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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

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INFORMATION TECHNOLOGY

Pennsylvania Healthcare Advocacy Groups Join to Promote Reform

The PA HIMSS Advocacy Day Planning Committee

Federal Economic Stimulus to Invest $20B in Healthcare IT, Spurs Efforts to Educate, Prepare

BY NANCY BUCCERI, MOHAMAD ARIF ALI AND SRI DENDULURI

Pennsylvania has been first in many things – the first U.S. capital, the first medical school, the first hospital – even the first zoo. While we're known for our soft pretzels, did you know the Big Mac and the sundae were first developed in Pennsylvania? Today, Pennsylvania's hospitals and health systems are leaders in the use of information technology, outpacing hospitals nationally in their adoption of clinical information technology (IT) and management systems[1]. But despite this leadership, only 17 percent of Pennsylvania hospitals report that most of their medical practitioners routinely use IT for clinical interventions such as ordering medications[2].

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Patient Invoked Quality Improvement

PART 1
BY BARRY T. ROSS

Most of my career has been in hospital operations performance improvement. I am from an earlier generation of industrial engineers that migrated to hospitals from non-healthcare environments to implement process improvement (PI) initiatives and tools, practiced in other industries, to improve patient service quality.

Recently, something happened that made me rethink the typical ways in which hospital performance improvement is pursued. I was a hospital patient. I experienced some of the processes that I had previously focused on in my hospital work but, from a different perspective. Previously, I made and empowered others to make improvements, from a top down approach, to effect positive patient experience. As a patient, I had a bottom up view of the processes of which I was part. I was the focal point of a nexus of processes that directly affected me.

As a patient sensitized by years of advocating process improvement, I was in a unique position to understand what was going on around me and to share it with those interested in promoting the best patient related processes. As a result of my recent experience, I am advocating the concept of Patient-Invoked-Process-Improvement, in which the voice of the patient is heard and the patient is a key starting point for PI activities.

Conventional PI

Industrial engineering had embraced the quality improvement teachings of Juran and Deming for years in industries other than

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Barry T. Ross

New Campus Closer Every Day

Children's Hospital of Pittsburgh of UPMC Trains For The Big Move May 2

The wiring is finished. Advanced digital eRecord systems are being tested daily. At the loading dock, shipments of furniture and medical equipment arrive every hour. And on the patient floors from 6 to 9, signs taped to counters in the nurses' stations read "Final Cleaned."

The new Lawrenceville campus of Children's Hospital of Pittsburgh of UPMC is coming to life. Offices and labs in the John G. Rangos Sr. Research Center on campus have been occupied since November. Clinical staff are in the building every day training on the advanced systems that support the standard of clinical excellence that will continue to be provided at our new campus.

Since November, Children's Hospital staff have been conducting day-in-the-life testing of the new hospital's sophisticated digital systems. The day-in-the-life scenarios serve two purposes – first, as hands-on training for the clinical staff in the equipment and processes they will use every day, and secondly, as an opportunity for staff to perfect the systems.

Continued on page 20

A staff orientation tour group stops at the Time Wall mural on the 3rd floor of the new hospital.

We're Changing Rehab in Exciting Ways.

The Commons at Squirrel Hill
SKILLED NURSING & REHABILITATION

Therapist Sherry Fiorino uses Wii bowling in a rehab session with patient Marsha Kaufman.

Our patients' rehab needs are changing, and at The Commons at Squirrel Hill, we're changing to meet them.

We've upgraded and expanded our rehab space. When our completely renovated rehab gym opens soon, it will be one of the largest in the neighborhood.

We've added some high-tech equipment to enhance the rehab experience. There's our new GameBike, an exercise bike attached to a video console. And our Wii system. Both provide our patients with therapeutic exercise while participating in virtual sports.

We're also planning new approaches to rehab, like Pilates and yoga classes.

But the most exciting change of all: With an average stay of only two to four weeks, our patients are getting better, growing stronger, and going home.

Those are just some of the exciting changes we're making. To find out more, call 412-421-8443.

We're Perfecting the Art of Superior Care.

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Make Sure That You Are On The Right Side of the Paradigm Shift

BY NICK JACOBS

The typical model of high tech health care that was believed to be our 21st Century salvation from the illness that took our parents is currently being exposed as an artificial promise that has failed to deliver healing. Each decade our technologists have produced new; more sophisticated, and higher priced equipment with promises of earlier detection. Unfortunately cures have not been part of the equation. The additional technology has simply produced additional questions.

Throughout our lives only a few things have remained relatively constant. Transformational changes in the manner in which we travel, how we communicate, and even in the ways that we are educated have simultaneously produced significant shifts in those models as well. In the early 90's we were informed that the information being transferred to us would only be viable and, in fact, would be very nearly invalid within about 18 months or so after ingestion.

Those parameters of informational change continue to shrink exponentially as we immerse ourselves in instant access to changing data, innovative discoveries, and altering states of acceptance of ideologies that were once believed to be infinite in their content. Science is valid until the next discovery that proves it's not.

As we delve into the diva world of science we find many reasons why significant progress has not been made, mostly related to a lack of continuity in the incentive systems. But, because of these failures to heal, we also may now be able to discern another reality that will truly contribute to the new world order of medicine.

Dr. Lee Hood, infamous for his work in the creation of the equipment used by our present day scientists, launched a school of thought that has been generally accepted in the scientific community, Systems Biology. Dr. Wayne Jonas has pursued with passion his work in Systems Wellness. Both of these edge running thinkers are also working to contribute to a medical degree at leading university that will be entitled Systems Medicine.

The uniqueness of this type of thinking is not the newness of it. It is, in fact, a melding of the old and the new, the oldest and the newest approaches to healing. What Drs. Hood and Jonas separately yet collectively are advocating is an approach to illness that embraces the complexities of genomics and proteomics and allows that knowledge to be firmly wrapped in a swaddling of information that, in many cases, has been with us since indigenous man walked the earth, an Optimal Healing Environment.

We have all been inundated by the mythical promise of cures from fraudulent presenters, and the result of those untested, unproven, and unfounded promises has created a culture of distrust, cynicism, and fear that thwarts the reemergence of those healing practices that represented not only viable alternatives, but, in many cases, the only alternatives that were available to our societies less than eighty years ago. As we more clearly understand that the human body is a comprehensive system that interacts within itself on a myriad of levels, we also can begin to understand why individual responses to certain types of healing modalities also produce very different results, Systems Healing.

The philosophies, beliefs, and practices of the American Board of integrative Holistic Physicians, a major group of practitioners who have come together to provide not only education, training, and additional resources to physicians in general, have also come together to ensure that those Systems Healing practices that were pushed aside for the promise of high tech and high chemistry are reintroduced to medicine and healing in an appropriate and informed manners. Their work is not new to mankind, to medicine, or to healing, but it is a reemergence of those long proven, highly embraced modalities that promote and support health and wellness, the new paradigm?

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 Heathcare 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.

Religious Discrimination in the Workplace

BY ELAINA A. SMILEY

For physician practices, hospitals, medical providers, or any employer, religious discrimination complaints in the workplace are on the rise.

The Equal Employment Opportunity Commission reports that workplace discrimination against employees because of their religion has doubled in the last 15 years. EEOC filings based on religious discrimination came to 2,880 in 2007.

The Civil Rights Act of 1964 prohibits employers from discriminating against a person because of his/her religion in hiring, firing, or conditions of employment. It is illegal for employers to discriminate against employees based on their religious beliefs. The law extends to all phases of employment including recruiting, hiring, termination, discipline and benefits.

Employers are required to accommodate the sincere religious beliefs or practices held by an employee. For example, if a worker needs a day off for a religious observance, the employer may give him/her the time off without pay. In a case set for trial in January 2009, EEOC and Kimberly Bloom v. Aldi, Inc., the employee alleged that her religious beliefs prohibited her from working on Sundays and that her beliefs also prohibited her from asking others to take her Sunday shift. The employer had a policy that each employee was to rotate through a Sunday shift and employees could freely swap their shifts. In denying the employer's Motion for Summary Judgment, the court found that this policy alone may not be a sufficient accommodation for the employee's religious beliefs when the employee's beliefs prohibited her from asking others to work her Sunday shift. The outcome of this trial may provide guidance on what type of accommodations employers are required to provide for religious beliefs.

In some circumstances if accommodating a religious request will cause too much hardship, such as destroying a company's seniority system, the employer may not have to accommodate the employee. However, the hardship standard depends on the facts and circumstances of each situation and it is recommended that legal advice be sought before denying a religious accommodation request based on hardship.

Because of the rise in religious discrimination in the workplace, the EEOC recently issued new guidelines for employers who have at least 15 employees. The new EEOC guidelines include:

- Accommodating an employee's religious needs, including religious dress, grooming and praying during office hours.
- Preventing and prohibiting religious discrimination and harassment.
- Assisting religious employees with all reasonable requests.

In most cases, courts allow employers to have dress code and appearance-based requirements appropriate for the job in question.

For example in one case, a former employee sued Costco Wholesale Corp., a membership-based discount chain, for religious discrimination. Costco had a dress policy that prohibited all employees from wearing facial jewelry except for earrings.

The woman worked as a cashier and pierced her eyebrow.

When a supervisor reminded the woman of the company's policy, the woman said the eyebrow piercing was part of her religion and filed a religious discrimination charge against Costco with the EEOC. Costco offered an accommodation to allow her to cover the piercing with a bandage or to remove the jewelry and replace with a plastic retainer to keep the holes from closing. The employee claimed her religious beliefs required the jewelry to be displayed and not covered. The court ruled Costco offered a reasonable accommodation and that creating an exception to its dress code would create an undue hardship.

Because of the increased number of anti-discrimination complaints that the EEOC receives based on religion, employers need policies that specifically define and prohibit religious discrimination. Those policies should also define how to deal with religious accommodation requests. It is also important for supervisors and managers to be trained on the proper method to handle religious issues. By taking these simple steps, employers may reduce the incidents of discrimination claims.

Elaina A. Smiley is an employment, immigration and litigation attorney with Meyer, Unkovic & Scott LLP. She can be reached at es@muslaw.com.

Medicaid Funds in Federal Stimulus Must Be Used By State to Preserve Patient Access, Economic Vitality of Communities

As more than $4 billion in Medicaid funds flow to Pennsylvania through 2010 as part of the federal stimulus package, The Hospital & Healthsystem Association of Pennsylvania (HAP) urged Governor Ed Rendell and the General Assembly to dedicate these funds to preserving patient access to care and supporting critical hospital services.

"Pennsylvania's hospitals are $84 billion a year contributors to the state's now-fragile economy, and they generate more than 600,000 jobs—from the state's largest cities to its smallest townships and boroughs," said HAP President and CEO Carolyn F. Scanlan. "With the current economic crisis imperiling hospitals—and the patients who depend on them—it is essential that the federal stimulus funds intended for health care be spent on health care."

"President Obama specifically told the nation's governors that the stimulus plan 'will ensure that [states] don't need to make cuts to essential services that Americans rely on now more than ever,'" Scanlan said. "On behalf of the patients we serve, Pennsylvania's hospitals will press the Governor and the legislature to restore the hospital Medicaid funding that was cut in the Governor's budget proposal; we will seek to utilize these funds to assure that hospital Medicaid payment rates are adequate and fair, and to assure access to health care services for the elderly and disabled—our most vulnerable Pennsylvanians."

"Clearly, these stimulus funds—prescribed for Medicaid in the legislation and reaffirmed as such by President Obama in remarks to the nation's governors and mayors—are more than enough to restore and enhance state hospital Medicaid funds, and they will go a long way to assure that the health care needs of Pennsylvanians are met," Scanlan said. "As the President said, this money will help 'vulnerable Americans…keep their health care coverage. Children with asthma will be able to breathe easier, seniors won't need to fear losing their doctors, and pregnant women with limited means won't have to worry about the health of their babies.'"

The federal stimulus law also contains vital provisions that assure health care coverage for the unemployed and uninsured, make critical investments in health information technology, and provide training for more health care professionals.

"This stimulus package represents a significant federal investment in the health care system, and it acknowledges that health care delivery and hospitals are vital to the nation's economic recovery," Scanlan said. "It will be important for Pennsylvania to continue this strategy as it implements the plan's health care provisions.

"Pennsylvania's hospitals will work with the administration and the General Assembly to assure that funds dedicated to health care—including Medicaid, health IT, and expanded coverage—are used as the President and Congress intended."

Recently, HAP issued the results of a survey showing that the current economic crisis is significantly affecting the financial stability of Pennsylvania's general acute-care hospitals and limiting their access to financing for infrastructure modernization; forcing the postponement or cancellation of such spending; affecting patients who are canceling elective but necessary procedures; increasing the numbers of ED visits; and increasing people's behavioral health care needs.

"As more people lose jobs and/or their health insurance, the financial burden on hospitals is increasing," Scanlan said. "From a human perspective, however, the implications are worse. More patients will postpone preventive and routine health care, and they will be put at risk for more serious illnesses and complications before they seek care."

Vantage® Holding Company, LLC

A For-Profit Company that Forms Health Care Partnerships to Create Revenue, Savings and New Services

Vantage® Bleeding Disorder Management Program

It was not long ago that the parents of a child diagnosed with a serious blood disorder, like hemophilia, were often given the terrible news with little hope. In fact, long-time bleeding disorder advocate, newly appointed Director of Vantage's Bleeding Disorder Management Program and hemophilia patient himself - Jerry Marks - was told that he would not see his 21st birthday. But to Jerry and the bleeding disorder community – those are fighting words. Thirty years past that birthday, thirty years of involvement and advocacy later and Marks sees nothing – but the bright side.

Zach Kuhn

Zach Kuhn looks like any normal sixteen year-old high school sophomore, and he is. But there is a maturity to Zach, sensibility born from his need to be treated three times per week, intravenously, with a synthetic form of factor that fortifies his blood to stave off spontaneous episodes of internal bleeding. But Zach is strengthened with the support and knowledge gained from the hemophiliac community in general and Jerry Marks in particular. Zach has come to understand that this is his condition, and he must take responsibility for its treatment. Since the age of eight, Zach has been mixing his own medicine, and starting his own IV treatments. Most of us "needle-phobes" could not even imagine this.

But Zach Kuhn has made a choice, to live as normal a life as he possibly can. While there may be activities that he must avoid, Zach has been known to rough it up a bit with his buddies. But perhaps most impressive of all, he is fulfilling his dream to become a fire-fighter. Zach is currently a junior member at the Belle View Volunteer Fire Company in Erie, Pennsylvania, an "active" member. A common misconception about hemophiliacs is that they bleed faster if injured. They do not. They simply bleed longer because their blood lacks the necessary clotting agents. The greater risk is from the "spontaneous episodes" of internal bleeding, which can do long-term, hidden damage to vessels, organs and joints. And this is where the Vantage® team comes in.

The Vantage® Bleeding Disorder Management Team is different, and it begins and ends with their people. Vantage® patients know that 24 hours a day, 7 days a week, they have access to a Vantage® specialized bleeding disorder - IV trained - nursing team, a 24 hour alert line and a full-time patient advocate. They also have the confidence that their factor deliveries will be made in person, never having to find a box on the front porch, with no instructions and support.

"Vantage® is more than just factor in a box", and this is more than just a slogan in a brochure. The Vantage® people work hand in hand with, and coordinate care through the HTC – the Hemophiliac Treatment Center in Pittsburgh. Patients and parents are secure in the knowledge that advice and counsel are just a phone call away; and personal care – immediately available if needed.

House Bill 1105 sits in front the General Assembly, awaiting passage as thousands of blood disorder patients await the law that will finally formalize the necessary standards of care required. But as important, allow each patient choice; the choice of who supplies their product and what company they want to coordinate and facilitate its delivery, and ultimately their care.

Vantage® is a member of the National Hemophilia Foundation, a leader in the advocacy for patients with blood disorders and a strong and ardent supporter of House Bill 1105.

Vantage® is people, people like Jerry Marks who has literally dedicated his life to this cause; and people like Zach Kuhn – who has not only has benefited from the Vantage® philosophy, he has himself now become an advocate, offering his support, encouragement and experience to parents who are just beginning their fight for a normal life for their children with blood disorders.

Vantage® 25TH ANNIVERSARY 1984 ~ 2009

For more information about Vantage®, visit www.vhcn.com.

The Journey to Improve Hospice Care in America

BY RAFAEL J. SCIULLO

One of the best ways for an organization to stay true to its mission is to allow employees to continue to learn and improve their skills, knowledge, and performance. This is especially important in an area such as hospice where medical protocols, medications, and equipment are constantly changing and improving. It is advantageous for hospices, as well as other health care organizations, to designate an educational coordinator to assist in the ongoing education of staff.

The value of an educational coordinator can be seen throughout an organization. At Family Hospice and Palliative Care, the educational coordinator is involved in a wide array of activities:

- **Resource for clinical information.** The educational coordinator can be a resource for nurses who are searching for updated information about new equipment, medications, or care procedures. The information can be provided directly to the nurse or arranged as an in-service for the whole staff.

- **Caregiver Training Program.** Weekly caregiver training programs are offered by the educational coordinator. This unique program helps caregivers become more comfortable with the physical care and safety of the patient, equipment, and the disease process.

- **Orientation Program.** The educational coordinator works closely with Human Resources to provide a complete and comprehensive orientation program for the clinical staff. Taking part in the orientation process highlights the role of the educational coordinator as an on-going resource to new nurses when they start caring directly for patients.

- **Student Nurses.** An education point person can coordinate and supervise student nurses who rotate through the hospice. This can have a direct impact on the recruitment of future nurses.

- **Annual Education Day.** As is needed in every health care organization, the educational coordinator can create an annual educational day where the entire staff will be updated and trained in all the new HIPPA and OSHA requirements as well as new internal policies and procedures.

- **Community Education.** An education staff person can be another face of the organization to the community. Family Hospice and Palliative Care's coordinator speaks to professional and lay persons in the community about a variety of topics. She also arranges, at The Center for Compassionate Care, an array of educational programs for the community.

- **Staff In-services.** Staff in-services are necessary for good patient care as well as staff morale. At hospice, in-services such as pain management, disease process, and new medications are always necessary. The coordinator will either conduct the in-services or arrange for an expert in the field to present the information.

- **Certification Exams.** The coordinator can run review classes for employees who need to be certified in various areas. This is convenient and encourages employees to improve their professional standing.

- **Resource Library.** The coordinator can develop a resource library for the staff with written materials as well as videos and DVDs.

Even in these economically challenging times, it is essential to allocate resources for employee education. When a hospice invests in employee education there is a direct pay off in better patient care, easier recruitment, and a higher retention rate. All organizations have to realize that learning cannot stop at the front door.

Rafael J. Sciullo, 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 rsciullo@familyhospice.com or (412) 572-8800.

SCHOOL OF NURSING

UNIVERSITY OF PITTSBURGH

16th Annual Nursing Horizons Conference

"Best Practices in Interprofessional Practice and Communication"

Friday May 15th 2009
8 a.m. – 4:15 p.m.
Pittsburgh, PA

FIRST FLOOR LOBBY
VICTORIA BUILDING
OAKLAND CAMPUS

OVERVIEW

Evidence-based practice is an approach that enables nurses to implement the best care that meets the needs of their patients, families and communities. This conference showcases the best practices in interdisciplinary communication employed by nurses and health care professionals. The target audience is nurse clinicians, educators and managers in clinical and academic settings. The conference objectives are to:

1. Discuss best practices in interprofessional practice and communication applied in the nursing care of patients and families,
2. Outline methods to incorporate best practices in interprofessional practice and communication in health care settings.

