation from Drexel University. Mary is an Occupational Therapist with over 30 years of experience in clinical management, direct patient treatment and consultation in a wide variety of settings. She has been with Heritage Valley since 1997 and currently works at the Edgeworth office of Signature Rehab, part of Heritage Valley Health System.

DATEBOOK:

March 16-19 **National Results Management** **Spring 2009 Conference**

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

March 18-20 **Annual Educational Meeting of the** **League of Intravenous Therapy Education**

The League of Intravenous Therapy Education (LITE) is a non-profit organization and the first professional organization founded for nurses, pharmacists, and other professionals involved in infusion therapy. Registration is now open for our Annual Educational Meeting: Proactive Strategies Produce Winning Outcomes! to be held March 18-20 at the Embassy Suites – Pittsburgh Airport. Session topics include air embolism, infection prevention and control, medication extravasation, osteoporosis treatment, and much more. Visit www.lite.org for full conference brochure and registration.

March 19-21 **17th Annual Clinical Update in** **Geriatric Medicine**

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

March 28 **American Lung Association** **Climb Pittsburgh III**

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

March 28 **Red Cross Ball**

The Annual "Red Cross Ball" fundraising event to benefit the American Red Cross Southwestern Pennsylvania Chapter will be held Saturday, March 28 at the Omni William Penn Hotel, 530 William Penn Place, Downtown Pittsburgh. The Fourth Annual Distinguished Leadership Award will be presented to Joe Kerin, Executive Vice President of Stores & President of the American Eagle Outfitters Foundation. For more information, call (412) 263-3129.

April 1 **Hospital Council Presents** **"Green" Facilities Forum**

Hospital Council of Western Pennsylvania will present a special forum Greening the Healthcare Facility on April 1, 2009 at Hospital Council's Education Center in Warrendale, PA. The special day-long forum will focus on assisting healthcare facilities with taking steps to be "green." Registration information for Greening the Healthcare Facility is available on Hospital Council's website at www.hcwp.org. For additional information on the seminar contact Sean O'Brien at obriens@hcwp.org. For information on Allied Membership contact Patricia Raffaele at rafalp@hcwp.org.

April 4-8 **HIMSS09**

HIMSS09 is where physicians, nurses, HIT executives, pharmacists, vendors and healthcare IT professionals from around the world come together for a week that will forever change the face of healthcare IT. The Physicians' IT Symposium will explore bridging the HIT and quality gap from large hospital to small practice perspectives. It has been reviewed and is acceptable for up to 7.00 Prescribed credits by the American Academy of Family Physicians. Join us in Chicago, April 4-8, at McCormick Place. Some 29,000+ healthcare industry professionals and 900 exhibitors are expected to attend and discuss cutting-edge technology and innovative healthcare solutions designed to improve patient care. For more information, visit www.himssconference.org.

May 15 **16th Annual Nursing Horizons Conference**

The 16th Annual Nursing Horizons Conference, Best Practices in Interprofessional Practice and Communication, will take place on Friday, May 15th 2009 at the University of Pittsburgh School of Nursing, 3500 Victoria Street, First Floor. The target audience is clinicians, educators, and managers in clinical and academic settings. This conference showcases best strategies in interprofessional communication and practice as they relate to patient care. At the conclusion of the day, nurses will learn how best evidence, applied in practice, promotes interprofessional dialogue and enhances patient care. For more information, contact Patricia J. Kazimer at (412) 624-3156 or pjk14@pitt.edu.

May 2 **Concordia to Host Annual Fashion Show**

Concordia Lutheran Ministries will host its fourth annual Fashion Show on Saturday, May 2 at the Butler Country Club, with all proceeds benefiting the Good Samaritan Endowment Fund, Concordia's charity care fund. For more information, call (724) 352-1571 ext. 8266 or visit www.concordialm.org.

