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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

APRIL 2009 • $3.00

Physician/Hospital Relations: Patient Care Should Come First

BY DOUGLAS F. CLOUGH, M.D., F.A.C.P.

Physicians and hospitals have a symbiotic relationship that has resulted in organized medical staffs that work to address the interlocking responsibilities and goals – providing appropriate timely care to patients with the assurance of high quality, safe care.

As a member of the medical staff, physicians have a responsibility to oversee care and operations for all patients, in addition to caring for individual patients.

There are a number of principles that should guide the relationship between hospitals and medical staffs. A complete set of these guiding principles is available from the Pennsylvania Medical Society, but critical elements include:

• A mutual responsibility to cooperate and work together to meet overall health and medical needs of the community and preserve quality patient care; acknowledge the constraints imposed on the two by financial resources; and to preserve the autonomy, practice prerogatives, and professional responsibilities of physicians.

• The medical staff and its elected leaders must be involved in the hospital/health system's leadership function, including a mission that is reflected in the strategic and operational plans; service design; resource allocation; and organizational policies.

• The medical staff must be responsible for professional/quality criteria related to appointment/reappointment to the medical staff and granting/renewing clinical privilege. The professional/quality criteria should be based on known objective standards.

• Staff privileges for physicians

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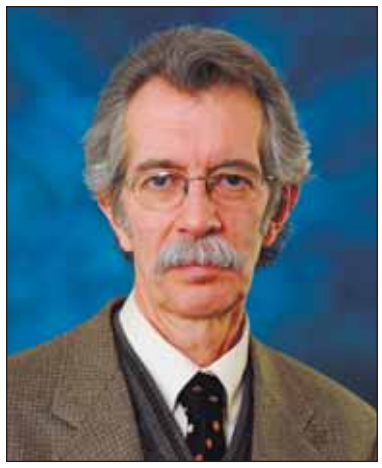
Dr. Douglas F. Clough

Opportunities and Challenges Face Public Health



Dr. Wesley Rohrer

BY KATHLEEN GANSTER-SAUERS

It is an interesting time in the health care world. While there are many challenges facing public health care, there are many opportunities for health care providers, according to Dr. Wesley Rohrer, Assistant Chair of the Department of Health Policy and Management and Assistant Professor, University of Pittsburgh. "The challenges that face us right now are particularly great. But there is also great opportunity to get into the field. It is a time where the health care world can make changes. It is a good news/bad news scenario," he said.

On the national scene, Dr. Rohrer said there are several ongoing public health concerns. "The first thing we need to do is eliminate health disparities between the various groups in our society."

According to Dr. Rohrer, the most vulnerable groups in terms of health care obstacles and issues are often those in lower-income groups and located in urban areas. "Our most vulnerable groups in terms of health care tend to be related to gender, ethnicities and income. We see real disparities in health care, health education and prevention." he said, "We need to do what we can to lessen, and ideally eliminate these disparities."

He continued, "One effective ongoing program to address health disparities in our community is the Healthy Black Family Project of the Center for Minority Healthy in the Graduate School of Public Health to prevent diabetes and the high blood pressure with-

Continued on page 26

Butler Memorial Hospital Streamlines IV Nursing Team with Voice-Assisted Care

BY HANK WALSHAK

It's not often that technology first deployed in long-term care facilities finds its way to acute-care settings. It's typically quite the opposite. Hospitals nationally are, however, turning increasingly to voice-assisted care technology – successfully used and proven in the long-term care sector – to cut costs and deliver labor-intensive services with greater efficiency while improving the quality of care. One such innovator is Butler Memorial Hospital, based in Butler, PA.

Butler Memorial completed a pilot program to test the AccuNurse® voice-assisted care, a voice-powered documentation and paging system developed by Vocollect Healthcare Systems, Inc. of Pittsburgh, to determine if the system could streamline patient care for its IV nurses. The goal was to enable nurses to work more effectively by retrieving patient information and chart at the point of care simply by talking.