CONTINUING EDUCATION CREDIT

6.0 contact hours of continuing nursing education will be granted by the University Pittsburgh School of Nursing. The University of Pittsburgh School of Nursing is an approved provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING

Founded in 1939, the University of Pittsburgh School of Nursing educates nurses for an increasingly demanding environment through a comprehensive curriculum that combines rigorous academic work with varied and intensive clinical experiences and a growing involvement in research. The School's many strengths include a renowned clinically focused undergraduate program and critically acclaimed master's and doctoral program. U.S. News & World Report ranked the University of Pittsburgh School of Nursing among the top ten graduate programs in the country in the last two issues of "America's Best Graduate Schools." For more than 50 years, researchers at the University of Pittsburgh School of Nursing have helped redefine the science and practice of nursing through research. Among schools of nursing, the National Institutes of Health (NIH) ranks the University of Pittsburgh School of Nursing 5th in the amount of awards received – the 9th consecutive year our School has ranked in the NIH's top 10 list! The NIH rankings reflect the substantial contributions the School is making to advance nursing care. For more information about the School of Nursing, visit our Web site at www.nursing.pitt.edu

REGISTRATION INFORMATION

Conference Fee: $125 (Lunch is included. Parking is not included) Payment must accompany registration. Conference attendees who use same-day registration will incur an additional $20 charge.

Cancellation Policy: All cancellations must be made in writing. Cancellations received before May 1, 2009, will be refunded minus a $35 administrative fee. No registration fee will be refunded after May 1, 2009. The University of Pittsburgh School of Nursing reserves the right to cancel this program if a sufficient number of advanced registrations is not received. In case of cancellation by the University of Pittsburgh School of Nursing, registration fees will be refunded in full.

Parking: Parking meters and garages are located throughout the campus, including the UPMC Presbyterian Garage and the UPMC Montefiore Garage. The School of Nursing is also accessible via public transportation. The Victoria Building is located one block north of Fifth Avenue, adjacent to UPMC Presbyterian.

Special Needs: Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us of your needs at least two weeks in advance of the conference by calling 412-624-3156.

Lifetime Learning Tax Credit: Individuals can qualify for a new educational tax credit for tuition and fees paid for undergraduate, graduate, and continuing education courses. For detailed information consult IRS publication 970, Tax Benefits for Higher Education; this can be obtained at any IRS office or at http://www.irs.gov/publications/index.html

The University of Pittsburgh School of Nursing reserves the right to substitute qualified faculty for those listed.

SCHEDULE

8:00 a.m. - 8:45 a.m. **Registration and Breakfast**

8:45 a.m. - 9:00 a.m. **Welcome**
Jacqueline Dunbar-Jacob, PhD, RN, FAAN, Dean and Professor; Director, Center for Research in Chronic Disorders, University of Pittsburgh School of Nursing

9:00 a.m. - 10:15 a.m. **Keynote Address**
Maryann F. Fralic Distinguished Lectureship
"Best Practices in Interprofessional Communication and Practice: Staff Nurse Care Coordination"
Madeline H. Schmitt, PhD, RN, FAAN, FNAP, Professor Emerita, University of Rochester School of Nursing

10:15 a.m. -11:15 a.m. **Break and Poster Presentations**

11:15 a.m. - 12:00 p.m. **Morning Abstract Presentations**
"Using International Dialogue about Ethics and Health to Enhance Nursing Students' Cross-Cultural Communication Skills"
Valerie Swigart, RN, PhD, Associate Professor, University of Pittsburgh School of Nursing
"Assessment of Occupational Musculoskeletal Injuries of Nurses and Therapists"
Theresa Gropelli, PhD, ACHS-BC, GCNS-BC, RN, Assistant Professor, Indiana University of Pennsylvania
"Making a Difference: Nursing Peer Review"
Ms. Shelly McGonigal, RN, MSN, Nursing Quality Director, Allegheny General Hospital

12:00 p.m. -1:00 p.m. **Lunch**

1:00 p.m. -1:45 p.m. **Afternoon Abstract Presentations**
"Topical Local Analgesia (TLA) for Children Who Experience Needle Stick Pain: A New Standard of Care"
Ms. Tracy Ann Pasek, RN, MSN, CCRN, Children s Hospital of Pittsburgh
"UPMC Shadyside Hospital Multidisciplinary Surge Response Plan"
Ms. Trish George, BSN, MSOL, RN, Capacity Management Clinician, UPMC Shadyside
"Code Green: Increasing Patient Flow Through the Emergency Department"
Ms. Judith Zedreck, RN, BSN, MPM, Vice President and Chief Nurse Executive, Allegheny General Hospital

1:45 p.m. - 2:15 p.m. ***"Health Literacy and Social Marketing"***
Brian Primack, MD, EdM, MS, Assistant Professor of Medicine and Pediatrics, University of Pittsburgh School of Medicine

2:15 p.m. -2:30 p.m. **Break**

2:30 p.m. - 3:00 p.m. ***"Crucial Conversations: Let's Talk"***
Margaret Rosenzweig, PhD, FNP-BC, AOCNP, Assistant Professor, University of Pittsburgh School of Nursing

3:00 p.m. - 4:00 p.m. **Closing Address**
Florence Erikson and Reva Rubin Endowment
"Everyday is Precious: Exemplars of Interdisciplinary Collaboration to Improve Pediatric Palliative Care."
Alice Conway, PhD, CRNP, FNP-BC, Associate Professor, Edinboro University School of Nursing

For more information please contact the University of Pittsburgh School of Nursing of Continued Education.

Phone: 412-624-3156 • Email: pjk14@pitt.edu

Or: www.nursing.pitt.edu/academics/ce

Healthcare Professionals in the News

ALTOONA REGIONAL HEALTH SYSTEM


DR. JOEL A. TORRETTI

Joel A. Torretti, M.D., has joined the Altoona Regional Medical Staff in the department of Orthopedics. Dr. Torretti received his medical degree from the Pennsylvania State University College of Medicine. He did his internship and residency at Pennsylvania State University, Hershey Medical Center. He received fellowship training on the spine at University of Bern, Switzerland, and Dartmouth Hitchcock Medical Center, N.H.


CLOYD R. BEERS

The board of directors of the Altoona Regional Partnership for a Healthy Community has announced the appointment of **Cloyd R. Beers** of Altoona as its new executive director. Beers will remain in his current position as director of Patient Financial Services at Altoona Regional Health System.

AMERICHOICE

AmeriChoice, a UnitedHealth Group company, has named **Jennifer Kessler** president of its Pennsylvania Health Plan. Kessler will be AmeriChoice's primary liaison with the Pennsylvania Department of Public Welfare. She was named president of Unison Health Plan of Pennsylvania in January 2006. Ten years earlier, she was hired as the director of Customer Support and was the company's first employee.

CANONSBURG GENERAL HOSPITAL

The Women's Auxiliary of Canonsburg General Hospital recently elected its officers for a two-year term. Shown are (l-r) **Carole Basara**, president/Women's Auxiliary; co-presidents **Laura Magill** and **Shelby Estoker**; **Dee Verakis**, recording secretary, **Andrea Yarkosky**, corresponding secretary and **Carole Pankas**, treasurer.

The Board of Directors of Canonsburg General Hospital recently appointed **Youssef Arshoun**, **M.D.**, **Deborah D. Albright**, **M.D.**, **Jessie Ganjoo**, **M.D.**, **Dennis M. Hutt**, **D.P.M.**, and **Alexander Kirichenko**, **M.D., Ph.D.**, to its medical staff.

CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER


NICOLE CARAVELLA

Nicole Caravella was hired as marketing assistant of The Children's Home of Pittsburgh & Lemieux Family Center. Caravella is a 2008 graduate of Youngstown University with a Bachelor's of Science in Business Administration.
Previous to joining The Children's Home, she interned at McConnell Marketing, Lawrence County Government Center, and Pipitone Group.


ARRAN HARLAND

Arran Harland was hired as educational coordinator for The Children's Home's Child's Way® program, a day care center for children with special medical needs. Prior to joining The Children's Home, Harland was a special education teacher at Propel's Andrew Street High School in Pittsburgh.


SUZANNE GREEN KINGSLEY

Suzanne Green Kingsley was appointed as medical social worker for The Children's Home's 28-bed Pediatric Specialty Hospital. Prior to joining The Children's Home, Kingsley worked in social work for the United Jewish Federation and spent several years with UPMC Presbyterian Hospital.

CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

The Children's Home of Pittsburgh & Lemieux Family Center announces the addition of two new members to its Board of Directors. **Alissa Meade**, of Squirrel Hill, is a management consultant for McKinsey & Co. She is also a member of Network 20/20 and certified by the New York State Bar Association. **Ryan Will**, of Shadyside, joined The Children's Home advisory board. He is senior manager within the CFO Services Practice of Archstone Consulting. Will is also a member of the Institute of Management Accountants.

CONCORDIA LUTHERAN MINISTRIES


BECKY LEFEVER

Concordia Lutheran Ministries Vice President of Independent Living Larry Talmadge recently announced the appointment of a new volunteer and activities coordinator at Concordia Haven Apartments. **Becky Lefever** came to Concordia with a bachelor's degree in community health (health education) from Slippery Rock University. She will be responsible for the development of volunteer program at the Havens and assisting with the planning and implementation of activities for independent living residents.

EXCELA HEALTH


KIM N. HOLLON


DAVID S. GALLATIN

David S. Gallatin will be stepping down as Chief Executive Officer of Excela Health at the end of March, and effective April 1, **Kim N. Hollon**, CEO of Hospitals, will serve as Interim CEO of the health system while the Board of Trustees commences a national search to identify Gallatin's successor. Gallatin has made a long-term commitment to Westmoreland County's health care delivery system, first as a board member for Westmoreland Hospital, later as president and CEO of Westmoreland Health System, and for the past five years as Excela Health's first Chief Executive Officer.

GROVE CITY MEDICAL CENTER


DR. CARLOS A. VIVAS


DR. JOHN C. LYNE

Grove City Medical Center welcomes urologist **Dr. Carlos A. Vivas** to its medical staff. He joins **Dr. John C. Lyne**, who has cared for patients in the Grove City area for more than five years, to provide a broader range of services and an increased presence in Grove City. Both physicians are members of Triangle Urological Group.

JAMESON HEALTH SYSTEM


DR. FERNANDO HAYETIAN

Jameson Health System is proud to introduce **Fernando Hayetian, M.D.**, as he joins the surgical staff of Jameson Memorial Hospital. A 1996 graduate of the University of Buenos Aires (U.B.A.) School of Medicine, Dr. Hayetian also completed a five-year general surgery residency in Argentina. He then moved to Pittsburgh to complete a two-year research fellowship in minimally invasive surgery, followed by a five-year general surgery residency at Western Pennsylvania Hospital, Pittsburgh, where he also served as chief resident.

J.C. BLAIR MEMORIAL HOSPITAL


JOSEPH J. PELUSO

J.C. Blair Memorial Hospital's Board of Trustees has appointed **Joseph J. Peluso** from Greensburg, Pennsylvania, as the Hospital's new chief executive officer. Peluso brings more than 31 years of hospital management experience to the hospital. He spent the majority of his career at Westmoreland Health System where he served as President and CEO for 18 years. More recently he held the positions of Chief Operating Officer at Wellmont Health System in Kingsport, TN and President/CEO of Lee Regional Medical Center in Pennington Gap, VA.

MEMORIAL MEDICAL CENTER


DR. JEREMY N. MEISEL

Memorial Medical Center is pleased to welcome **Jeremy N. Meisel, M.D.**, neurologist. For the past five years Dr. Meisel has worked at Memorial Medical Center periodically as a locum tenen. He will continue to see inpatients, in addition to being heavily involved with the Memorial's Epilepsy Monitoring Unit and Stroke Unit. Dr. Meisel will also read sleep studies for Memorial Medical Center's Sleep Disorders Center.

MONONGAHELA VALLEY HOSPITAL

Herman J. Bigi recently presented the 2008 Good Citizen Award to MVH President and CEO **Louis J. Panza Jr.** (left). **Panza** is this year's recipient of the Good Citizen Award for efforts in support of the Boy Scouts of America, presented by the Mon Valley District Friends of Scouting at their annual breakfast. Panza, a former Scout himself, son of a Scoutmaster and father of an Eagle Scout, said "The best part of an award like this is receiving it with your friends."


PATRICIA GREEN

Patricia Green, R.N., B.S.N., has been appointed to the position of the Breast Cancer Nurse Navigator. In this position, Patricia will oversee the Comprehensive Breast Care program at MVH. Her experience includes oncology nursing and chemotherapy certification through the Oncology Nursing Society and she has been a mentor for nursing students and new graduate nurses.

MOUNT NITTANY MEDICAL CENTER

Mount Nittany Medical Center is pleased to announce the addition of **Joseph F. Tavares, M.D., FCAP**, to Penns Valley Area Family Medicine in Spring Mills. A graduate of Fordham University and the Universidad Central Del Este in the Dominican Republic, Tavares began practicing in 1988 as an associate pathologist at Sunbury Community Hospital and was appointed the laboratory director the following year. In 2000, Dr. Tavares graduated from the Penn State Geisinger Family Medicine Program and became board certified in family medicine in 2000.

Mount Nittany Medical Center has appointed **Nancy Mutch, RN, MSN,** director of critical care services in addition to her current responsibilities as administrative director of emergency services. Mutch has been a part of the Medical Center management team since 1984, having served in the past as a member of the Critical Care Unit structured collaborative team and interim director.

Crystal McCracken, RN, BSN, has accepted the position of nurse manager in critical care services. McCracken joined Mount Nittany Medical Center in March 2007 as a clinical supervisor, having held supervisory positions with other healthcare organizations.

OHIO VALLEY GENERAL HOSPITAL


DR. AMBER R. ELWAY

Ohio Valley General Hospital (OVGH) and Drs. Sauer & Leibensperger Family Practice, P.C. are pleased to announce the addition of **Amber R. Elway, D.O.**, and **Stacie M. McKnight, D.O.**, to its medical staff.
Amber R. Elway, D.O., graduated with honors in biology from Indiana University of Pennsylvania. She went on to take extra classes at Duquesne University. Elway received her medical degree from Philadelphia College of Osteopathic Medicine and completed her family medicine residency at UPMC St. Margaret.


DR. STACIE M. MCKNIGHT

Stacie M. McKnight, D.O., graduated from Washington and Jefferson College with a degree in biology. She attended medical school at Lake Erie College of Osteopathic Medicine and also completed her family medicine residency at UPMC St. Margaret.

ST. CLAIR HOSPITAL


LINDA L. VANCE

The Allegheny division of the American Heart Association has bestowed its first Mary Ann Scully Excellence in Nursing Award to **Linda L. Vance,** nurse manager in the Coronary Care Unit at St. Clair Hospital. The award was given to Vance – a 40-year veteran of St. Clair who helped found the Coronary Care Unit at the 329-bed Mt. Lebanon hospital – for her lifetime commitment to cardiac nursing; quality and compassionate patient care; exemplary commitment to the mission of the American Heart Association; a commitment to continued education and teaching; and outstanding leadership in the nursing field.


MARSHA KNAPIK

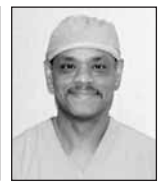
St. Clair Hospital has named **Marsha Knapik, R.N.**, as Director, Perioperative Services. She previously served as a senior consultant in Cardiovascular Services at Health Care Visions. Prior to that, she held a variety of positions at The Washington Hospital, including critical care educator and manager of Cardiopulmonary and Cardiac Catheterization Services.

SHARON REGIONAL HEALTH SYSTEM


DR. FREDERICK KURZ


DR. EMIL MAURER


DR. SHAUN HENNON


DR. DONALD PERSON

Sharon Regional Health System is pleased to announce the arrival of Penn-Ohio Anesthesia Associates as the new exclusive provider of anesthesia services at Sharon Regional. The group consists of four full-time anesthesiologists headed by group president **Frederick Kurz, M.D.,** and medical director **Emil Maurer, M.D.**, along with **Shaun Hennon, M.D.**, and **Donald Person, M.D**. Drs. Kurz, Hennon, and Person were all partners in Associates in Anesthesiology, Inc. in Youngstown prior to joining Sharon Regional.

SHRINERS HOSPITALS FOR CHILDREN


CHARLES R. WALCZAK

Charles R. Walczak has been named the new administrator of the Shriners Hospitals for Children – Erie. Walczak comes to Shriners Hospitals most recently from the University of Pennsylvania Health System where he serves as director of strategic planning for the Hospital of the University of Pennsylvania (HUP) and Clinical Practices of the University of Pennsylvania (CPUP). Walczak also spent three years as executive administrator of the Women's Health Care Group of PA, in Oaks, PA, and Academic Urology in Wayne, PA. He also served as vice president of orthopedic and neuroscience services at Main Line Health Systems in Bryn Mawr, PA. Prior to moving to the Philadelphia area, Walczak spent 14 years at Hamot Medical Center in Erie, most recently as vice president of operations.

SUSAN G. KOMEN FOR THE CURE


NANCY BRINKER

Nancy Brinker, famed breast cancer activist and founder of Susan G. Komen for the Cure, will be the 2009 recipient of the University of Pittsburgh Graduate School of Public Health's (GSPH) Porter Prize in recognition of her outstanding achievements promoting health and preventing disease. Brinker ignited the global breast cancer movement nearly 30 years ago when she promised her dying sister, Susan G. Komen, that she would put an end to the pain, fear and hopelessness associated with the disease. Since Brinker founded Susan G. Komen for the Cure in 1982, it has grown into a global organization of volunteers who raise money and awareness through local affiliates and sponsor Komen Race for the Cure events across the country.

UNIVERSITY OF PITTSBURGH


DONNA J. HAWORTH


DR. JOHN F. MAHONEY


DR. YUAN CHANG


DR. PATRICK MOORE

Three researchers, an educator and a journalist from the University of Pittsburgh have received 2009 Carnegie Science Awards. **Yuan Chang, M.D.**, and **Patrick Moore, M.D.**, M.P.H., are a husband-wife research team at the University of Pittsburgh Cancer Institute and professors at the Pitt School of Medicine. Drs. Chang and Moore received the Life Sciences award for their discovery of two different viruses that cause human cancers.

Donna J. Haworth is a Bioengineering doctoral student at Pitt. Haworth received the University/Post-Secondary Student award for her efforts to engineer a tissue-based urethral wrap that could revolutionize the therapeutic approach to treat stress urinary incontinence.

John F. Mahoney, M.D., is an associate dean at the Pitt School of Medicine. Along with being honored by students and colleagues for his teaching efforts, Dr. Mahoney received the University/Post-Secondary Educator award for his success in developing and disseminating innovative curricula that improve the educational experiences for the next generation of physicians, including a medical school curriculum on bioterrorism and public health preparedness.

Joe Miksch is the associate editor for Pitt Med Magazine. Miksch received the Journalism award for his coverage of research, clinical and curricular advancements at the Pitt School of Medicine.


GERRY DOUGLAS

Gerry Douglas, a doctoral student in the Department of Biomedical Informatics at the University of Pittsburgh School of Medicine, has been named a 2009 Technology, Entertainment and Design (TED) fellow. He was selected to participate in TED's inaugural fellowship class for his work as co-founder of Baobab Health, a non-profit organization aimed at improving health care in developing countries through medical informatics.

UPMC


MICHAEL COSTELLOE


JOEL YUHAS

To accommodate future growth in the United Kingdom and Ireland, UPMC announced new roles for two executives in its International and Commercial Services Division.