May 9 **Health Hope Network Stroke Survivor** **and Caregiver Symposium**

Health Hope Network (formerly Visiting Nurse Foundation) is sponsoring the third annual Stroke Survivor and Caregiver Symposium on Saturday May 9 from 8 a.m. to 3 p.m. to mark Stroke Awareness Month. The symposium will provide stroke survivors and their caregivers with information to improve their quality of life through speakers and vendors addressing all areas of wellness: physical, emotional, cognitive and social. The symposium will take place at the Pittsburgh Embassy Suites (near the airport) and admission is \$10, which includes lunch. For more information, call (412) 904-3036.

May 15 **13th Annual Senior Expo**

Senator Jane Clare Orie, Majority Whip, in conjunction with UPMC Passavant, invites you to attend the 13th Annual Senior Expo Friday, May 15, 2009, 9:00 am to 2:00 pm at the Community College of Allegheny County, North Campus, 8701 Perry Highway. The Senior Expo is free of charge. No reservations needed. For additional information, contact Audrey Rasmussen at (412) 630-9466 or arasmussen@pasen.gov.

September 30 - October 2 **Healthcare Facilities Symposium & Expo**

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

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**NHA Friends: Please join us in Pittsburgh or in Harrisburg
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Results Management Spring 2009 National LTC Conferences/Exhibits

Why not earn 32 CEU's in Pittsburgh on March 16-19?
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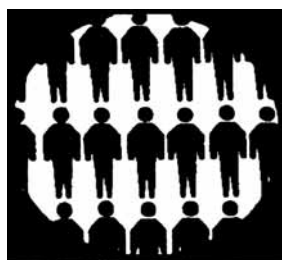
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for additional details, including registration form and **SPECIAL 50% DISCOUNT.****



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Hospital News



RESOURCE DIRECTORY

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Gateway Rehabilitation Center provides treatment for adults, youth, and families with alcohol and other drug related problems – within a network of inpatient and outpatient centers located in Pennsylvania and Ohio. Services offered include evaluations, detoxification, inpatient, partial hospitalization, intensive outpatient, outpatient counseling, and male halfway houses. Gateway also offers comprehensive school-based prevention programs as well as employee assistance services. Visit gatewayrehab.org or call 1-800-472-1177 for more information or to schedule an evaluation.

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Human Resources Department,
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412-826-6123 or call our "Job Line" 412-826-6080

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions

St. Barnabas Health System is comprised of a 172-bed skilled nursing facility in Gibsonia, a 47-bed skilled nursing facility and a 182-bed assisted living facility in Valencia, an outpatient Medical Center and three retirement communities. RN and LPN positions available at the two nursing facilities. Home Care Companion positions are available to assist our Retirement Village and community clients with daily living and personal care needs. Earn great pay and benefits now. Fantastic country setting, convenient drive from Pa. Turnpike, Rts. 8 & 19, Interstates 79 & 279.

Margaret Horton, Director of Human Resources
5830 Meridian Road,
Gibsonia, PA 15044 • 724-443-0700 ext. 5558

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For 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 and Alzheimer's specialty care. 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, please contact Joan Mitchell, for Independent Living; Suzanne Grogan for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asburyheights.org.

BAPTIST HOMES SOCIETY

Baptist Homes has served older adults of all faiths on its Mt. Lebanon campus 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 Holly Schmidt or Kim Herceg, Admissions Coordinators, 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, dietitian, 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

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350 Old Gilkeson Road, Pittsburgh PA 15228
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.

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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 108-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

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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
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Fax: (412) 473-0212
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Pittsburgh, PA 15218
Latrobe Office
Phone: (724) 538-4686
Fax: (724) 537-4683
326 McKinley Avenue, Suite 201
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INTERIM HEALTHCARE

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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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.

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To refer call: Monday to Friday daytime: 412-617-2928. After-hours/weekends: 412-596-2568. For more information, contact: Kim Reblock, RN, BSN, Director, Pediatric Specialty Hospital, The Children's Home of Pittsburgh & Lemieux Family Center. 5324 Penn Avenue, Pittsburgh, PA 15224. (412) 441-4884 x3042

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REHABILITATION

THE CHILDREN'S INSTITUTE

The Hospital at The Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Green Tree, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs. For more information, please call 412-420-2400.