Essentially, voice-assisted care relies on speech recognition and synthesis via a mobile device for instantaneous information capture and integrates documentation and communication all in one, pocket-

Continued on page 6

The Nursing IV Team involved in the pilot program to test the AccuNurse® (l-r) Pam Borcz, R.N.; Deb Lewis, R.N.; Lynn Oswald, R.N.; Nancy Rimer, BSN, MEd, Clinical Supervisor Perioperative Services and IV team; Donna Haid, BSN, Manager for Clinical Informatics; Dr. Tom McGill, VP of Quality; and Cindy Esser, BSN, MBA, MHA, Director of Emerging Technologies.

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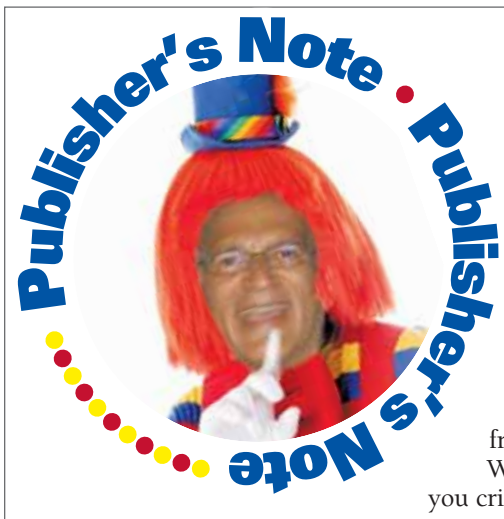


Tickle Me Harvey

BY HARVEY D. KART

My grandkids and I have this game we play where they ask me what I have in my pocket. When I pull out my empty hand, I tell them it's a "tickle." Then I proceed to tickle the two of them, Mackenzie and Karter, who squeal with uncontrollable laughter, the kind these days we only hear from little children.

When was the last time you laughed so hard you cried? Unfortunately, more of us today are just crying over economic uncertainty, job loss, or a host of other troubles.

My sister Susan called me last month to tell me that my publisher's note was too dark, too negative, too depressing. I had to think for a minute about the topic—a general rant about what is going on in our nation and in our industry—because many of my publisher's notes in recent months have taken a darker tone. Hey, I call 'em as I see 'em, and lately I haven't seen much to be upbeat about.

But maybe I haven't been looking in the right places. Certainly, playing "Tickle Me Elmo" with the grandkids brought a smile to my face. And to my heart.

Sitting at my desk, I wondered if there might be other places to look. There, among the paraphernalia I've collected over the years were two books from Ron Cichowicz, a friend and sometimes contributor to Hospital News: "I'm Not Over the Hill, I'm Simply Too Old to Climb It" and "I'm Still Not Over the Hill Yet … It's Just That My Age Keeps Climbing." (Both of which, Ron informs me, are still available through the publisher, Great Quotations, Inc. Their Web site is www.greatquotationsinc.com.)

Within the pages I found the following:

Time may be an excellent healer, but as a beautician, it's not so hot.

•••

Old age is when you go from looking good to looking well.

•••

You know you're getting old when you can't get your motor started—but you have a lot of gas in the system.

•••

Two old men watched a third walk past with a beautiful woman on his arm. "He has a penchant for women," said the first. "I wish I worked for his company," said the second.

•••

When you're older, your favorite "naughty movie" is "Debbie Does Dialysis."

•••

The young woman approached the old man at a party and asked, "Why are you undressing me with your eyes?" He replied, "Because I have arthritis in my hands."

•••

In childhood, we make faces in the mirror. In old age, the mirror gets even.

•••

Addressing his elderly patient, the doctor said, "I have good news and bad news. The bad news is, you have Alzheimer's. The good news is, you can go home and forget about it."

•••

Two old friends who hadn't seen each other in awhile meet. "I truly apologize," says the first, "but I can't remember your name." The second responds, "How soon do you have to know?"