Starting May 1, **Michael Costelloe** will assume the role of managing director for the U.K. and Ireland. Costelloe previously was the president and chief executive officer of Beacon Hospital in Dublin, Ireland, which has been managed by UPMC since February 2008. Before assuming his management role in Ireland in 2005, Mr. Costelloe was the director general of UPMC's well-regarded transplantation hospital in Palermo, Italy

Joel Yuhas, named in February as senior vice president of international operations, also will serve as president and chief executive officer of Beacon. Yuhas, who joined UPMC in 2007, will be based in Ireland and will oversee the operations of UPMC Cancer Centres in Ireland and the U.K. He previously served as president of UPMC Horizon and interim president of UPMC Northwest, supervising three of UPMC's 20 hospitals.

UPMC HORIZON


DR. SCOTT CELIN

Scott Celin, M.D., board-certified ear, nose, and throat specialist (otolaryngologist) with UPMC Passavant, is now seeing patients at the Womancare Center of UPMC Horizon. Dr. Celin is past-president of the UPMC Passavant and UPMC Passavant Cranberry medical staffs, a member of the American Academy of Otolaryngology/Head and Neck Surgery, a fellow of the American College of Surgeons, and the American Medical Association.

WEST PENN ALLEGHENY HEALTH SYSTEM

West Penn Allegheny Health System (WPAHS) officials announce that **Michael DeVita M.D.**, has been appointed to the newly created position of Executive Vice President, Medical Affairs. He will assume the post in April. Dr. DeVita presently serves as the Associate Medical Director for Quality and Medical Management for the University of Pittsburgh Medical Center (UPMC) system. Prior to that he was Vice President of the Medical Staff for Surgical-Based Services at UPMC Presbyterian Hospital as well as Medical Director for UPMC's Transitional Care Unit. He is also a Professor of both Critical and Internal Medicine in the University of Pittsburgh's School of Medicine.

West Penn Allegheny Health System (WPAHS) officials announced the recruitment of four critical care specialists from the University of Pittsburgh Medical Center (UPMC) to oversee the System's newly formed Division of Critical Care Services and a new Critical Care Division in the Department of Thoracic and Cardiovascular Surgery at Allegheny General Hospital (AGH). Led by Peter Linden, M.D., a nationally recognized critical care specialist and former director of UPMC's Abdominal Organ Transplantation ICU Service, the group also includes **Steven Bowles, M.D.**, a senior critical care specialist at UPMC Mercy Hospital, and UPMC critical care medicine fellows **Christopher Brackney, M.D.**, and **Subbarao Elapavaluru, M.D.**

Understanding End of Life Care: A Physician Perspective

Dr. Myles Zuckerman

Those who have chosen a field in medicine, often struggle with the paradox of striving to save/cure patients versus aggressively treating the patient's needs through comfort and palliative care options, particularly when the disease process and decline are irreversible.

One special physician that does embrace quality patient care related needs of those facing end of life is Gateway Hospice Associate Medical Director Dr. Myles Zuckerman.

Dr. Zuckerman was introduced to Gateway Hospice in 2006 when his own father was in need of hospice care. As he was caring for his father, Dr. Zuckerman found himself very impressed with the care of his father and the support that he, himself received. This experience convinced him to be a part of the Gateway team as an Associate Medical Director. "I was happy to have an opportunity to enter the world of hospice care through working with the professionals at Gateway Hospice," states Dr. Zuckerman.

For Dr. "Z" (as his Gateway team likes fondly refer to him) the role of hospice care physician and the role of family practice doctor are not so different. "In many ways it is the same philosophy," states Dr. Z. "That philosophy involves making any testing and treatment decisions in cooperation with my patients and their relatives, not in isolation from them, and recognizing that we are treating people and not diseases. We, as health care providers, need to constantly question what we do, and make sure that it's for our patients' bene?t. This is a good approach at every stage of life."

In his more than 23 years of medical practice, Dr. Zuckerman has become increasingly open and sensitive to the many challenges facing patients and their families as they struggle with countless healthcare decisions. Not only does Dr. Z operate a Family Practice (with his supportive physician wife Sara) in Crafton, Dr. Z has been instrumental in his medical role at Gateway since 2006.

Dr. Z knows only too well the many patients and families that do benefit from end of life consultation-having choices. Often times, emphasis is placed on curative measures and treatments, but Dr. Z has a unique gift of listening and responding to his patients needs which is hand in hand with Gateway's philosophy

Dr. Z goes above and beyond to emphasize the option of comfort based care. He believes that dignity and control of symptoms for a disease process that is non reversible is a viable option. Dr. Zuckerman suggests sharing end of life options more timely and more directly with patients and families in need.

Allegheny General Hospital Suburban Campus Physician Celebrates Three Decades of Service

Dr. M. H. V. Murthy

Primary care physician M. H. V. Murthy, M.D., FACP, is marking 30 years of providing healthcare services to patients throughout Pittsburgh's northern communities, through his private practice and professional affiliation with Allegheny General Hospital - Suburban Campus in Bellevue and the West Penn Allegheny Health System.

His private practice focuses mainly on internal medicine with a portion dedicated to rheumatology.

Through Suburban Campus' Division of General Internal Medicine, Dr. Murthy provides comprehensive ambulatory adult medical care. He offers a complete range of clinical services, such as primary diagnosis of new disorders; management of chronic diseases such as asthma or diabetes; health screening and preventive services for conditions including hypertension and lipid disorders; and wellness programs to residents of Ben Avon and the surrounding communities.

Dr. Murthy is board-certified by the American Board of Internal Medicine. He earned his medical degree from Bangalore Medical College in India and completed his internship and residency in internal medicine at McKeesport Hospital. He also completed specialist training in general medicine, as well as general and neonatal pediatrics, at hospitals in the United Kingdom. Additionally, Dr. Murthy is certified in diabetic management by the National Committee for Quality Assurance.

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In honor of National Doctors' Day, Golden LivingCenters thank you for dedicating your time and talents to caring for others.

The physicians and medical directors who support our Golden LivingCenters are an integral part of our Golden Difference team, and their commitment to helping us meet our patients' needs is essential in providing the outcomes that lead to improved health. By celebrating National Doctors' Day, we have the opportunity to express our appreciation to those who help us make a difference in patient care.

We would like to thank all of our medical directors:

Golden LivingCenter – Western Reserve thanks
Dr. Domenick Brasile

Golden LivingCenter – Erie thanks
Dr. Frank Reusche

Golden LivingCenter – Oil City thanks
Dr. David Andres

Golden LivingCenter – Kinzua thanks
Dr. Ronald Simonsen

Golden LivingCenter – Meadville thanks
Dr. Kreig Spahn

Golden LivingCenter – Cambridge Springs thanks **Dr. Randy Edwards**

Golden LivingCenter – Monroeville thanks
Dr. Michael Yao

Golden LivingCenter – Shippenville thanks
Dr. Bradley Fell

Golden LivingCenter – Murrysville thanks
Dr. Balakrishna Ragoor

Golden LivingCenter – Mt. Lebanon thanks
Dr. Raman Purighalia

Golden LivingCenter – Oakmont thanks
Dr. William Johnjulio

Golden LivingCenter – Clarion thanks
Dr. Jeffrey Karls

Golden LivingCenter – Titusville thanks
Dr. Scott McAllister

We would also like to thank all of our attending physicians!

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West Penn Allegheny Establishing Physician Driven Healthcare Organization, Names Three to Key Posts

The Western Pennsylvania Hospital Appoints David B. Lerberg, M.D., Chief Medical Officer

Dr. David B. Lerberg

David B. Lerberg, M.D., has been named Chief Medical Officer at The Western Pennsylvania Hospital. The appointment was announced by Dawn M. Gideon, West Penn Hospital President and Chief Executive Officer.

"Dr. Lerberg's distinguished record of excellence in clinical practice, teaching and leadership makes him an outstanding choice for Chief Medical Officer," Gideon said.

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.

As Chief Medical Officer, Dr. Lerberg will be responsible for providing skilled management and leadership for the medical staff in enhancing the quality of patient care and assuring effective utilization of resources across all hospital departments. He will serve as a clinical resource in the development and enhancement of quality assurance and improvement initiatives.

Dr. Lerberg received his medical degree from The Johns Hopkins University School of Medicine. He completed an internship at The Johns Hopkins Hospital, as well as residencies in general surgery and cardiothoracic surgery at the University of Pittsburgh. Dr. Lerberg is a Fellow of the American College of Cardiology, American College of Surgeons, Society of Thoracic Surgeons and American College of Chest Physicians. He is board-certified by the American Board of Thoracic Surgery.

Dr. Lerberg has served West Penn Hospital on numerous committees focusing on a wide variety of issues, including quality assurance, radiation safety, performance improvement, and medication safety. He is Past President of the Pittsburgh Thoracic Surgical Society and a member of the board of directors of The Western Pennsylvania Hospital Foundation.

West Penn Allegheny Health System Recruits Nationally Recognized UPMC Physician, Michael DeVita, M.D., to Serve as Executive Vice President of Medical Affairs

West Penn Allegheny Health System (WPAHS) officials announced that Michael DeVita M.D., has been appointed to the newly created position of Executive Vice President, Medical Affairs. He will assume the post in April.

Dr. DeVita presently serves as the Associate Medical Director for Quality and Medical Management for the University of Pittsburgh Medical Center (UPMC) system. Prior to that he was Vice President of the Medical Staff for Surgical-Based Services at UPMC Presbyterian Hospital as well as Medical Director for UPMC's Transitional Care Unit. He is also a Professor of both Critical and Internal Medicine in the University of Pittsburgh's School of Medicine.

"With the hiring of Dr. DeVita we have taken yet another step in reaching our goal of establishing a truly physician-driven organization and being uniquely positioned in our marketplace to address the challenges and opportunities facing our industry, said Christopher T. Olivia, M.D., WPAHS president and chief executive officer.

"As both a clinician and healthcare executive Dr. DeVita brings significant experience and accomplishments to the position."

In his new duties Dr. DeVita will be responsible for West Penn Allegheny Health System's nationally lauded initiatives in quality, medical education and research.

"Given his unyielding commitment to excellence and his far-reaching stellar reputation, we are certain that Dr. DeVita will lead these areas to even greater heights," Dr. Olivia said.

Dr. DeVita earned both his undergraduate and medical degrees from Georgetown University. He completed his internship in Internal Medicine at St. Vincent's Hospital in New York City and his residency in Internal Medicine at Georgetown University Hospital. He also performed a fellowship in Critical Care Medicine at St. Vincent's Hospital.

Dr. DeVita is board-certified in Internal and Critical Medicine. He is a Fellow in the American College of Physicians and has received Presidential Citations from both the Society of Critical Care Medicine and the American College of Critical Care Medicine.

A highly regarded medical ethicist and expert in end-of-life decisions, he has over 100 publications dealing with critical care, patient safety and ethics in such journals as the Archives of Internal Medicine, The Kennedy Institute of Ethics, Quality and Safety in Healthcare, and Critical Care Medicine. He has been an Associate Editor of the journal Simulation in Healthcare, and is a Column Editor for the Joint Commission's Journal on Quality and Patient Safety. He is lead author of the first textbook on rapid response systems, entitled Medical Emergency Teams.

Dr. DeVita is also active in the community, most notably as a member of the Clinical Affairs Advisory Committee for the Juvenile Diabetes Research Foundation and the International Juvenile Diabetes Research Foundation Stem Cell Research Advisory Committee.

The Western Pennsylvania Hospital – Forbes Regional Campus Appoints Mark A. Rubino, M.D., Chief Medical Officer

Mark A. Rubino

Mark A. Rubino, M.D., MMM, FACOG, has been named Chief Medical Officer at The Western Pennsylvania Hospital - Forbes Regional Campus. The appointment was announced by Dawn M. Gideon, President and Chief Executive Officer of Forbes Regional.

"Dr. Rubino's exceptional skills in both the practice and management of medicine, as well as his proven leadership qualities, make him an excellent choice for Chief Medical Officer," Gideon said.

Dr. Rubino has been associated with Forbes since 1987. He will continue in practice with East Suburban Obstetrical and Gynecological Associates of Monroeville.

As Chief Medical Officer, Dr. Rubino will be responsible for providing skilled management and leadership for the organized medical staff, including enhancing the quality of patient care and most effectively utilizing resources across all hospital departments while providing medical expertise to the hospital and the West Penn Allegheny Health System.

Dr. Rubino received both his undergraduate and medical degrees from the University of Pennsylvania. He served his internship and residency at Magee-Womens Hospital of the University of Pittsburgh Medical Center. He also holds a master's degree in medical management from Carnegie Mellon University's H. John Heinz III School of Public Policy and Management.

He 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 staffs of both hospitals. He has also served as a member of the Board of Directors at West Penn, Chairman of the Bylaws Committee at West Penn, Vice President of the Medical Staff at Forbes Regional and Chairman of the Credentials Committee at Forbes Regional Campus.

He is board-certified by the American Board of Obstetrics and Gynecology and the American Association of Gynecological Laparoscopists, and is a Fellow of the American College of Obstetricians and Gynecologists.

TOP PHYSICIANS

Thomas E. Starzl, M.D., Ph.D., Selected for Prestigious National Award

Dr. Thomas E. Starzl

University of Pittsburgh transplant pioneer Thomas E. Starzl, M.D., Ph.D., known as the father of transplantation, has been selected by Castle Connolly Medical Ltd. to receive a Physician of The Year Award for Lifetime Achievement. The prestigious award honors a select group of physicians who have made notable contributions to the field of medicine.

Dr. Starzl, distinguished service professor of surgery, University of Pittsburgh School of Medicine, and director emeritus of the Thomas E. Starzl Transplantation Institute at the University of Pittsburgh Medical Center (UPMC), has achieved international acclaim by laying the groundwork for the transplantation field of medicine. Throughout his career, he has continued to make among the most significant landmark advancements in medicine and science – from identifying better ways to control organ rejection to offering novel approaches that enhance understanding of disease processes. Today, the Thomas E. Starzl Transplantation Institute remains the world leader in transplantation experience with more than 10,000 patients treated to date.

"I am deeply honored to receive this award, not as an individual, but rather as a representative of the outstanding transplantation team," said Dr. Starzl. "From the beginning, our team included all components of the University of Pittsburgh, from the Schools of Health Sciences to the consortium of affiliated UPMC hospitals. I'm proud to have been a part of this team, which has worked tirelessly to advance the field of organ transplantation and provide hope to countless patients who otherwise had none."

Dr. Starzl performed the world's first liver transplant in 1963 while at the University of Colorado. Four years later, he performed the first successful liver transplant. In 1980, he advanced the field another step when he introduced the anti-rejection medications, anti-lymphocyte globulin and cyclosporine, which became the accepted transplant regimen given to patients with liver, kidney and heart failure.

In 1981, Dr. Starzl joined the University of Pittsburgh School of Medicine and led the team of surgeons who performed the city's first liver transplant. Thirty liver transplants were performed that year, launching the university's liver transplant program – the only one in the nation at the time – and invigorating the university's heart and kidney transplant programs. In 1989, Dr. Starzl introduced the anti-rejection medication FK-506, which markedly increased survival rates for liver and other organ transplants and led the way to other successful types of organ transplants, including pancreas, lung and intestine.

Retired from clinical and surgical service since 1991, Dr. Starzl still remains active in research, mapping the relationship between donor and recipient cells and developing new therapeutic strategies to achieve immune tolerance after transplantation with a much lower risk of side effects from immunosuppressive therapy.

Family Hospice and Palliative Care

Scott Miller, M.D., MA

Dr. Scott Miller

Every hospice nurse dreams of working with a physician who is a teacher as well as a team player. Every hospice patient and family wants to be cared for by a physician with both compassion and knowledge. And every administrator hopes to work with a physician who is willing to share his or her expertise to help build a new program. Family Hospice and Palliative Care is fortunate to have found all this in one physician, Dr. Scott Miller.

As medical director for the inpatient facility at Family Hospice and Palliative Care's Center for Compassionate Care, Dr. Miller brought with him an extensive knowledge of medical ethics and end-of-life care. His expertise in this field is impressive, but when his team members are asked about him they say that it is his compassion and gentle nature that makes him a perfect fit for this calling. Julie Leach, the clinical supervisor smiles when she speaks of Dr. Miller. "I can't imagine him doing anything else but this. He understands that, at times, the human touch is as important as any medical intervention we could offer. His heart is as big as he is."

Dr. Miller feels that the interdisciplinary team is the perfect way to care for patients. In fact, he thinks the team approach would be beneficial in other areas of medicine as well. He is not only responsible for overseeing the medical care for the patients in the 12-bed facility but also sees patients at their homes. Even though they are not able to leave their homes to see a physician, Dr. Miller recognizes that, at times, there are both physical and psychological benefits to being seen by a hospice and palliative care physician. In the true spirit of hospice, Dr. Miller appreciates that many people do more living when they know they do not have much time left. He truly believes that once a health care professional is called to this kind of work they can't do anything else.

His interest in caring for the dying began early on during his residency in Internal Medicine. During that time, Dr. Miller began noticing that many physicians had a difficult time talking with families of dying patients and often left those conversations to the nurses. In addition, many attending physicians did not expose interns and residents to dying patients as the perception was that there was little to learn when a cure was not possible. Dr. Miller did his internship and residency at UPMC Presbyterian University Hospital. He went on to complete his fellowship in Medical Ethics and End-of-Life Care there, as well as to receive a Masters Degree from the University of Pittsburgh in Clinical Ethics.

In addition to his role as full time Medical Director at The Center, Dr. Miller is a practicing internist, the medical editor of the Allegheny County Medical Society's Bulletin magazine, and an Ethics Consultant at UPMC Presbyterian and Montefiore Hospitals. He also serves on the Hospital Ethics Committee at those two hospitals. In his role as Assistant Professor in the Section of Palliative Care and Ethics at UPMC Presbyterian University Hospital, Dr. Miller teaches medical students and residents. He is board certified in both Hospice and Palliative Care Medicine and Internal Medicine.

AMA Launches New Interactive Website

Offering a fresh look and redesigned content, the American Medical Association (AMA) launched a new website, www.ama-assn.org, to help physicians, residents, and medical students easily obtain resources and tools relevant to their individual professional needs.

The new AMA Web site is dynamic and timely, with AMA messages and news pages updated daily. Dedicated sections for physicians, residents, and medical students are filled with information and resources specific to each group. Physicians can find useful billing and reimbursement resources, along with numerous tools ranging from patient education to clinical practice standards. Medical residents can benefit from tips on how to survive the rigors of residency, including advice on handling medical school education debt. Medical students can access information on financial aid, choosing a medical specialty and understanding medical ethics. In addition to exploring the site by professional status, visitors can also search content by subject matter. Topics include physician resources, education and the profession, legislation and advocacy, and AMA news and events.

In addition to its new and updated appearance, the AMA Web site now has more content directly available from the home page allowing for faster access to needed information, such as links to Continuing Medical Education (CME), Current Procedural Terminology (CPT) and medical journals. Medical Students can link to FREIDA Online to find accredited training programs. Topic menus that expand or collapse can be tailored to the user's preference and related links now appear to direct users to other relevant content.

The AMA's popular Doctor Finder feature is still available to help locate physicians and determine their AMA member status. The site will be continuously updated to make navigation easier and information more valuable.

If You're Contemplating Divorce Know Your Financial Situation

BY DONNA M. CHESWICK

A fact of life in our society today is that approximately one out of two marriages end in divorce. The dissolution of a marriage is one of the most difficult and stressful experiences in one's lifetime. If you are contemplating divorce, you must carefully assess your financial situation and try to obtain an equitable settlement. In Pennsylvania, equitable does not necessarily mean equal. Equitable means that the courts will recognize settlements that are fair, but not necessarily divided 50/50. Settlements may be comprised of asset distribution, alimony, and child support and debt assignment. One of the keys to a successful settlement is preparation, which includes a through understanding of your situation.