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Investors' Lab

It's Time to Take Your Estate Plan and Portfolio in for a Check-up

Let's say you're a doctor. You're 58, want to retire in four years when you're 62 and you want your three teen-aged children to have a secure financial future.

Then the stock market crashed and your portfolio that was worth \$2 million in 2007 is now worth \$1 million. Your carefully laid plans hit a brick wall. So what do you do?

The first thing is not to panic. Bear markets hurt investment portfolios, but how you react to the downturn can make matters worse. You have to get over your fear.

Instead, you and your financial advisor need to sit down together and review your portfolio and your estate-planning goals. Bear markets are times to adjust portfolios.

If your portfolio is geared toward growth stocks, perhaps it's time to return to investment basics, like bonds. Bonds are typically less volatile than stocks, and whatever the price of the bond, it will keep paying interest unless it defaults. When you buy bonds, you subscribe to the philosophy that it's not so much the return of money that matters, it's really about money returning to you.

If you still think stocks are right for you, it might be prudent to look into the stocks of companies in industries that are traditionally strong performers during periods of recession or low growth, such as health care, energy and infrastructure companies.

Here's how stocks in each of these three key industries could perform in 2009:

- Utility stocks tend to underperform other stocks in bull markets and to hold



BY JOSEPH T. JOSEPH

up better in a bear market. The companies are highly regulated and tend to have a monopoly on the territory where they operate. Many utilities pay a large portion of their profits as dividends to investors, which can be helpful to investors who require decent dividend yields. Utility companies are stable and historically almost always offer slow, but steady growth.

- Healthcare spending in the U.S. accounts for 17 per-

cent of the gross domestic product. One of the reasons health care will do well in our economic downturn is because merger activity in this field is not slowing down, and merger activity usually gives stocks a boost. Large drug firms are looking to acquire medical equipment for diversification and biotech firms to replenish their pipeline of branded pharmaceuticals.

• Infrastructure stocks are expected to do well in 2009 in light of the economic stimulus package now in Congress. A large portion of the \$750 billion package in Congress is expected to fund "shovel-ready" projects that will address our crumbling infrastructure – like the 250,000 water main breaks that occur each year – and get people back to work in relatively high-paying jobs.

There are a number of strategies for taking advantage of current market conditions. The important thing is to not stick your head in the sand ostrich-like and do nothing, nor to panic and sell all your stocks.

Joseph T. Joseph, BPU Investment Management Inc., can be reached at jjoseph@bpuinvestments.com.

If your portfolio is geared toward growth stocks, perhaps it's time to return to investment basics, like bonds.

— Joseph T. Joseph

HPI Health Policy Institute Special Governance Briefing Friday, March 6, 2009

Governance Challenges in the New Political and Economic Environment

Friday, March 6, 2009, 8 AM - 1 PM
Heinz History Center, Smallman Street

Governance as Leadership: Richard Chait, PhD, Harvard University

- mindset and mechanics of the board
- framework for governance-distinct modes of trusteeship practices
- best support governance as leadership

Board Oversight of Community Benefit: Lawrence Prybil, PhD, University of Iowa

- consolidation of America's hospitals into networks and systems
- community benefit responsibilities of nonprofit health system boards
- 2008 performance data of system boards

Reactor Panel

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

Continental breakfast, box lunch and Heinz History Center tour (optional) included. Public parking available.

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Friday, April 3, 8-9:30 AM

Boards on Board for Quality Improvement

James Conway, Senior Vice President, Institute for Healthcare Improvement
Location: Pittsburgh Athletic Association, 4215 Fifth Avenue, Oakland

Registration is Required . . . www.healthpolicyinstitute.pitt.edu or 412.624.9141

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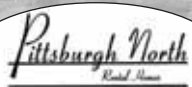


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