I know, I know. Humor is subjective. I don't know if any of these brought a smile or even a groan. But I can tell you that, at least for those few moments that I thumbed through Ron's books, I forgot about all the world's troubles and remembered what it meant to live in the moment.

There's an old saying, "If you are not part of the solution, you're part of the problem." Problem is, we Americans are losing many of the attributes that made our country great in the first place and one of the most important is our sense of humor. So, in an effort to become part of the solution, I have invited Ron to once again feature his humor column, "In Stitches", in the pages of *Western Pennsylvania Hospital News*. (Long time readers will remember that Ron's popular column appeared in Hospital News in the past.)

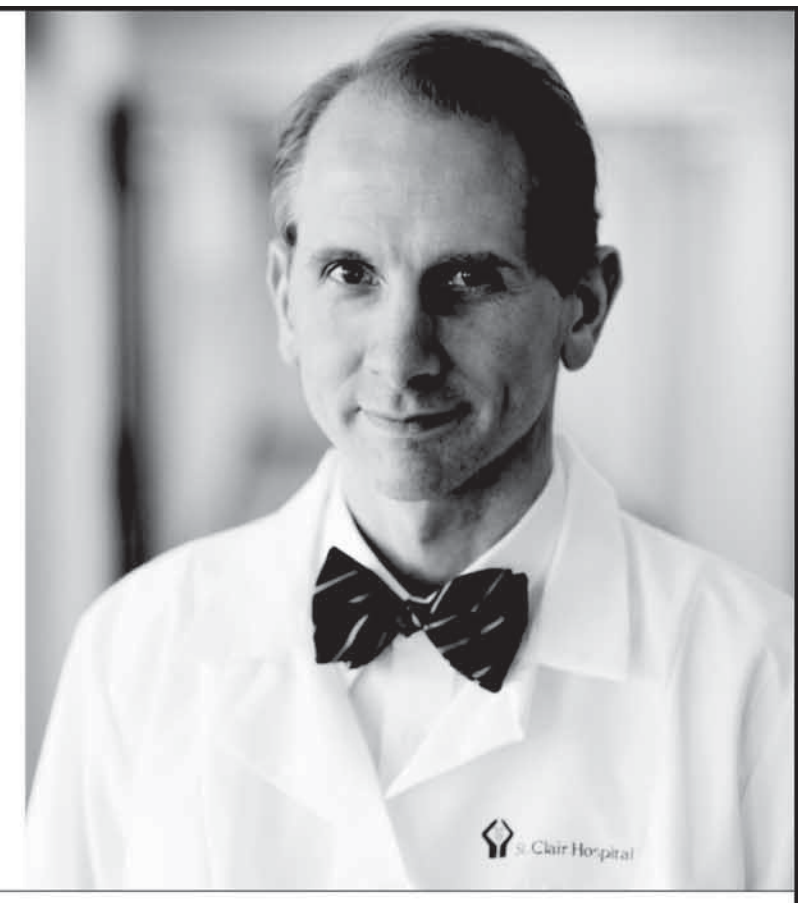
Thus, beginning next month, "In Stitches" will offer a little island of humor in a turbulent sea of worry and strife. It's our way of sending you a little tickle. We hope you enjoy it.

(An aside to my sister: Susan—you were right. I'll try to keep my morose side a little more in check. Although I do reserve the right to let it out when the situation warrants it!)

Harvey Kart

You can reach Harvey Kart at hdkart@aol.com or (404) 402-8878

OUR Physician
OF THE Year



St. Clair Hospital

Congratulations to **Dr. Karl E. Bushman**, winner of St. Clair Hospital's 2009 Physician Recognition Award. His passion, kindness and uncompromising commitment to patient care are but a few of the hallmarks of his distinguished career.

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Excela Health's First Chief Executive Looks Back At First Five Years, Prepares for Transition

BY DAVID GALLATIN

Like any healthcare provider in Pennsylvania – and across the nation – Excela Health is taking a hard look at how we can responsibly fulfill our mission in today's economic environment.