If you are considering divorce, one of the first things to do is to gather all important financial records and data relating to your marital lifestyle. It is imperative to know what assets you own, the value of those assets and how they are titled. You will need to obtain copies of all financial statements including: investment, bank, insurance, annuity and retirement plans and tax returns. You will also need to inventory all debts such as credit card, auto, mortgage, and taxes. Determining what interest rate you are paying and the time frame to pay off each debt is also necessary. Review spending records, cancelled checks and credit card statements so that you can prepare an accurate and complete budget of your monthly expenditures. Without proper documentation it's easy to omit, underestimate or double count expenses.

Once you have done preliminary fact finding about your situation, you should obtain an attorney to represent you. Depending upon your situation, you may want to consider exploring non-traditional alternatives to divorce, such as mediation or collaborative divorce. Either way, you will still need to retain legal representation. You should also consult with a divorce financial analyst who will illustrate the financial status, cash flow and net worth of both parties undergoing a divorce. This type of analysis produces comprehensive and realistic projections of your post-divorce lifestyle to illustrate the short-term and long-term financial implications of different proposals. Some of the sticky issues such as employee retirement plans, real estate, cost basis of assets and tax ramifications are issues that are evaluated.

Without proper financial planning, what appears to be equitable at the time of divorce may become unequal over time. More often the question to determine should not be "Which assets do you want to keep?", but "Which ones are the most appropriate for your long-term financial security?" You need to have a clear picture of your financial outcome prior to agreeing to a settlement. Once the divorce degree is signed, the divorce is final and there is little to no opportunity to renegotiate an unfavorable deal.

Certainly two households cost more to operate than one, but many people begin post-divorce life not completely understanding that their settlement has to last for a long time - perhaps even the rest of their lives. Obtaining proper financial planning guidance from a professional can be essential to assist with the transition to single life. To succeed you will need help to prioritize your financial goals, establish realistic expectations and implement strategies to help make sure you stay on the proper path to success. Your marriage may be over, however the rest of your life is still ahead. So it's imperative to develop a workable financial plan for a secure future.

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Golden Livingcenter-Mt. Lebanon Celebrates National Professional Social Work Month

Golden Livingcenter-Mt. Lebanon joins the National Association of Social Workers (NASW) in honoring more than 600,000 licensed social workers across the country during National Professional Social Work Month, celebrated annually in March. "Social Work: Purpose and Possibility" is the 2009 nationwide celebration theme.

"Our social workers are an integral part of the Golden Livingcenter-Mt. Lebanon team. This is a group passionate about taking care of our patients and providing them with what they need," said Leonard Quimby, Senior Executive Director at Golden Livingcenter-Mt. Lebanon.

"Social workers are a critical asset to our society, providing services across the lifespan," says Qumby. Social workers work with people facing difficult situations and help them overcome barriers that keep them from leading positive and productive lives."

The Stimulus Package Presents Planning Opportunities for Taxpayers

BY JOSEPH P. NICOLA, JR., JD, CPA, CVA

On February 17, 2009, President Obama signed the American Recovery and Reinvestment Act of 2009. Included in this massive stimulus bill are a number of tax incentives for small businesses and individuals. Since the new law was signed so early in the year, physicians and their advisors have the luxury of time to engage in tax and capital planning for 2009. This article addresses some of those provisions.

Section 179. In lieu of depreciation, taxpayers with small amounts of equipment purchases may elect to deduct (or "expense") the purchase price under Section 179 of the Internal Revenue Code. For taxable years beginning in 2009, this maximum was scheduled to be $133,000. The new law increases this maximum to $250,000 for taxable years beginning in 2009. Thus, physicians and their practices should plan capital purchases appropriately.

Bonus Depreciation. Under legislation that was enacted in early 2008, additional first-year depreciation deductions are allowed in an amount equal to 50 percent of the cost of new property purchased and placed in service in 2008 and only in 2008. Referred to as "bonus depreciation," this benefit is significant. In order to qualify, the property is required to be new property, and must have a life (i.e., "recovery period") of 20 years or less. The new law extends this provision for one year, generally through 2009. In addition, of interest to physicians, automobile depreciation is enhanced for 2009.

Alternative Minimum Tax. The alternative minimum tax is a trap for the unwary. For many taxpayers, the AMT calculation allows taxpayers to exclude a base amount of income, working much like a standard deduction. This exclusion was originally enacted as a minimal deduction, since the AMT was designed to tax wealthy individuals. The exclusion generally has not been indexed for inflation. Consequently, as taxpayer earnings have increased over the years, the exemption amount has become less material in the scheme of the AMT calculation. There are exemption amounts for various types of taxpayers. Unadjusted for inflation, these amounts are as follows: $45,000 for married individuals filing a joint return, $33,750 for unmarried individuals, and $22,500 for married individuals filing separate returns. These amounts were schedule to apply to 2009. Under the new law, for 2009 (and only 2009), the exemption amounts are increased to $70,950 for married individuals filing a joint return, $46,700 for unmarried individuals, and $35,475 for married individuals filing separate returns. The unadjusted amounts will then return in 2010.

Making Work Pay Credit. The new law provides eligible individuals with a refundable income tax credit for tax years beginning in 2009 and 2010. Referred to as the "Making Work Pay" credit, the credit is the lesser of (1) 6.2% of an individual's earned income or (2) $400 ($800 for a joint return). The credit is phased out at a rate of 2% of the eligible individual's modified AGI above $75,000 ($150,000 for a joint return). Of interest to employers: The credit will be implemented through revised income tax withholding schedules produced by IRS.

Education. The new law modifies the Hope Credit for tax years beginning in 2009 or 2010 for certain taxpayers. The modified credit is referred to as the American Opportunity Tax Credit. The credit can be as high as $2,500 per eligible student. The new law also favorably amends the rules related to Section 529 education plans. Distributions from Section 529 plans are tax-free and not subject to penalties if used for qualified education expenses. The new law provides that, for 2009 and 2010, the purchase of any computer technology, equipment or Internet access or related services will be considered to be qualified education expenses for purposes of Section 529 if certain conditions are met.

The new law also provides for various individual incentives, such as a homebuyer credit and a sales tax deduction for auto purchases. These and other provisions in the new law are complex; physicians should consult with their tax advisors.

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Lake Erie College of Osteopathic Medicine Opens Medically Integrated Wellness Center

The Lake Erie College of Osteopathic Medicine announces the opening of the John M. and Silvia Ferretti Medical Fitness and Wellness Center (named for the parents of LECOM President John M. Ferretti, D.O. and Provost Silvia M. Ferretti, D.O.).

This will provide a place for Millcreek Health System (Millcreek Community Hospital, LECOM, Millcreek Geriatric Education and Care Center and Medical Associates of Erie) physicians, pharmacists, staff and students to experience wellness so they might encourage participation by their patients.

This new center will allow physicians and faculty members to engage in scientific research that will advance knowledge and understanding in the field of health and wellness.

Statistics for preventable deaths in this country show how an excellent wellness program can make a difference. Tobacco related disease contributes to more than 400,000 deaths each year, but deaths, related to poor diet and lack of physical activity, contribute to nearly as many deaths. A medically integrated fitness center can encourage healthier lifestyles. In this system, the patient, with their physician as a partner, will be able to explore fitness and wellness opportunities that contribute to health.

LECOM is creating a fitness environment that will encourage the members to enjoy activities designed to improve not only the body, but the mind and spirit.

This center provides an environment designed to focus on total well-being – offering something for every wellness goal, from day-to-day health and fitness, to sports performance training and rehabilitation. In addition, the new facility will provide medical offices for Medical Associates of Erie physicians who will partner with their patients and encourage them to utilize the fitness center for better health and prevention of disease.

LECOM has constructed an 110,000 square foot building to house the fitness center and medical offices. Nearly three-quarters of the space is devoted to wellness and fitness activities, while physician offices will occupy the remaining space on the third floor.

The center offers the following amenities and services:

- Comprehensive Fitness Assessments
- State-of-the-art exercise equipment – cardio, strength training & free weights
- Over 130 pieces of cardio and strength training equipment
- Attached personal LCD screens on cardio equipment
- Wellness education classes/seminars, nutritional counseling, and cooking demonstration kitchen
- Degreed & certified health and fitness professionals
- Personal training
- Massage and other therapeutic spa services
- Extensive schedule of land & aquatic group exercise
- Aquatics center including: 25 meter lap pool, warm water exercise pool, and therapy pool
- Indoor cushioned walk/jog track ~ 1/9 of a mile
- Racquetball courts (2) and gymnasium
- Dedicated aerobics, yoga, Pilates and cycle (spinning) studios
- Zen garden
- Golf simulation and instruction center
- Executive style locker rooms with steam, sauna, and whirlpools in each
- Heart healthy café
- Internet lounge
- and much more …

The Internet Café provides connectivity and a comfortable place to relax for residents like Diane Matthews (at computer).

Bill Harris works the parallel bars with Mary Ann Brown, PTA, just weeks before his return home.

Frances Perkins works on upper-body strength with Jacquelyn Weiblinger, COTA/L, in preparation for her discharge home.

Renovating to Meet the Changing Needs of Rehab Patients

Just 15 or 20 years ago, nursing homes were mainly focused on long-term, lower-acuity care. Since then, skilled nursing facilities have expanded their services and capabilities to accommodate shorter-term, higher-acuity patients, such as people recovering from joint replacement surgery, who are still in need of continued and significant skilled care. Many of these shorter-term patients also require extensive rehabilitation services, because more often than not they will return home.

This change has caused nursing homes to take a fresh look at their programs, services, building features, and amenities to see how well they align with the needs of this new, short-term population.

The Commons at Squirrel Hill in Pittsburgh conducted such a self-examination, which led to a massive, multiyear, multiphase plan renovation project that is just about completed.

A Head-to-Toe Makeover

The first phase of this project was a $6.5 million building overhaul. Structural changes were made to open up the lobby area and enhance the day rooms. The existing elevators were upgraded, and a new elevator was added to better serve a more active population. Resident rooms were also upgraded, including new furniture and electric beds.

The next step was to create a new dining space and an Internet café. Both eight-floor spaces share spectacular views of the Pittsburgh skyline. The Internet café, completed in 2008, has, in many ways, become the social hub of the building, offering something for everyone: There are tables, chairs, and room for wheelchairs, so residents can sit and chat with friends and family or relax with the newspaper. A beverage dispenser churns out free coffee, tea, and hot chocolate. Four computer stations enable residents and guests to surf the Net or check e-mail. Wi-Fi is available for people with their own laptop computer, and there's also a wide-screen TV.

A Large, New Rehab Space

The increase in rehab patients, including younger patients recovering from joint replacements, necessitated the final renovation in the plan: An updated, expanded rehab space, including both a rehab gym and an occupational therapy apartment.

The gym includes a variety of physical therapy staples (weights, parallel bars, exercise bands, etc.) and some of the latest equipment around, including a GameBike, an exercise bike attached to a video game console. The GameBike motivates patients to complete an endurance workout for their legs and cardiovascular system while navigating a virtual race car track.

A Nintendo Wii system is also part of the new gym. More than just a fun activity, Wii sports (such as bowling and tennis) help with active range of motion, dynamic standing balance, eye/hand coordination, and even cognition.

In the fully applianced occupational therapy apartment, patients can test their newly regained skills to make sure they're ready to return home.

A Revitalized Approach to Rehab

To respond to the advanced care needs of a higher-acuity population, The Commons assembled a staff: two physical therapists, two physical therapy aides, one occupational therapist, three certified occupational therapy assistants, one speech-language pathologist, and one rehab aide. The licensed therapists have extensive experience in orthopedic rehab, and are trained in the latest rehabilitation techniques and protocols.

Together, this multidisciplinary therapy team treats not only people recovering from hospitalization but also the facility's long-term, bariatric, and ventilator-dependent residents, as appropriate.

Pilates and yoga classes are currently being considered for their therapeutic value. And soon, they will be adding VitalStim therapy, to help people with swallowing difficulties.

With a wider variety of exercises, equipment, and modalities, and a larger space in which to work, the rehab team at The Commons at Squirrel Hill will now be able to bring more treatment options to more of the facility's residents. And the building renovation and new amenities have created a care environment in which today's rehab patients can feel more comfortable during their stay.

HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

University of Pittsburgh Medical Center to Manage New Health Center in Cyprus

The University of Pittsburgh Medical Center (UPMC) and Paphos Plantations Ltd. (PPL) – a member of the Leptos Group – announced that they are collaborating to develop a world-class health care center in Paphos, Cyprus, designed to offer a wide range of medical services to both local residents and foreign visitors to this Mediterranean island.

Under the agreement, UPMC will manage a new 100-bed hospital and the existing 36-bed Iasis Hospital in Paphos. With its global expertise in providing clinical, technological and hospital management services, UPMC will assist the new health complex in developing centers of excellence in such areas as oncology, transplantation, aesthetics, cardiology, orthopaedics and minimally invasive surgery.

The new hospital, named Neapolis, to be completed in three to four years, will be an integral part of PPL's mixed-use development. The project is expected to include a university, research center, office park and luxury lifestyle housing, as well as retail, entertainment, cultural and leisure facilities, in one of the largest landscaped parks on the island. The 23-year partnership with UPMC will be the first health care venture for PPL.

Heritage Valley Opens New Diagnostic Center in Hopewell

Heritage Valley Health System is pleased to announce the expansion of its existing facility in the Hopewell Industrial Park. The site offers occupational medicine through its BusinessCare, physical and sports rehabilitation through its Signature Rehab and now complete diagnostic services at Heritage Valley Diagnostic Center – Hopewell.

"This Heritage Valley Diagnostic Center – Hopewell is designed to support your physician with timely results and has a staff that is comprised of highly trained professionals," said Dr. Dan Brooks, Heritage Valley Vice President for Community Health. "We wanted make sure that the citizens of the Hopewell, Aliquippa, Center and Monaca communities had convenient access to the diagnostic services we provide in many other parts of our service area."

This is third diagnostic center opened by Heritage Valley Health System in the part six months. Other recent openings include the Heritage Valley Diagnostic Center – Cranberry and the Heritage Valley Diagnostic Center – Ellwood City.

Excela Health Opens $6 Million Neuroscience Center

Patient room at the new Neuroscience Center

Excela Health's Neuroscience Center located at Latrobe Hospital recently admitted its first patients. The 22,000-square-foot project, representing a $6 million capital investment by Excela Health, brings a continuum of quality, specialized care to the region enabling patients to receive a host of neurological-related care locally.

The Center showcases a recovery-centered atmosphere. Each of its 26 private and two semi-private patient rooms includes unique and unparalleled safety and comfort features. A state-of-the-art gym provides a therapeutic environment for major muscles training and support, and an inpatient dining area promotes community interaction and socialization as part of rehabilitation.

The community-like setting also plays out in the color-coded "pods", making way-finding easier for patients and their families.

A bright and spacious facility, the center includes a number of innovations like pharmacy drawers that promote infection control and lifting devices to help with patient care.

COVER STORY: *New Campus Closer Every Day*

Continued from page 1

Participating in the testing are inpatient nurses, clinical informatics nurses, nurse educators, and staff working in respiratory, pharmacy, lab, radiology and other areas. Staff also installed advanced biomedical and telecommunication devices.

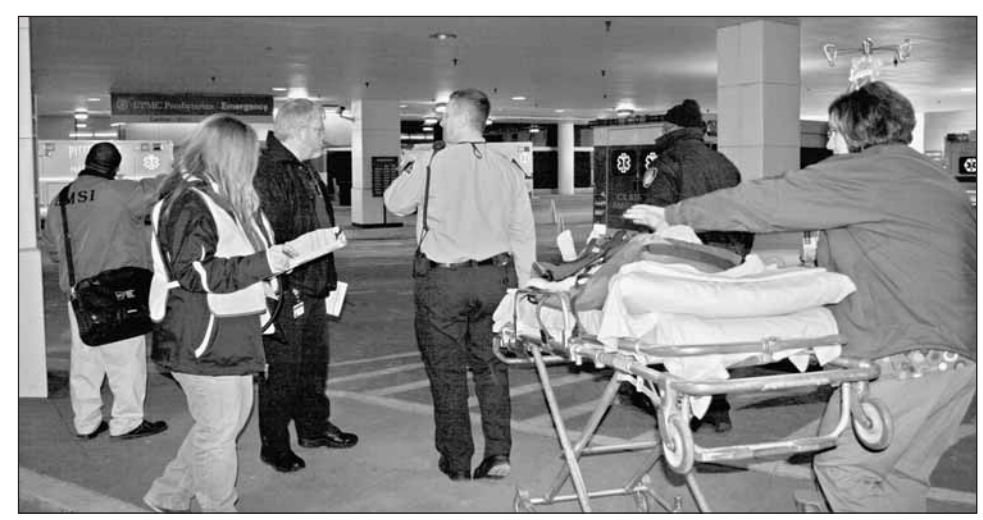
On February 16, the first staff offices moved from Oakland to the new campus. The Administrative Office Building on Penn Avenue, the Central Plant and the Faculty Pavilion on the new campus will be partly occupied during March. Office moves will continue in phases leading up to the patient move date on May 2.

On February 21, Children's carried out the first of two rehearsing the patient move. Using ambulances picking up and dropping off dummy patients on stretchers, the members of the move teams ran through hands-on simulations of possible move scenarios and testing communications and emergency responses. A second mock patient move is scheduled for late April.

In March, orientation tours began for the general hospital staff. By the end of March, each of the hospital's roughly 3,000 employees will have completed a thorough orientation — part of a commitment by Children's leadership that the new hospital will be operating fully and efficiently on day one.

Children's Hospital of Pittsburgh of UPMC's new Lawrenceville home will be open for a special community preview from 11 a.m.–5 p.m. Sunday, April 5. See www.chp.edu/community for required online parking registration.

Select areas of the hospital, including the atrium, terrace garden and Family Resource Center at the heart of the inpatient floors are open for a self-guided walking tour. The tour stops include a look at patient rooms that have been built with an unprecedented level of attention to privacy, patient safety and family needs — from sleeping surfaces and natural light to WiFi. Also on the tour will be the new hospital's outpatient waiting room — as long as a city block, with room for families to stretch out and relax, and for kids to play.



During Children's patient move rehearsal, a patient simulator is transferred to an ambulance at the staging area for acute patients.

HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING

Heritage Valley Opens Convenient Care Center in Beaver

Heritage Valley Health System is proud to announce the opening of its new Heritage Valley Convenient Care Center - Beaver. This facility has been developed to increase the options for the care of minor illnesses and injuries for area residents. The center is owned and operated by Tri-State Medical Group (a subsidiary of Heritage Valley Health System) and is staffed by certified registered nurse practitioners and physician assistants supervised by physicians. It is not a substitute for care by your primary care physician, but rather another integrated alternative for care of minor illnesses and injuries.

Gerald McGinnis Cardiovascular Institute Opens New Research Facility at AGH

Building on a legacy of groundbreaking discoveries at Allegheny General Hospital (AGH) exploring the mechanisms and treatment of cardiovascular disease, the Gerald McGinnis Cardiovascular Institute's new Center for Research and Innovation has officially opened to support its growing research programs.

The Center's genomics and gene therapy research branch will encompass the east wing of the eighth floor of AGH's South Tower, linking research in genomic analysis of DNA samples from cardiovascular patients with emerging gene therapy technologies to enable the use of DNA itself as medicine for cardiovascular diseases.

The Center includes a dedicated viral vector production facility where CVI scientists can construct gene therapy vectors starting with the desired DNA payload and proceeding to final purification and testing. Shared resources include a dedicated cell culture facility; a fully equipped surgical operating room; cardiac catheterization, imaging and electrophysiological laboratories; and a microscopy facility.

Celtic Healthcare Opens Washington County Office

Celtic Healthcare has been faithfully serving the Washington County area for over a year - and now, Celtic Healthcare can officially call Washington County home!

Celtic Healthcare has recently opened up a regional Canonsburg office. This office is to serve an administrative and support function to the growing field team in the Washington area.

In addition to the Canonsburg office, Celtic Healthcare recently opened a Perryopolis location. Both of these locations will help Celtic Healthcare play a larger role in the Mon Valley area.

Expansion at The Washington Hospital Enables Greater Convenience and Efficiency

When The Washington Hospital opens its new critical care unit, emergency department and surgical services center this month, patients and families will be greeted by state-of-the-art technology, decreased wait times and larger operating rooms, patient rooms and family waiting areas.

The three-year, $69 million building project is adding 135,000 square feet and two new wings to the hospital's main campus in Washington.

"We are not only responding to an increase in the number of local residents using the hospital, but we are also looking to the future as the 'baby boomer' generation begins to need more healthcare services," said hospital President and CEO Telford W. Thomas. "This expansion will help the hospital better meet the current demand and allow us to reconfigure our services for greater convenience and efficiency, as well as prepare for the future healthcare needs of the community."

The new 24,000-square-foot Dr. E. Ronald and Constance Salvitti Center for Emergency Care will increase the hospital's number of emergency beds from 22 to 34, with an additional four to be added once the renovation of the current emergency department is completed. The Center also has four triage rooms and two dedicated digital radiology suites. A new physician workstation enables monitoring of all patients.

The new emergency department is also home to a state-of-the-art disaster preparedness communications center and decontamination room.

The new Surgical Services Center of Excellence includes four additional operating rooms, bringing the hospital total to 10. The new operating rooms are about 200 square feet larger than the current operating rooms and are designed for greater efficiency and infection control. The hospital will now have capability to perform 10,000 surgeries annually, compared with 6,000 currently.

The new digital radiology unit in the Center will provide surgeons with the images they need instantly.

The new Center is also home to the hospital's Outpatient Surgery Unit (OPSU). OPSU will increase from 18 to 30 beds, including 11 "flex" beds which can be used for post-op patients if needed. And the hospital's Post-Anesthesia Care Unit (PACU) is increasing from 11 to 14 bays, including two isolation rooms.

The new Ralph B. and Carol J. Andy Critical Care Center has 26 private patient rooms, compared with just 17 in the current critical care unit. Eight nurses' stations throughout the center provide visibility of all 26 rooms.

Each room features state-of-the-art patient care equipment and technology – most of which is mounted on moveable booms for easy maneuvering and less congestion—and the patient beds are accessible from all four sides. The Center also includes wireless computer capability for the patient care staff.

The hospital's Material Management Department is being relocated to a new, larger space with a two-bay loading dock for greater efficiency.

The final phase of the project, expected to be completed by winter, includes renovations of existing space.

MEDICAL / OFFICE / COMMERCIAL SPACE

BRMC's Expanded, Redesigned Emergency Department Making its Mark

Emergency Department patients at Bradford Regional Medical Center (BRMC) are getting the help they need far faster now with streamlined admissions, quicker diagnoses and treatments being delivered in a new, state-of-the-art facility. Listening to what the public wanted went a long way toward developing comprehensive plans that included upgrading a triage system in the waiting room where patients can be quickly assessed and entered into the system, and doubling the Emergency Department's size and reconfiguring it for better patient care and monitoring, say BRMC officials.

The completed $3.5 million project was Phase II of BRMC's overall "Building the Future" campus improvement plan. Phase II work also included a Surgical Services upgrade which involved expanding the endoscopy suite to better accommodate procedures and shelling out two operating room suites for future use. Phase I of the campus improvement plan involved building the 65,000-square-foot Outpatient Services Center for $11.5 million, which opened in January 2007. The Emergency Department, accessed at the hospital's Interstate Parkway entrance, now provides dedicated entrances for ambulances and walk-in traffic. BRMC's goals of expanding and reconfiguring the Emergency Department were to get patients admitted and treated more quickly, improve quality, safety and customer service, says Diane Irwin, RN, BS, CLNC, BRMC's director of nursing.

Patients who've come to BRMC's Emergency Department in the past few months are seeing a noticeable difference. "We've received feedback and cards from people talking about how good their experience has been," Irwin says. The waiting room/triage area is where patients are quickly assessed for medical needs and also pre-registered for entry into the Emergency Department. New liaison staff in the waiting room/triage area enter patients into the system and have clinical skills to assist if someone arrives in distress, Irwin says.

Along with streamlined procedures, the Emergency Department was doubled in size to 8,500 square feet to accommodate more beds, including the ability to add patient beds during "surge capacity," meaning times of disaster or a sudden influx of individuals due to flu, for example.

The Emergency Department's improvements include: ability to treat 15 patients, two more than before; streamlined admitting and registration procedures; all staff equipped with electronic communications; centralized location of physician and nursing station for better observation; a new decontamination room and an isolation room for patients with special privacy and safety needs; and improved medical supply storage. The Emergency Department's patient rooms are also equipped with a Meditech computer system.

Shown speaking during a recent open house to visitors were (from left) Dr. Donald Human, an Emergency Department physician at Bradford Regional Medical Center; Theresa Potter, LPN, the Emergency Department's triage liaison; and Deborah Price, the hospital's senior vice president of Patient Care Services. Photo courtesy of BRMC

UPMC Northwest's Rehab/TCU Work is 75 Percent Complete

Construction of UPMC Northwest's new rehabilitation center/transitional care unit is 75 percent finished, and the project is on schedule for completion in mid May, according to project manager Dale May of Marshall Erdman, the general contractor.

After completion of the steel structure, brick exterior and installation of windows in the fall, most work moved inside and it is proceeding smoothly, May says. Framing of walls and installation of drywall are almost finished, and work on electrical, plumbing, heating, ventilation, and air conditioning are moving ahead. Finish work also is in progress in some parts of the one-story building, including painting, tile work, and installation of cabinets and flooring.

Outside finish work including paving and landscaping will get under way in the spring.

The new unit will greatly improve the environment of care for rehab/TCU patients. It will allow direct on-site access to the emergency and imaging departments, operating room, and other diagnostic and treatment services that currently require transporting patients from the existing unit in Oil City to UPMC Northwest's main hospital campus in Seneca. The new site also will offer improved physician coverage and improved food service, among other features.

HEALTHCARE REAL ESTATE

Memorial Puts a Lot of "Heart" into their Expansion Efforts

This spring, Memorial Medical Center's Cardiac Services will celebrate the completion of construction on a fourth Cardiac Catheterization Laboratory and an attached 16-bed pre/post/recovery unit. These new additions, which are part of a comprehensive Cardiac Services expansion, will be located on the second floor of the facility's Main Campus located in Johnstown.

"We're very excited about the expansion," says Amy Carrier, Executive Director, Cardiac Services, Conemaugh Health System. "The increased space will allow us to accommodate more patients, while the attached unit will add a new element of care and convenience for our patients and their families."

Construction on the Cardiac Cath Lab, which started in July 2008, followed the completion of another Cardiac Services expansion- the non-invasive Vascular Laboratory in which capacity was increased from a total of four to six diagnostic rooms.

Nurses station and newly constructed nursing unit in the Cath Lab area.

Akron Children's Expands Mahoning Valley Services

Akron Children's Hospital expanded its health care services for Valley children and teens when it opened its new 32-bed pediatric hospital in Boardman. The Akron Children's Hospital Beeghly Campus began treating patients on December 8, 2008.

With the opening of the hospital, Akron Children's now employs 400 people throughout the Valley, including 300 at the new hospital, 96 at other Valley sites and 272 Mahoning Valley residents who work at the hospital's main Akron campus.

The new hospital includes all private rooms with space for parents to spend the night; a pediatric emergency department that operates 24 hours a day, 7 days a week; an outpatient hematology/oncology clinic and infusion center; inpatient and outpatient rehabilitation services, including physical and occupational therapy and speech services; inpatient pharmacy services; inpatient and outpatient radiology services; EEG/EKG/ECG testing; and a full-service laboratory. Patients also have access to ground and air transport services, including "Air Bear," the first and only pediatric-dedicated transport helicopter in Ohio.

Akron Childrens

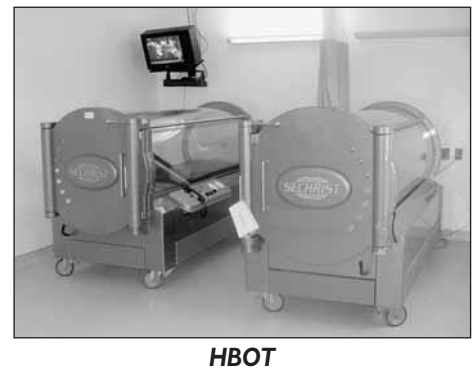
Jameson Brings Advanced Wound Healing to Lawrence County

Jameson Health System brings state-of-the-art hyperbaric oxygen therapy (HBOT) to Lawrence County with the opening of the Jameson Hospital Center for Wound Healing on the fourth floor of its South Campus.

Jameson Memorial Hospital is one of only a few hospitals in the state of Pennsylvania to offer this non-invasive treatment that enhances the body's natural ability to heal itself by the inhalation of 100% oxygen at greater than atmospheric pressure.

In the ambient atmosphere, humans normally breathe approximately 20 percent oxygen and 80 percent nitrogen. While undergoing HBOT, pressure is increased up to two times in 100% oxygen. In the two monoplace chambers utilized at the Jameson Hospital Center for Wound Healing, the entire body is immersed in 100-percent oxygen. The increased pressure and 100 percent oxygen dissolve oxygen in the blood plasma and in all body cells, tissues and fluids at up to 10 times the normal concentration.

Dr. William Gilleland, M.D., serves as the medical director for the new Center, which is also staffed by center director, Diane Hofius, WOCN, RNP; Gregg Hallowich, hyperbaric technician and an additional wound care nurse, yet to be appointed. The Center is under the nursing oversight of Barbara Bernardi, R.N., nurse executive for Jameson Health System.



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UPMC Health Plan Scores With 'HealthPlaNET' Care Management System

BY ANNE BOLAND DOCIMO, M.D., MBA

Patients with chronic illnesses have complex medical needs and are responsible for the greatest percentage of health care costs in the United States. Care management systems are essential tools in any effort to ensure high quality, cost-effective care for everyone, most especially the chronically ill.

In an attempt to create a system that supports programs that address both quality and resource utilization, while also supporting prevention and wellness programs, UPMC Health Plan introduced HealthPlaNET in 2008.

The development of HealthPlaNET – a robust claims-based record and care management system that supports payer programs that ensure high-quality effective care, and which has been in effect at UPMC Health Plan for one year – will be the subject of a presentation at the 2009 HIMSS IT Conference in Chicago in April.

Edward McCallister, Chief Information Officer for UPMC Health Plan, and I, will be representing the Health Plan at the conference and making the presentation to clinicians and IT professionals.

What distinguishes Health-PlaNET from other systems is that clinical end-users were involved in its development, and, consequently, they have embraced the technology. This greater acceptance has led to increased usability. The end-users are involved in the ongoing change management process as well.

Successful care management involves a team that may include nurses, physicians, social workers, health coaches, and pharmacists. In order to support effective programs, a care management system must support a teamwork approach to address each patient's needs.

HealthPlaNET provides a comprehensive overview of all aspects of patient care: diagnoses, chronic conditions, medications, hospitalizations, emergency room visits, diagnostics and preventive measures. Because the system is patient-centric, it presents data in a clinically relevant format, which is crucial to delivering actionable information to clinicians.

HealthPlaNET eliminates phone time and rework and improves communication within the team that coordinates care for the patient. It offers a bi-directional interface with the hospital system to provide authorizations, last covered day, and other similar information.

UPMC Health Plan chose to develop HealthPlaNET because, while many care management systems met some of the Health Plan's essential requirements, no one system met them all.

HealthPlaNET streamlines workflow and delivers information that care managers need at their fingertips, such as start and end dates for hospital admissions and whether or not a hospital is "in network." In addition, HealthPlaNET was fully loaded and functional on the go-live day.

These are some of the reasons for HealthPlaNET's success:

- Close collaboration with clinical end-users throughout the development
- Exhaustive testing and problem and defect tracking coupled with daily review and analysis of identified issues
- Camaraderie among the Design and Development team members, which created a safe environment for candid discussion and rapid decision making.

Anne Boland Docimo, Chief Medical Officer, UPMC Health Plan, can be reached at (412) 454-5516 or docimoab@upmc.edu.

IT is a Business with Two Kinds of Customers

Chris Rieder

As one of the nation's oldest and largest hospice providers, VITAS is challenged on a daily basis to provide support to its 9,000 staff members, who take care of nearly 12,000 patients in 45 programs. Information technology is an essential component of meeting that challenge, and Chris Rieder, the new Senior Vice President–Chief Information Officer at VITAS, is ready for that challenge.

"At large companies like VITAS, communication and accessibility to all systems are key to staying fluid and integrated," says Chris. "So, as I have done at other global companies, we will use technology to ensure that every VITAS employee is connected as needed."

This will mean continuing to develop and roll out proprietary, integrated IT systems that allow all VITAS employees involved in patient care to capture and store patient data automatically by computer, and to have access to that data anywhere—from an office cubicle to a patient's bedside. This includes stationary computers, as well as computerized tablets that nurses and other field staff carry with them and synchronize on a regular basis with a central database.

VITAS also has been developing systems, which Chris will oversee, that enable VITAS field representatives to share updated information about patients and their plans of care with physicians as well as administrators and clinicians at nursing homes and assisted living communities.

"By using streamlined, integrated systems, we will continue to take advantage of our national size and presence to deliver cost-effective care to our patients and their families at the local level, and to support our local referral sources," says Chris.

Chris brings to VITAS more than 20 years of experience in translating business objectives into technological requirements and managing global IT organizations.

Chris most recently served as VP–CIO at Parexel, Inc., a leading global bio-pharmaceutical services organization. He managed the company's global information initiatives, including the integration of technology solutions, information management and business processes.

Before he worked at Parexel, Chris was VP of IT at Kos Pharmaceuticals, where he built a customer-centric IT division, planned strategy and directed company-wide initiatives.

"My philosophy is that the IT department in a company should be run like a business, but it's a business with two kinds of customers—the internal customers and the external customers," says Chris. "Everyone who works for a company is the IT department's customer, so we have to make sure our employees have everything they need so they can do their jobs well. In turn, our external customers get the best service that we can provide."

For more information about VITAS Innovative Hospice Care®, call 800-93-VITAS or visit www.vitas.com.

E-Prescribing: Are You Ready?

BY JAY ANDERS, M.D.

As most everyone is now aware, CMS started its e-prescribing initiative on January 1, 2009. Let me roll back the clock a bit and give you some background as to how CMS developed this particular initiative. The Physician's Quality Reporting Initiative (PQRI) for 2008 included a measure #125 that allowed physicians to report on using an electronic prescribing module to do at least 50% of their Medicare prescriptions. This allowed physicians to collect a bonus equal to 2% of their Medicare Part B reimbursements. Beginning in 2009, CMS has removed this as part of the total PQRI reporting structure and created a new program that allows physicians to report, via G-codes, their compliance with the same 50% requirement as previously listed in PQRI measure #125.

To qualify for this particular initiative, the e-prescribing system used must meet certain requirements. These requirements are very specific as to the functionality that is necessary to make the system qualified. Some providers currently using an EMR may find it disconcerting to find out that their particular system may or may not have the required functionality. In addition, the regulations as to what constitutes a qualified system were not released until November 15, 2008. This allowed little time for EMR vendors or stand-alone e-prescribing vendors to analyze and create the needed functionality.

The requirement of obtaining a complete medication list from pharmacies and pharmacy benefit managers (PBMs) presents a complex and daunting task for system vendors. This requires the vendors either to connect to RxHub or to form alliances directly with the PBMs. The latter option is too expensive, very time consuming, and would require an extensive development and interface scheme that most EHR vendors will not be able to provide. This means that most vendors who were not already qualified are scrambling to get connected to RxHub, which is the only viable option for obtaining this data.

In my conversations with CMS, they have made it very clear that you must have a qualified system in place prior to reporting the G-codes associated with e-prescribing. Reporting e-prescribing G-codes before having a qualified system in place could lead to a Medicare audit as well as fines and/or sanctions.

To be a qualified, a system must do the following:

1. Select medications, transmit prescriptions electronically using the applicable standards, and warn the prescriber of possible undesirable or unsafe situations.

Note: The prescription must be sent electronically. If the network converts the electronic prescription into a fax because the pharmacy isn't set up to receive electronic messages, this counts as e-prescribing. If the e-prescribing system is only capable of sending a fax directly from the e-prescribing system to the pharmacy, the system isn't a qualified e-prescribing system.

2. Provide information on formulary or tiered formulary medications, patient eligibility, and authorization requirements received electronically from the patient's drug plan.

3. Provide information on lower-cost, therapeutically-appropriate alternatives. (For 2009, tiered formulary information, if available, meets this requirement.)

4. Generate a complete medication list that incorporates data from pharmacies and benefit managers (if available).

Here are the reporting G-codes that must apply to every Medicare part B patient seen:

You should report one of following G-codes (or numerator codes) on the claim you submit for each Medicare patient for each visit.

REPORT G8443 - If ALL of the prescriptions generated for this patient during this visit were sent via a qualified e-prescribing system.

REPORT G8445 - If NO prescriptions were generated for this patient during this visit.

REPORT G8446 - If SOME or ALL of the prescriptions generated for this patient during this visit were printed or phoned in as required by state or federal law or regulations, due to patient request, or due to the pharmacy system being unable to receive electronic transmission; OR because they were for narcotics or other controlled substances.

These measures must be reported on at least 50% of Medicare part B patients to qualify for the 2% reimbursement incentive.

Through the e-prescribing initiative, CMS could help lead physicians into the electronic world. It certainly enhances patient care by giving the physician a complete medication list, but does not negate the responsibility of the physician to determine the accuracy of that list. Overall, the initiative should lead to fewer medication errors and enhanced patient safety. Just make sure before you start that your system is qualified.

Dr. Jay Anders, MED3OOO Chief Medical Technology Officer, can be reached at Jay_AndersMD@MED3000.com or (412) 937-8887 ext. 329.

Interoperability Platforms Key to Improving Healthcare Quality

BY TAMRA E. MERRYMAN RN, MSN, FACHE

Defining the elements that constitute "quality care" is not an overly difficult task. Most healthcare experts, in fact, probably would agree that – at the broadest level – quality care means making sure the right patient receives the right care at the right time, every time.

Less simple, however, is ensuring that providers are equipped to fulfill this objective. To do so, healthcare organizations must be able to guarantee that the right clinician has the right information at the right time to make the right decisions regarding care.

While healthcare organizations have long endeavored to place critical and comprehensive patient information into caregivers' hands precisely when it's needed, they have often been unsuccessful. Paper documents such as test results or chart notes may not be conveniently available. When information technology systems are implemented, electronic data is often stored in silos across both acute and community care environments – making it difficult to access for caregivers using different technology systems at different locations.

What is needed to vault healthcare to the next level of quality improvement are technological solutions that (1) create a longitudinal health record and (2) deliver comprehensive information about individual patients at the point of care.

The University of Pittsburgh Medical Center (UPMC) launched such an initiative early in 2008 and is already realizing significant quality benefits. UPMC, which provides care in 20 hospitals as well as in doctors' offices, outpatient treatment centers, imaging facilities and other settings, went live with an interoperability platform developed by dbMotion, a company whose technology so impressed UPMC that it decided to invest in the business.

Through the use of this semantic interoperability platform, the organization is creating a unified record from the disparate sources that generate patient data, no matter what format data are stored in or where they are located. The advanced nature of the technology enables users to do more than simply import and review information from disparate systems. It preserves the original meaning of the data and integrates the information for comprehensive analysis and trending, thus enhancing the provider's diagnostic and therapeutic decision-making.

When a patient presents at a UPMC emergency department (ED), for instance, the ED physician is able to access most outpatient and inpatient records throughout the UPMC system within the physician's own workflow – all with a minimal number of mouse clicks. He can check to see when the patient was last seen by his primary care physician, what medications have been prescribed, what his most recent lab results revealed, and whether or not the patient had been hospitalized or undergone outpatient procedures at UPMC. With this information in hand, the ED physician is better able to pinpoint the cause of current symptoms and make an informed decision about next steps.

To further drive home this point, consider a situation that recently occurred at UPMC: A patient suffering from chest pains visited a cardiologist who, with just a few clicks of his computer mouse, called up the comprehensive medical record. He was able to see that another specialist had previously evaluated this patient for thyroid disease and treated elevated cholesterol. This information significantly affected both work-flow and the care plan.

In another situation, a patient presented to an ED within the UPMC system, complaining of back pain and claiming that he had not seen another physician in months. Via the interoperability platform, the treating physician accessed the patient's history of encounters and prescribed medications. It was discovered the patient had, in fact, been seen recently by his PCP and had been prescribed 60 Percocet tablets. Suspecting drug-seeking behavior, the ED physician confronted the patient, was able to address narcotic abuse and alert the PCP regarding ongoing rehabilitation.

There can be no doubt that greater access to patients' clinical information will elevate care delivery. By adopting technology that makes certain that the right provider has the right information at the right time to make the right decision for the right patient, healthcare organizations can greatly accelerate their efforts to improve both quality and patient safety.

Tamra E. Merryman, Chief Quality Officer, University of Pittsburgh Medical Center, can be reached at merrymante@upmc.edu.

U.S. Stimulus Package Provides the Green Light for HIT Adoption – *Can We Avoid Creating The Tower of Babel?*

BY JAY SRINI

The stimulus package has pushed the Health Information Technology (HIT) investment needle a long way forward, bringing it more in line with the health care technology spending by UK or Canada. In sharp contrast with the 2008 US budget figures, where $66.1 million was allocated to the Office of the National Coordinator for health in-formation Technology (ONC) and 44.8 for the Agency for Healthcare Research and Quality, we now have allocated $19.2 billions for health IT.

Note for the first time we are talking about Billions Not Millions and it includes:

- $2 billions for (ONC)
- $17.2 billion for Incentives to Medicaid and Medicare providers to adopt health information technology

A partial list of additional spending related to healthcare IT includes:

- $4.7 billion for the National Telecommunications and Information Administration's Broadband Technology Opportunities Program
- $2.5 billion for the Distance Learning, Telemedicine, and Broadband Program
- $1.5 billion for the community health centers
- $1.0 billion for grants focused on prevention (hospital infection control, immunization etc)

The funding carrot put in place can potentially provide physicians up to 40K in additional payments and up to 11 million dollars to hospitals/Health Care delivery systems who invest in effective electronic health record solutions. Penalties will be levied on those providers who choose not to invest in electronic health records (EHRs) by 2014 through reduced Medicare reimbursements.

Studies from CITL and Rand show that approximately 80 billion dollars in savings can be achieved with the right EHR adoption strategies.. The carrot and stick strategies discussed earlier are important initial steps on the path to HIT adoption. Culture Philosophy and Policy will play as large a part as technology in defining our success. Many critical factors need to be taken into consideration as we craft the complex transformation to a digital health care system. A few are discussed below.

1. It is crucial to understand that most primary care is delivered through small practices and it is in those small practices successful implementation of EHRs is challenging. Small practices face significant loss in productivity as they move along the steep learning curve of EHR adoption. Primary care transformation through workflow optimization and sound reimbursement strategies need to be implemented in tandem with EHR adoption. Success will depend on cohesive community based efforts involving multiple diverse stakeholders and public private partnerships.

2. Semantic interoperability is vital both within an institution as well as within an HIE (Health Information Exchanges). The seamless longitudinal member/patient health record will need to be assembled from information derived from several institutions- payers' providers, retail clinics and pharmacies. Strong collaboration between these institutions that are unrelated, or are part of the same parent organization, or are even strong competitors is critical and essential.

3. Equally significant is the multimodal integration of patient information from imaging and biomedical devices. Genomic and proteomic information captured will be needed to complete the picture. Consumers will expect secure real time access to their consolidated health information and their privacy to be protected.

4.. Clinical Decision support systems providing evidenced based medicine at the point of care will be instrumental in delivering the quality results we seek. Transformation of data into information and further into knowledge is the ultimate goal .Population based health strategies will help drive development of disease registries and use of electronic patient diaries will advance clinical research.

5. Ambient Assisted Living technologies supporting our elderly and Telemedicine will be integral components of the overall HIT strategy. Speech recognition, RFID, Robotics, Social Media Technologies and other emerging technologies will become main stay.

The HIT journey has just begun. The truth is it will never end. It will be an ongoing voyage and the train has just left the station. It is imperative that we all ride together.

Jay Srini serves on the boards of HIMSS and PA E-health Initiative and is Chief Innovation Officer at UPMC Health Plan. She can be reached at srinij@upmc.edu or jsrinij@gmail.com.

> It is crucial to understand that most primary care is delivered through small practices and it is in those small practices successful implementation of EHRs is challenging. – Jay Srini

Hospice's Technology Keeps Pace With Growth

Over the last few years, an increase in census and a wider geographic service area has forced Family Hospice and Palliative Care to take a serious look at its technology infrastructure. In response to these new demands, a new electronic charting system is being implemented to better address this rise in patient and family services.

Since its beginning in 1980, Family Hospice and Palliative Care's clinical records have been recorded by hand on paper charts. When the clinical staff worked physically close to each other, information was easily shared amongst them. But now that Family Hospice and Palliative Care serves patients and families in 11 counties, this antiquated system is no longer adequate.

By the end of 2009, Family Hospice and Palliative Care will be ready to fully implement a system of electronic health records. This will allow physicians, nurses and social workers to exchange information quickly and accurately. The staff will have immediate access to the most current patient information. Clinical staff will spend less time with paperwork and will receive more timely updates about medications and equipment.

With electronic charting, communications amongst the direct care staff will be more efficient and effective. Wherever they are, the clinical staff will be able to access recent information on their laptops. In additional this new computerized recording system will allow staff easily to communicate with other Family Hospice and Palliative Care departments – admissions, medical records, business services, social services, bereavement, pastoral care and finance.

Cindy Roche, Vice President Patient Care Services, is very excited about this new charting and communication tool. "This will allow direct care staff to spend more time with patients and families. That will allow us to prioritize the hands on care that is so important in hospice care. In addition, our on-call staff will have the most up-to-date information about all the patients and families."

The software developed by Suncoast Solutions was created specifically for hospice and palliative providers. It improves communication and streamlines the charting process allowing the staff to focus more time on patient care issues. Family Hospice and Palliative Care staff are being trained in how to use the system effectively and are learning many of the advantages of electronic charting.

Electronic charting is the industry standard in terms of timely, accurate, safe sharing of information. Family Hospice and Palliative Care knows that this new system will afford the staff more time with patients and will improve the overall care of all the patients and families.

Electronic Health Records: The Time is Now

HIMSS Explains Three Reasons to Support Pres. Obama's Call to Computerize All Health Records Within Five Years

"We will... wield technology's wonders to raise health care's quality and lower its cost."

— President Barack Obama
Inaugural Address, Jan. 20, 2009

The Healthcare Information and Management Systems Society (HIMSS), representing more than 20,000 individual members – of which 73% work in provider settings – and 350 corporate members, recently announced its support for the health information technology (IT) provisions in the American Recovery and Reinvestment Plan of 2009 proposed by Congress. HIMSS believes the inclusion of funding for health IT is essential if we are to meet President Obama's goal of computerized health records for all Americans by 2014.[1]

HIMSS cites three reasons to support the investment in health IT:

1. The economy will benefit from an investment in health IT

According to research by IBM and the Information Technology and Innovation Foundation, investing $10 billion in Electronic Health Records (EHR) and other health-related IT projects would create 212,000 jobs.[2]

Furthermore, multiple independent studies have shown substantial return on investment for health IT, which could help lower healthcare costs.

• Deloitte LLP reported that investing in e-prescribing and electronic medical records, along with better coordination of patient care through primary-care doctors, would result in 10-year savings of $530 billion.[3]

• The RAND Corporation reported in a 2005 study that widespread health IT adoption (90 percent of hospitals and physicians) could save $77 billion annually.[4] In testimony presented before the Senate Finance Committee on July 17, 2008, RAND forecast that during the 15-year adoption period, cumulative net savings would be about $510 billion or approximately $34 billion per year.[5]

• The Center for Information Technology Leadership estimated in a 2005 study that full implementation of health IT could yield annual savings of $77.8 billion.[6]

2. Patients will benefit from an investment in health IT

When used properly, EHR systems can help keep patients safe by alerting clinicians to harmful drug interactions or allergic reactions to prescribed medicines and helping clinicians manage the health of patients with complex chronic conditions.

Evidence of improvements in patient health associated with IT has been shown:

• The Jan. 26, 2009, issue of the Archives of Internal Medicine includes a study by Johns Hopkins School of Medicine that found a 15 percent reduction in patient mortality rates during hospitalization at centers that use computers instead of paper.[7]

• A 2002 study reported in the Journal of the American Medical Informatics Association suggests that health IT could reduce the average length of a hospital by reducing delays associated with certain hospital functions and by avoiding costly errors.[8]

3. Doctors will benefit from an investment in health IT

While many physicians realize the positive impact successful EHR implementation can have on a practice, the Congressional Budget Office reported in May, 2008, that as of 2006, only 12 percent of physicians and 11 percent of hospitals have adopted all or most recommended health IT functionalities.[9] Survey results published in the July 3, 2008, issue of The New England Journal of Medicine found that 66 percent of doctors who have not adopted an EHR system cited cost as the biggest barrier to adoption.[10] In the 2008 study, the vast majority of physicians who have adopted an EHR system are satisfied with the product: 93 percent of physicians who use fully functioning EHR systems reported being generally satisfied with the systems. [11] The same survey results showed that 82 percent of physicians who had fully functional EHR systems reported positive effects of the system on the quality of clinical decisions.

An added benefit for physicians could be lower malpractice insurance costs. The Congressional Budget Office reports that multiple physician liability insurance firms offer discounts to practices that have adopted EHR systems.

"The state of the economy and the healthcare system warrant a significant investment in health IT, especially in light of President Obama's calls to computerize all health records within five years," said H. Stephen Lieber, HIMSS president and CEO. "We support the health IT legislation that has been recently introduced and believe it will allow the industry to take important steps toward delivering better quality healthcare more efficiently and at a lower cost."

In December 2008, HIMSS released A Call for Action: Enabling Healthcare Reform Using Information Technology, outlining specific priorities and recommendations for the Obama Administration and 111th Congress in regards to health IT. The recommendations were developed by more than 100 HIMSS member volunteers and represented necessary measures to develop and sustain a robust health IT infrastructure. The report is available online at www.himss.org/2009calltoaction.

For more information, visit www.himss.org.

1. Transcript of Jan. 8, 2009, speech at George Mason University: http://www.nytimes.com/2009/01/08/us/politics/08text-obama.html?_r=1&pagewanted=all
2. http://online.wsj.com/article/SB123120010817055565.html
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The Washington Hospital is Talking the Talk

Becky Golden, Education Department, wearing Vocera.

One of the hospital's strategic goals, according to Vice President of Information Services Rodney Louk, was to find a means to improve voice communications among its employees that was both simple and immediate.

And they did just that with Vocera.

Vocera is a clip-on communication device that enables health care professionals at The Washington Hospital to spend more time with patients, rather than spending so much time returning pages or telephone calls.

Vocera allows nurses, physicians and other patient care staff to immediately contact one another with a push of a button. It is no longer necessary to memorize or look up telephone numbers. People can be identified by their name or, in some instances, by just job function.

In June 2008, the hospital implemented the use of Vocera house-wide. Almost everyone who has patient care responsibilities, from the Emergency Department to Housekeeping, uses Vocera. Of the hospital's 2,000 employees, nearly 1,600 are trained to use Vocera.

The hospital has also set up various role-based groups, such as a stroke alert group. Through the use of Vocera, the entire group is alerted at once that care is needed for a possible stroke patient.

Since June, more than one million calls have been placed through the Vocera system.

If a doctor or nurse is busy with a patient, he or she can decline the call. The Vocera badge also takes messages.

"Instant communication means better patient care," said hospital President and CEO Telford W. Thomas. "For instance, nurses no longer have to leave the bedside when they need assistance or medical equipment. Furthermore, the use of Vocera cuts down on the number of overhead pages, making the hospital quieter and more comfortable for patients."

Badges are also given to families of surgery patients, so that they can grab a bite to eat or take a walk while they are waiting and not worry about missing an update on their loved one's progress.

Future plans include tying Vocera into the nurse call system, as well as using Vocera to alert patient care providers of critical test results.

"The Washington Hospital has achieved tremendous adoption and success with their Vocera installation by focusing on the needs of patients and their families then selecting and deploying technology to meet those needs," said Bob Zollars, chairman and CEO of Vocera. "The system is used throughout the hospital by all staff to ensure patients and their families maintain consistent, real time communication about the patient's care. By providing Vocera badges to family members while patients are moving through the perioperative process the staff is able to communicate patient status in real time to help ease the family's worries."

"The Washington Hospital has achieved tremendous adoption and success with their Vocera installation by focusing on the needs of patients and their families then selecting and deploying technology to meet those needs."

– Bob Zollars

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Western Pennsylvania Hospital News

Nursing Education, Agency Expectations and Information Technology

BY LYNN GEORGE, PHD, RN, CNE

The National League for Nursing's 2008 position statement, "Preparing the Next Generation of Nurses to Practice in a Technology-Rich Environment," identifies the Institute of Medicine, the National Coordinator of Health Information Technology, the TIGER Initiative, and others as catalysts for incorporating information technology. New guidelines are being developed that describe the standards for information technology in the education and practice of nursing. These guidelines should both provide a framework for revising curriculum and set the bar for expectations. Accreditation standards, such as the new "Essentials of Baccalaureate Education for Professional Nursing Practice" from the American Association of Colleges of Nursing, also include enhanced recommendations for information technology in nursing education programs.

As an educator and an administrator, I appreciate how these standards help clarify and support the work we are doing in our nursing education programs to incorporate information technology. In a world where technology is so deeply embedded into society that smart phones, Blackberries, online chat and texting are now preferred methods of communication, the idea that educators need guidelines for including information technology may seem silly. However, the complexity of health care systems and the need for information security, along with varying levels of experience and educational preparation within the workforce, present unique barriers to incorporating technology within health care systems. As educators, we have a responsibility to adapt our nursing education curriculum to prepare professional nurses to meet information technology expectations.

We seem to be on the verge of a significant opportunity to set expectations for nursing education that follow national standards, are relevant for the work of professional nurses, and are in step with the evolution of health care systems. Advancing technology is being adapted for the unique needs of health care systems. President Obama's administration is calling for electronic patient records throughout the country within the next five years. Educating health care professionals must include preparing them to be knowledge workers who can use information technology and who have established standards and competencies.

Government, technology and educators are coming together to provide an opportunity to move this initiative forward. Grassroots operations for the development of guidelines, such as the work of the TIGER Initiative and others, have become mainstream. Educators and administrators in schools of nursing must prepare their students with the competencies to fulfill workforce needs now and for the future.

Agencies that partner with educational programs play an essential role in the education of nurses. As agencies demand that graduates possess information technology skills, they also must recognize the important role they play in providing students with access to those systems.

Barriers exist, and we must work together to overcome them so our students can develop the abilities to meet the demands of the health care systems in which they will work.

Dr. Lynn George is associate dean of Robert Morris University School of Nursing and Health Sciences. She can be reached at george@rmu.edu or (412) 397-3689.

Good Health Perspective
from ROBERT MORRIS UNIVERSITY

COVER STORY: *Pennsylvania Healthcare Advocacy Groups Join to Promote Reform*

Continued from page 1

Two organizations, the Pennsylvania eHealth Initiative (PAeHI) and the Pennsylvania chapters of the Health Information and Management Systems Society (HIMSS) are working to change that. PAeHI is a statewide not-for-profit membership organization whose mission is to foster the broader adoption of electronic health records and health information exchange. HIMSS is an international membership organization exclusively focused on providing leadership for the optimal use of healthcare IT and management systems. They have been among several organizations working in concert with payers, providers, state government and the private sector to leverage IT to improve the quality and lower the cost of healthcare for all Pennsylvanians. This article provides an overview of their work to reform healthcare and a preview of related events on the horizon.

On March 27, 2008, Governor Ed Rendell created the Pennsylvania Health Information Exchange (PHIX) and named PAeHI and Advisory Organization. The purpose of PHIX is to provide an IT architecture to support statewide interoperable electronic health records and electronic prescribing. PAeHI's role on this council will be to provide research, analysis and recommendations relative to the unique needs of the state. PAeHI has provided thought leadership in the areas of e-prescribing, health information exchange, security and privacy.

Last year, HIMSS held its first Advocacy Day in Harrisburg with the theme, Better Care Through Information Technology, including 80+ professionals from the healthcare industry that shared their experiences with 110 legislators on how IT, such as electronic medical records, has helped save lives and lower costs. A resolution naming May 12, 2008 Pennsylvania Health Information Technology Awareness Day was passed unanimously by the General Assembly in recognition of the importance IT plays in the commonwealth's goal of reducing costs, improving quality and saving lives. The event was the topic of an acclaimed national HIMSS Journal of Health Information Management article and winner of the Spirit of HIMSS Award.

This spring, the Pennsylvania HIMSS chapters are partnering with PAeHI to build on the success of last year's Advocacy Day with a two-day event in Harrisburg on May 4-5 that will combine an educational summit to discuss – from a Pennsylvania perspective - telehealth, health information exchange and the concept of the medical home on day one, followed by the second Advocacy Day on day two. PA US Senator Bob Casey is among those slated to speak. At the request of legislators at last year's event, Pennsylvania providers will also be providing demonstrations on how they use IT to improve outcomes and lower costs in a "Solutions Showcase" to be held in the East Rotunda of the Capitol. "Given the recent reauthorization of SCHIP and the Federal economic stimulus package," "said event coordinator, Mark Stevens, Executive Director of PAeHI and co-chair of Advocacy for the Delaware Valley chapter of HIMSS, "this year's combined Summit and Advocacy Day should be the most important healthcare IT event in Pennsylvania of this decade."

President Obama signed the American Revitalization and Reinvestment Act into law on February 17, which included a $20B investment in healthcare IT and $2B in comparative-effectiveness studies. For policy makers, healthcare providers and consumers, the questions now are what does all this mean, and how will it impact Pennsylvania and the nation? Join PA HIMSS and PAeHI and help provide the answers.

Nancy Bucceri is a director on the Delaware Valley chapter of HIMSS and member of the PA HIMSS Advocacy Day Planning Committee. Mohamad Arif Ali and Sri Denduluri are members of the PA HIMSS Health IT Advocacy Day Communications Team. For more information, contact Mark Stevens at markwstevens@verizon.net.

1. American Hospital Association
2. Connecting Pennsylvanians for Better Health: Recommendations from the Pennsylvania eHealth Initiative, April 25, 2007

Advanticom Offers Innovative Solution to Cutting IT Support

BY VANESSA ORR

In these tough economic times, companies are looking for ways to save money while still providing the products and services that their customers require. Advanticom, Inc., the largest provider of converged voice and data solutions based in Pittsburgh, not only provides clients with efficient, cost-effective, customized solutions, but also educates companies on how to help themselves.

"Technology has advanced, but at the same time, customers have advanced in their knowledge of how to use this technology," explained Advanticom CEO Denise DeSimone. "While a company's IT department may not have the skill set to work on Cisco routers or switches, they do have the skills to support a Windows server. We can save them money by dividing the tasks that need to be done, and then providing them with a portal to use when they need more information."

Advanticom's portal, which was launched in early March, provides customers with everything they need to manage specific problems on their own. Designed to look like Advanticom's offices, the portal features a training room with videos, as well as links to the accounting, sales and technical help departments. "By providing this kind of information to the customer, we help our clients' businesses to run more efficiently," said DeSimone. "It also makes our support less costly, which are savings that we can then pass on to our customers."

Helping clients save money is especially important in the current economic climate. "Some companies have really had to slash their budgets, but they still have mission critical things that they need to accomplish," said DeSimone, adding that most customers save between 10 and 30 percent by using Advanticom's portal. "By providing clients with a way to solve some of their less complex problems, we are able to put together a service agreement that reduces the cost of on-site calls, and even allows us to do some things remotely.

"There's no point in paying us to come on-site to figure out why a person can't print a document, when all they need to do is look at an instruction guide," she added. "Through our portal, they can access this information, which is much easier than taking the time to try to reach Verizon or Microsoft."

While this approach might seem contrary to the way most voice and data solutions companies do business, DeSimone believes that educating the customer is the right thing to do. "There's nothing more frustrating to a client than asking a repair technician, "what went wrong?" and only getting bits and pieces of information," she explained. "We don't believe in keeping things a secret, and we believe that this is the way that most providers will go in the future."

(l-r) Scott Davidson, Steve Dobrick, Jason Martin, Denise DeSimone, Cyndi Capcara, Dean Ranalli, Paulette Duderstadt

Putting clients' needs first has been a priority since Advanticom first opened its doors in 1978. "The biggest difference between us and our competition is that we really get to know our customers' business—not just the products or services they provide, but their growth plans and strategies. How do they use their equipment? Does their voicemail get full? Is their data slow? How do they access their offices from home?"

"Our employees also set us apart—we are a very team-oriented company," she added. "We attract good employees because we value them. We care about our customers, our business, and each other."

"Advanticom is really an extension of our CORE family," agreed Charlie Gracenin of the Center for Organ Recovery and Education. "They took the time to really understand our business, and when we need help, they are always there for us." Advanticom provides problem-solving services at the CORE site, and Gracenin also takes advantage of the company's portal to maintain their own help desk system.

"As a mission critical organization involved in transplantation, we need to be up and running 24/7, 365," he added. "Advanticom not only understands that, but they take a personal interest in making sure that everything is taken care of properly. Quite simply, they care."

While it might seem that giving customers the knowledge to make their own repairs is antithetical to succeeding in business, DeSimone believes that this approach will pay off in the long run. "We definitely are taking money out of our pockets, but I believe that when you put good out in the world, good comes back to you," she explained. "I believe that the more customers hear about doing business this way, they more they will want it. Overall, it's simply a better solution."

For more information on Advanticom, call (412) 385-5000 or visit www.advanticom.com.

E-Learning — Minus the Snooze Factor — Plus PI CME

BY JAMES MIORELLI

E-Learning or Computer Based Training (CBT) used to be the best prescription for insomnia. Can't sleep? Take two CBT courses and call me in the morning. Fortunately, the advent of new technologies and "serious gaming" has transformed E-Learning into an engaging and challenging learning activity that is being embraced by many industries, the military and healthcare being two of the foremost. In fact, E-Learning has become so progressive, it is now being considered as a tool to utilize when developing courses to meet the new Performance Improvement Continuing Medical Education (PI CME) guidelines.

The military has long been a proponent of what they call "serious gaming", which usually involves activities that depict real life scenarios that soldiers may encounter during active duty in a hostile environment. Recent technological developments enable the user to be virtually "immersed" into a simulated environment in which the soldier will have to make split second, life or death decisions, all on a computer screen — hardly courses that will send the user to dreamland. By utilizing courses of this nature, the military can develop some inkling of how the soldier processes information and can determine how the soldier may respond in real life situations.

This same technology is being applied in the healthcare field with increasing acceptance and regularity. I recently attended the Medical Modeling and Virtual Reality Conference (MMVR) in Long Beach, CA, (not a bad place for a Pittsburgher to be in January) and was impressed by the ingenious technologies discussed and demonstrated. Primarily, the reliance on two technologies, haptics and 3D graphics, are propelling E-Learning in healthcare to new heights. Haptics refers to the branch of psychology that investigates cutaneous sense data. In other words, it explores the sensation of touch. Now imagine using a device that enables the student to "feel" what it is like to do an actual dental exam, using a dental instrument, all on a computer screen. Or what it is like to administer a supraclavicular nerve block (careful – watch the patient's heart rate and other vital signs in the corner of the screen) or an intubation procedure. Some incredible programming, haptics, and 3D graphics make all of this possible.

Consider recent changes in CME credits, namely, the implementation of PI CMEs in which the practitioner is evaluated based on performance improvement over a six to nine month period. These types of courses may earn the practitioner 20 hours of CME credits for about five hours of effort, as opposed to the 1 for 1 ratio of the typical CME. The additional credits should make PI CMEs enticing and valuable to the health care provider, most of whom are already on tight schedules. The use of new technologies in E-Learning combined with high quality instructional design and a robust learning management system create a viable mechanism to deliver PI CME courses - all on a computer screen and in the comfort of the practitioner's office or home. Or better yet, E-Learning may make taking PI CMEs even more convenient by delivering these courses to a mobile (handheld) device.

These technologies are even being used to simulate disaster-training scenarios for Emergency Medical Providers. Imagine the user being immersed into a virtual 3D world in which a bomb has just detonated and scores of victims are in need of triage and treatment. What are the proper steps to take in evaluating the situation? What is the proper way to evaluate each victim? Which victims can be saved and which are too far gone? All of the thought processes utilized by the student are tracked and evaluated in these scenarios and all through the safety of a computer screen.

Advancements in E-Learning have enabled organizations to provide training to more people, on more diverse and complex subjects than ever before, all without massive amounts of caffeine to keep the students awake!

James Miorelli, MountainTop Technologies, Inc., can be reached at (412) 494-4485 ext. 1202 or jmiorelli@mntntp.com or visit www.mntntp.com.

Open House Highlights STEMI Technology

Discussing the importance of the STEMI program for our community during an open house held at EMS Southwest.

EMS Southwest, Southwest Regional Medical Center and the GCMH Foundation recently welcomed dignitaries, elected officials and community members to hear about a new county wide system that will change the way cardiac patients are diagnosed and treated. The STEMI (ST Elevated Myocardial Infarction) Management Program is a cutting-edge program, which equips EMS Southwest advanced life support ambulances to wirelessly transmit EKG's to Southwest Regional Medical Center physicians before even leaving the patient's home. The "ST" segment refers to the part of the EKG, which determines if a patient is having a heart attack.

"Through training and technology a Paramedic can now make all the difference in a STEMI patient's outcome," explained Rob Bowman, director of EMS Southwest.

After reviewing the EKG, the physician will direct the paramedic as to the best option for treatment. If a heart attack is suspected, plans will be made to facilitate the patient's admission to an appropriate treatment facility for catheterization. This process greatly reduces the amount of time it takes for a heart attack patient to get appropriate care.

COMMENTARY

Should Health Care Be a Right?

BY MILES J. ZAREMSKI, ESQ.

In his best-selling book, The Last Lecture, penned before his demise from pancreatic cancer, Carnegie-Mellon University's Professor Randy Pausch spoke briefly about people's rights. He said rights come from the community, and with them come responsibilities. Webster's dictionary defines a "right" in general terms as what is sound and in accord with justice, fact or reason – what is suitable or appropriate.

With all the talk during the general campaign that health care needs to be reformed, and the passages in his book, The Audacity of Hope, on how to do it, President Obama was asked whether health care should be a right, responsibility or privilege during his second debate with Senator McCain in Nashville last October. Obama responded without hesitation that it was a … right. After all, if the health care delivery system is to be reformed so that all citizens have access to it in an affordable way, shouldn't there be real change in our thinking about it – like, that we have a right to health care. The answer is a resounding, yes!

But why should it be a right? It is not specifically written in our Constitution anywhere; it is not listed as an inalienable right; it is not even contained in the Bill of Rights. Of course, we all have a right to life, liberty and the pursuit of happiness. One could say, I suspect reasonably so, that without health care, we cannot achieve a baseline of health worthy enough to live our lives productively and with maximum pleasure.

Is health care grounded in the principles of American history? Not really. A discourse on how and why Medicare was signed into law in 1965 by then President Johnson, however, would be useful, since it was the first piece of social legislation to provide medical care to a segment of our population at the time. Consonant with this is that in audio tapes recently released by the Johnson Library, President Johnson told Hubert Humphrey, "Don't ever argue with me. I'll go a hundred million or a billion on health or education … You got to have health … I'll spend the goddamn money. I may cut back some tanks. But not on health." (recording of tel. conv., March 6, 1965, 11:25am, Citation no. C. 7024-7025). And in 1966, the preamble to a health planning act bill stated, "The fulfillment of our natural purpose depends on promoting and assuring the highest level of health attainable for every person."

President Clinton tried to champion the Health Security Act in 1993-94; that died a million deaths. We are seeing various proposals spoken of or introduced in Congress now, such as Sen. Wyden's "Healthy Americans Act"; Sen. Baucus' White paper on the subject; Senator Kennedy will have a version; and HHS Secretary-Designate Tom Daschle will be leading Obama's effort to reform the nation's health care system. This is not to mention what may be coming from House members.

But still, there has not been a formal declaration that health care is, or should be, a right. Would it thus help in declaring health care to be a right by noting the present system is at fail-safe, or that 45+ millions of Americans can't afford health care insurance, or even that millions of others are either underinsured or are being forced into bankruptcy because they can't pay outstanding medical bills? These events certainly highlight the need to do something ASAP. But a system in crisis does not mean a right to it will arise when everyone can have access and pay for it.

How about this for why health care should be a right: without being healthy, no one in America can be productive, i.e., we cannot work, earn income, spend on goods and services (and thus promote the general welfare and our economy), or, in general, be happy. This would seem appropriate and just, given Webster's definition of a right. Likewise, if we are sick or ill, precious resources have to be spent to make us better; this drains an already weakened economy. Concomitantly, recalling what Professor Rausch said atop this column about community, rights and responsibilities, if we believe that health care is a right for all in the community we call America, then we each MUST be responsible enough to either seek it only when absolutely necessary, or to take steps to avoid it, like exercising more, eating more nutritiously, and eliminating what causes us harm, as in … smoking tobacco.

Again, the mantra for the Obama administration is change. Recall the phrase used in the title sequence of most of the original episodes of the original Star Trek: ""to boldly go where no man has gone before". With health care, if President Obama is true to his word about really wanting to change how health care is delivered and paid for, he needs to take us where no president has gone before. For starters, though, he has to reiterate what he said on the campaign trail: that we all have a right to health care.

Miles J. Zaremski, Esq. has been a health care attorney and litigator since 1973. He now heads the Zaremski Law Group in Northbrook, IL. He can be reached at mzaremski@gmail.com.

Redefining Quality Healthcare

Amerinet's Paradigm Business Shift to a Mission to Include Improvement of Quality

BY HOLLY M. HAMPE, RN, BSN, CPHQ, MHA, MRM

Recently, recession and declining global economic conditions have challenged healthcare providers to pay even closer attention to reducing costs, improving bottom lines and supporting cash flows. Re-ducing cost is vitally important in today's healthcare environment, but maintaining or improving quality is critical. More accurately, quality and cost are two sides of the same coin. Anything you do to one affects the other. Similarly, cost controls access.

Quality, does it mean? As defined by the Institute of Medicine in 1990, "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." The Agency for Healthcare Research and Quality defines patient quality as, "Prevention of harm to patient." Others will say, "It's one of those things that is very difficult to define, but anyone can recognize – I know it when I see it." In its simplest form, it means to do the right things, the right way, the first time, every time, eliminate inappropriate variation and document continuous improvement.

In order to reach the perfect balance between cost and quality it is essential to develop and continually enhance a quality program that permeates through all the products and services provided by or through the organization. Total commitment of every employee of the organization is necessary in order to achieve this vision.

The goal of Amerinet's quality program to partner with all areas of the healthcare organization from administration, medical staff, patient safety, quality, risk management and material management professionals to establish the relationship between quality and cost efficiency. This paradigm shift would be transparent to patients.

Any program should be designed to meet the unique and demanding needs of patient safety officers, risk managers, quality improvement staff and nursing administration professionals. In developing a quality program, Amerinet has identified nine "pillars" of quality. These include:

- Patient Safety Infrastructure
- Clinical Challenges (covering areas including infection control, medication safety, patient falls, skin breakdown, bariatric patients, and medical technology issues)
- Clinical Repository/Benchmarking
- Regulatory Compliance
- Process Improvement Tools
- Safety/Environmental Issues
- Legislative issues
- Key Industry issues
- Education

Amerinet has redesigned their website in order to provide user friendly ease of access of healthcare information along with tools to utilize in order to meet healthcare facility performance goals. The site provides current information regarding the clinical challenges facing employees. Within the "practice repository" pillar, the healthcare organizations have access to other healthcare facilities practice protocols in order to customize their own best practice.

Regional cohorts will be formed around the country with quality, patient safety, risk management, regulatory affairs and nursing executives in order to provide a forum for discussion of concerns or issues. These support groups will help the healthcare organization to continue to build their high performance organization with the assistance of the cohort relationship.

Finally, many times it is difficult to identify the healthcare organizations flaws and issues from the inside. Amerinet will offer on-site objective, unbiased quality assessment, to identify opportunities for improvement and partnering relationships. These assessments can provide insight through document review, policy and procedure review, environmental assessments and staff interviews. In addition, the consultative service will offer valuable information in helping the member "raise the bar" and define a new era of quality care in the facility.

Holly M. Hampe, Director, Quality and Patient Safety, Amerinet, can be reached at (877) 711-5700 ext. 8462 or holly.hampe@amerinet-gpo.com.

Cover Story: *Patient Invoked Quality Improvement*

Continued from page 1

healthcare. In the late 1950s and into the early 1970s, things changed and healthcare was introduced to these industrial engineering techniques and tools. Since then, we have witnessed a plethora of approaches, techniques, and tools to improve performance, including patient service.

We hear about approaches including quality circles, Lean, Six Sigma, Lean/Sigma, Theory of Constraints, operations research, reengineering, and more traditional industrial engineering techniques. They are often promulgated by outside for-profit organizations, trade and professional associations, and colleges/ universities which share expertise through consulting, training, and/or certifying hospital staff and others in these different approaches.

Regardless, traditional process analysis views processes from an internal perspective, as an operation in isolation. It is a top-down view by those performing the analysis of the patient experience. However, this experience is actually the juxtaposition of various processes encountered. Not only is the patient submitted to a variety of processes, the customer also encounters different staff associated with the assortment of processes. Many variables impact the quality of a patient's encounter, be it a clinic visit, surgical procedure, inpatient stay, etc.

Patient-Invoked-Process-Improvement

Patient-Invoked-Process-Improvement is harnessing patient input to drive change. The Baldrige National Quality Program's Health Care Criteria for Performance Excellence stresses acquiring and using patient input . . . the Voice of the Customer (VOC)1 . . . to meet their expectations and requirements and to build loyalty. A principle of the Institute of Medicine's Six Aims is patient-centric thinking to focus on the patient experience.2 Shouldn't PI have a bottom-up approach, starting with the patient, the process sensor who receives the service? Patients can communicate their experiences to caregivers as they occur given the tools to do so.

I am a believer that each patient encounter with a provider's processes and staff can impact outcome quality. Based on my recent hospitalization, I feel that patients may have the answers that PI specialists seek to identify through analyses. However, the patient has insight from a holistic perspective, a dimension that is often missing from process analysis. I am referring to all the aspects that can affect the patient's physical, physiological, mental, and emotional well being to produce quality outcomes.

How is VOC being heard? Typically, patients receive surveys after the fact when their insightfulness is not as acute. How well does a patient respond to such a survey weeks after the encounter? How well can the provider interpret the patient's feedback and how often is there two-way correspondences to allow clarification of patient comments and to solicit further input? How does the provider react? Inherent to Lean processes is a system to immediately identify problems and resolve them. An organization's sensitivity and responsiveness to factors can affect a patient's experience and, ultimately, outcomes.

I've always encouraged listening to the VOC. Whether it was designing new processes or a new hospital, patient insight was relished. Simulations, based on patient input and feedback, were conducted to identify the "ideal" quality patient systems.

In next month's issue, I will highlight my patient experience and related issues with waste, preventable complications, and protected information. My major concern was the inability to share these incidents with the provider for responsive action to mitigate them.

Barry Ross is a Life Fellow in the Healthcare Information Systems Society and is Immediate Past President of the Western Pennsylvania HIMSS Chapter. He is also a Diplomate in the Society for Health Systems and has served on the Board of Examiners for Pennsylvania's Baldrige Quality Award program. Barry can be reached at: btross@msn.com.

1. 2009 -2010 Baldrige National Quality Program: Health Care Criteria for Performance Excellence, National Institute of Standards and Technology

2. Crossing the Quality Chasm: A New Health System for the 21st Century, Institute of Medicine, 2001

Creating Comprehensive Quality Health Care in America

BY DANIEL CASCIATO

Margaret E. O'Kane

As the new presidential administration pledges to improve health care in this country, Margaret E. O'Kane, president of the National Committee for Quality Assurance (NCQA), cautions that more work remains to improve the overall quality of health care.

"This is a long journey that we're on," she says. "It will take time. While it's too early for me to comment on President Obama's plan for the quality of health care, I do like what I have seen so far. Senator Baucus' bill looks good. It has the right things in it and everyone is saying the right things about quality."

O'Kane believes that all signs are pointing towards a value agenda for the country.

"We have a moral imperative to cover all Americans," she adds. "I also think that the attempt to extend COBRA benefits in the recent stimulus package was important to ensure that we have no more uninsured as the jobs go away during this economic climate. President Obama and his administration have the right attitude about health care and they understand that there's a lot of inefficiency that could come out without anybody sacrificing anything."

Since 1990, O'Kane has served as president of the NCQA, an independent, non-profit organization whose mission is to improve the quality of health care everywhere. Under her leadership, NCQA has developed broad support among the employer and health plan communities. In fact, today many Fortune 100 companies will only do business with NCQA Accredited health plans.

"We've always focused on a value agenda which includes cost-containment," says O'Kane. "I can't stress how urgent it is for the health of our country and the health of Americans that we need to get our costs under control."

O'Kane believes that this needs to be done in a way that actually improves quality instead of sacrificing quality.

"That is number one, two and three on our agenda," she emphasizes. "There is no correlation between cost and quality. I really want to get our arms around costs in a way that doesn't sacrifice quality. It's a big challenge ahead. We tend to think that there is a trade-off between cost and quality but it turns out that in many cases, improving quality can actually reduce costs. Trying to thread that needle of getting to lower cost through higher quality is an ethical imperative."

In addition to costs, there are other factors that affect the quality of health care in today's society according to O'Kane that needs improved.

"We have a lot of work to do to educate patients," she says. "We have a health literacy problem. We know that the patients' ability to really be a true partner in their care really affects their outcome. That's something that I think should be integrated in our educational system. I hope that gets on the agenda as we start to think about health care reform."

Overspecialization in healthcare is another major problem affecting quality of health care.

"Our infrastructure for primary care is eroding before our eyes, and that's real cause for alarm," she says. "The way we pay physicians and the costs to attend medical school means that people are coming out with huge debts and choosing more lucrative specialties, even though they may not be the most valuable or most necessary for us. I think payment reform is going to be a giant agenda and I welcome that. I think that is very important."

There are several countries that the United States can look to as a model of success in providing quality of health care to its citizens adds O'Kane.

"Almost any other developed country has something to teach us," she says. "There are different concepts and different models in each country. In many respects, we're the reverse of a role model for the rest of the world in health care."

Denmark is one country that she cites as a good model for the U.S.

"Denmark made a big commitment to primary care," she explains. "They sat down about 10 years ago and decided that their health care was getting overspecialized. What they did is change the structure of payment so that you make a lot more money if you become a primary care doctor. Now it's more competitive to become a primary care doctor because they make more money and as a result, health care works better.

While O'Kane knows that there is great deal of work ahead for her organization in its efforts to improve quality in health care, she looks forward to the challenge.

"I'm proud of the fact that our work makes patients better," she says. "Giving patients better care is very appealing to me, but I don't think we have gotten there yet. There's plenty of room for hospitals to improve. I hope we can make a lot more progress on it."

For more information, visit www.ncqa.org.

DATEBOOK:

April 3-4
Farm to Table Pittsburgh: Keep it Real, Keep it Local

The annual Farm to Table conference highlights the connections that can be made between buying locally produced food, creating a healthy economy and getting the most nutrition from your food. The event is held at the David L. Lawrence convention center on April 3 & 4, 2009. Attendees will be able to speak directly to farmers and food producers and hear presentations from local experts. Other highlights include an outdoor farmers market, cooking demonstrations and children's activities. In addition, there is a Friday Night Local Food Tasting on April 3 after the main event ends. You can learn more and buy tickets online at www.pathwayswellnessprogram.com/farm_to_table_conference.html.

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.himsconference.org.

April 16-17
2009 ICD-10 Annual Summit

The American Health Information Management Association and industry leaders in healthcare, health information and health information technology will convene during the 2009 ICD-10 Annual Summit: Beyond Compliance to Strategic Advantage, April 16-17, in Washington, DC, to discuss the United States' transition to ICD-10. For registration and to obtain credentials, contact Theresa Grant, AHIMA Media Relations Manager, at (312) 233-1159 or theresa.grant@ahima.org or visit www.ahima.org/events/icd10summit.

April 20-23
Perfecting Patient Care℠ University

Health Care Quality Improvement Training will be held April 20 – 23 from 8:30 a.m. – 5:00 p.m. at the Courtyard by Marriott, Monroeville, PA. This methodology based on The Toyota Production System and Lean is known as Perfecting Patient Care℠ (PPC). The goal of PPC is to provide healthcare leaders and clinicians with the methodology, tools and support to conduct serious and ongoing quality improvement projects in their organizations. To learn more or to register visit www.prhi.org.

April 29
National Teleconference on Diversity and End-of-Life Care

Each year the Hospice Foundation of America presents a nationally recognized distance learning program to individuals throughout the country. This year, the teleconference, Diversity and End-of-Life Care, provides an educational forum in which a multidisciplinary panel of experts will examine how diversity influences end-of-life decision making and the impact that culture has at the time of death and during bereavement. The Institute to Enhance Palliative Care will sponsor a local satellite presentation of this educational teleconference at Family Hospice and Palliative Care's Center for Compassionate Care in Mt. Lebanon. The program will be shown on Wednesday, April 29, from 1:30 to 4:00 p.m. with a discussion by a panel of local experts until 4:30 PM. The teleconference is free of charge and is open to the public as well as professionals in the community. For a small fee, CEUs are available for a number of professions. For more information or to make a reservation please call Family Hospice and Palliative Care at (412) 572-8747.

May 9
Health Hope Network Stroke Survivor and Caregiver Symposium

Health Hope Network (formerly Visiting Nurse Foundation) is sponsoring the third annual Stroke Survivor and Caregiver Symposium on Saturday May 9 from 8 a.m. to 3 p.m. to mark Stroke Awareness Month. The symposium will 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, visit www.healthhopenetwork.org or 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. Free continental breakfast and hot lunch, special guests and hundreds of door prizes. Expo includes entertainment, demonstrations and a Senior Fashion Show. The Senior Expo is free of charge. No reservations needed. For additional information, contact Audrey Rasmusssen at (412) 630-9466 or arasmussen@pasen.gov.

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 18
Family Hospice Golf Benefit

Family Hospice and Palliative Care's 22nd annual Golf Benefit will be held on Monday, May 18th at Valley Brook Country Club in Peters Township. Registration and lunch is at 11:00 a.m. with golf beginning at 1:00 p.m. All proceeds benefit services for hospice patients and their families. For more information or to register, call (412) 572-8813.

May 21
2009 POWER PROMISES

The 2009 POWER PROMISES - A Night of Hope benefit is scheduled for 5:30 p.m. on Thursday, May 21, at Heinz Field in the West Club Lounge. One of Pittsburgh's premier fundraising events, POWER PROMISES will feature graduates of the organization's gender-responsive alcohol and drug treatment programs whose stories of recovery are a testament to their courage. All proceeds will benefit POWER (Pennsylvania Organization for Women in Early Recovery). For more information or to reserve your seat, contact Emily Stimmel at (412) 243-7535 ext. 223 or estimmel@power-recovery.com, or visit www.power-recovery.com.

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.hcarefacilties.com for complete details and to register.

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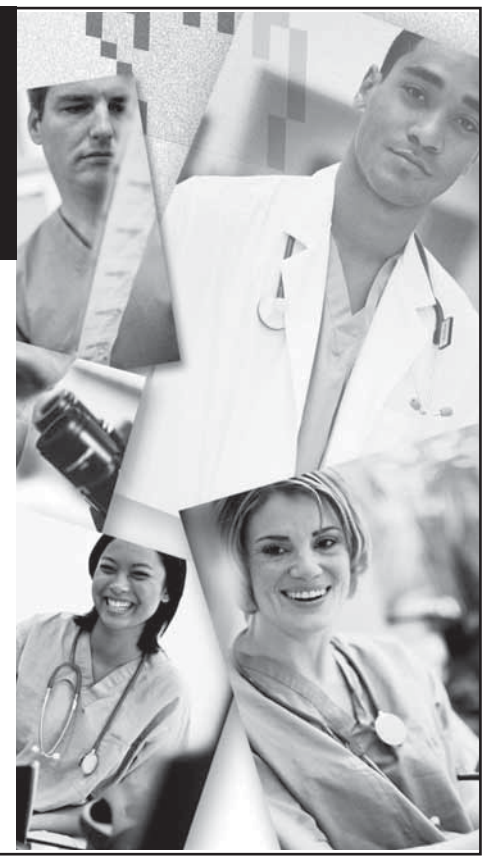

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A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:
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724-222-4300

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- St. Barnabas Nursing Home
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- Valencia Woods at St. Barnabas/The Arbors at St. Barnabas
  85 Charity Place, Valencia, PA 16059, (724) 625-4000 Ext. 258
- St. Barnabas Communities
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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

PUBLIC HEALTH SERVICES

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For more information, please contact CORE at 1-800-366-6777 or www.core.org

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Who Will Care for Mom?

Reports from the U.S. Bureau of Labor Statistics that predict an increase in the personal and home care aides job category – forecasting that to be the second fastest-growing job group in the nation over the next decade – is welcome news in a recession. But the rapid growth in this job group may not be fast enough. One local senior-care provider – Home Instead Senior Care – says the company's recent research indicates that demand for these jobs will outpace supply in a big way.

"This could become a national crisis issue," said Cheryl Stawovy and Kathi Lenart, owners of the Home Instead Senior Care office serving Monroeville and surrounding communities. "At our company alone – the largest of its kind, but one of many throughout our country – the number of CAREGivers nationally is about 60,000. To keep pace with this projected demand, our company will have to double its care force in just three years, according to our research," they noted. "On a positive note, these projections will result in job opportunities for area workers hit hard by the economy, providing a flexible part-time option for additional income or a new career in a fulfilling job field – caring for older adults."

In Pennsylvania, the personal and home care aides job category is expected to increase from 28,950 jobs in 2006 to 39,250 positions in 2016 – a projected 36 percent increase. The influx of state jobs to this occupation is mirroring what is happening throughout the country. Nationwide, the personal and home care aides classification is expected to grow by more than 50 percent between 2006 and 2016, increasing from 767,000 to a projected 1.15 million jobs. 1

The growing number of seniors in the U.S. as well as locally is expected to help fuel this job demand. According to the U.S. Census Bureau, the population age 65 and older is projected to double between 2000 and 2050.

"We've certainly seen the needs of seniors in our area drive the demand for our services, which in turn creates more caregiving jobs," said Stawovy.

U.S. Bureau of Labor Statistics Economist Colleen Teixeira Moffat, who studies the occupation of personal and home care aides, said increasing health-care costs partly explain this growing demand. "It's a lot more cost-effective to leave a hospital sooner when all a senior might need is assistance with daily activities," she said. "A visiting nurse, home health aide, and personal and home care aide all will be cheaper than a stay in a residential care facility," she said.

The training process for the profession is comprehensive but not lengthy, industry experts note. Caregivers typically complete a four-step training program, which provides the basic skills and, for some, advanced skills necessary to care for seniors. These include a focus on safety, communications, emergency first aid, activities and routine meal preparation and light housekeeping. The more advanced training prepares caregivers to perform personal services such as toileting and bathing.

For more information, call Home Instead Senior Care at (412) 457-0066 or visit www.homeinstead.com.1. http://www.bls.gov/emp/emptab21.htm

LIGHT READING

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

Talent Comes from Inside and Out

BY DAVID M. MASTOVICH, MBA

EBay has over 60,000 independent software writers contributing to its platform. These 'contract' developers created over 9,000 applications that enable more than 25% of eBay's product listings to be featured online.

Realizing no firm is big enough on its own to satisfy customers searching for unique experiences, companies like eBay focus on access to, rather than ownership of, resources and talent.

In his book The New Age of Innovation, C.K. Prahalad touts the importance of finding the best available talent or resources from both inside and outside the organization to form competent and productive teams. He calls it developing a "Velcro Organization" in which teams come together and disengage seamlessly.

The challenge is convincing organizations that follow the traditional hierarchical system of owning most or all of their human resources as employees to think differently. Instead of focusing on creating unique customer experiences, the old model places importance on the number of FTE's (fulltime equivalent employees), departments and job classifications within the company.

As a result, customers go elsewhere because of unmet needs. Market share and revenue go down and the likelihood of layoffs increases. Seeking to own employees under the guise of 'job security' actually creates the opposite: an atmosphere of distrust with employees feeling less secure and others out of work.

Instead, leaders and managers should make a point of knowing where talent is in the organization and where it can be accessed from outside. Focus on the skills of individuals and their attitudes toward learning and teamwork, not on their location, title or job grade.

Regardless of the size of your company or the nature of your business, strive to build your own "Velcro Organization." Follow eBay's lead and match opportunities with resources. Concentrate your efforts on finding and nurturing talent, fostering teamwork and achieving your organizational goals.

And instead of focusing on 'owning' employees, just buy something on eBay. It will cost you and your organization a lot less.

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

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Richland Township $384,900 MLS#761411
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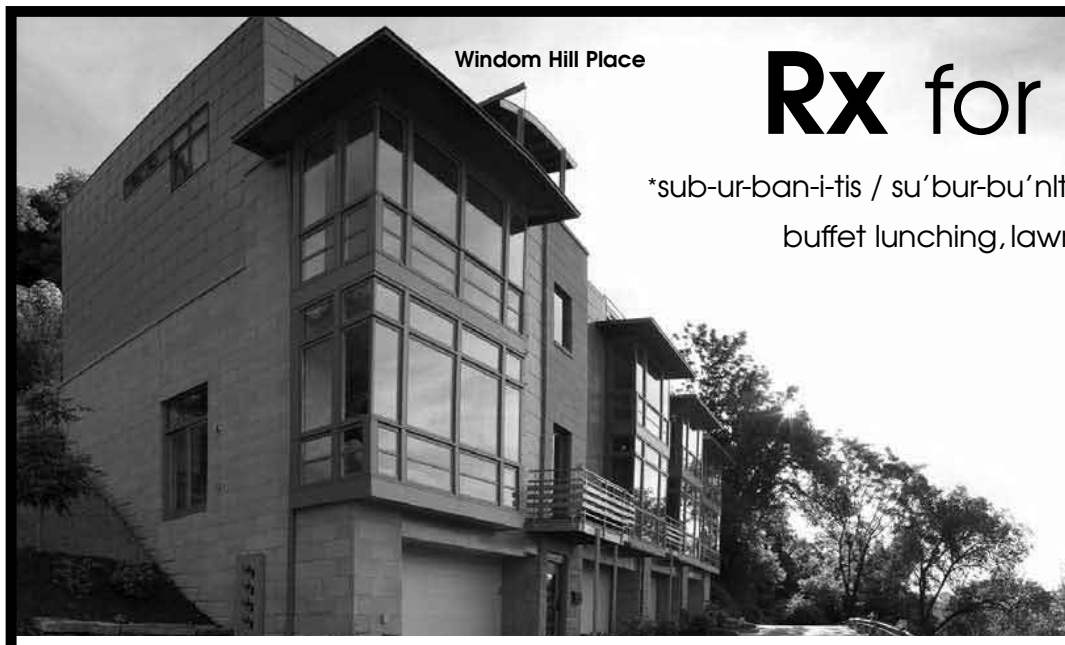
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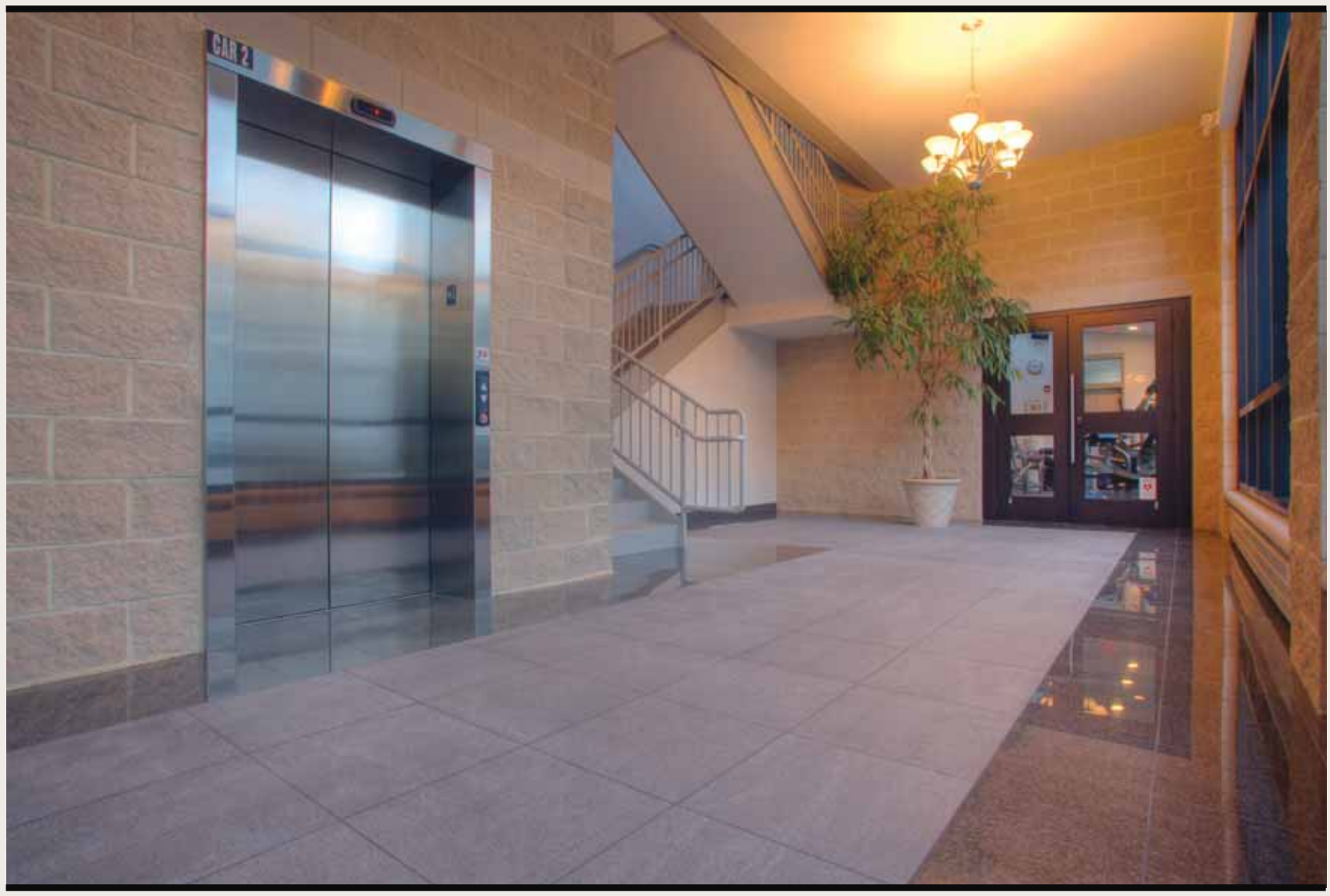

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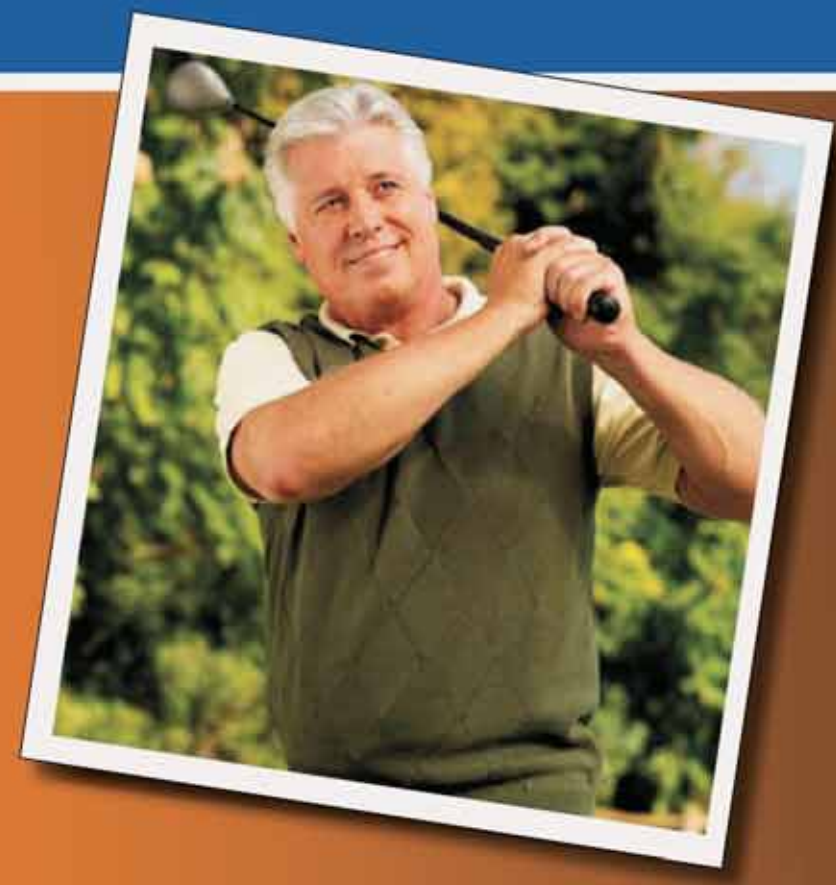

Roger had a knee replacement. After the surgery, he needed physical rehabilitation before returning home. ManorCare helped him regain strength and endurance. Roger is home and golfing with his friends and family.

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