While Excela Health is not immune to the challenges presented by today's economic downturn, we are prepared.

Across our state, more than 50 percent of hospitals see a marked decrease in admissions and elective procedures. More than 80 percent of Pennsylvania hospitals have considered or are considering layoffs. What's more, 95 percent of hospitals in our state say the economic climate has altered their projections for the current fiscal year.

As many of you know, Excela Health has not been spared from the affects of the economy and, in fact, can be included in those same statistics.

As I transition out of my role as CEO, I want you to know that your community health system is in good hands and is well positioned to meet these challenges head on, from a position of strength.

Excela Health has a number of advantages needed to weather this downturn, including our size, the hospitals' combined strengths, and our track record of financial responsibility. Together, our hospitals are stronger than they were apart.

Despite a challenging economic environment, Excela Health is staying the course. A strong operating performance last year allowed us to reinvest $59 million into the system to provide resources to our staff, while maintaining a strong, positive A3 credit rating. This year our investments include a new, state-of-the art Neuroscience Center at Latrobe Hospital, an Inpatient Hospice Center on the Jeannette campus of Westmoreland Hospital and an expanded cardiac rehabilitation center, which will open later this year at Frick Hospital.

Excela Health was named to the Top 100 list of Performance Improvement Leaders for our quality enhancements, while two of our programs – maternity care and spine care – each received HealthGrades awards. We also are Silver Award Winners in the Get with the Guidelines – Stroke Initiative of the American Heart/Stroke Association.

But make no mistake, to protect these successes and to protect community-based healthcare, Excela Health must responsibly face the economic issues before us. Responsible leadership means being as efficient as possible with our resources, while also protecting patient care. It means proactively - and deliberately - looking for ways that we can evolve and adapt to meet the changing times. These are always difficult decisions, but they are necessary ones if we are to continue as the leading acute care provider within Westmoreland County

The goal, however, remains the same: to provide the best patient care possible.

As I transfer my leadership duties to interim CEO Kim Hollon, I am confident that Excela Health can build upon the strengths created since our community hospitals joined forces and will continue caring for you and your families for years to come. Kim has served Excela Health for a year and brings national hospital experience and perspective to our community.

Under his leadership, Excela will continue its track record of responsible, forward looking leadership. Coupled with our mission-driven strategic plan and organization's annual operating plan, Excela Health is positioned to protect its strong financial and operational performance, while also being accountable to the communities we serve.

On behalf of the entire Excela Health organization, I would like to thank you for your ongoing support and for entrusting us to care for your family's needs for generations. It has been my privilege to be part of Excela Health and to have worked with so many dedicated employees and physicians. Our caregivers work around the clock, 365 days a year to deliver on our mission to improve the health and well – being of every life we touch. Because of their dedication and commitment to providing the best patient care possible, we are strongly positioned to continue as the leading health care provider in Westmoreland County.

David Gallatin can be reached at dgallatin@excelahealth.org.

COMMENTARY

Delegation or Abrogation? A Key Determinant to Organization Success or Failure . . .

BY JAN JENNINGS

On St. Patrick's Day, our firm celebrated its fifth anniversary. It has been an interesting journey. We have served hospitals and healthcare organizations from sea-to-shining- sea, large and small; hospitals extremely well-managed and hospitals still trying to find their way. We have met countless wonderful men and women serving hospitals all over the United States. After serving or visiting dozens of hospitals, and before studying the data, you quickly develop a sense for the hospitals that are winning and those that, well, are still wandering around.

Three decades ago, the Dean of the School of Business at Duquesne University, Pittsburgh, Pennsylvania, coined the expression that "management" could be defined briefly as "getting things done through others." Such an expression succinctly captures the complexity of delegation of responsibility within an organization. In general, the winning organizations that we observe have a system of delegating responsibility that works effectively. It is a combination of art and science. Joe Schmedlap, Chief Operating Officer of St. Smithers by the Swamp, in Broken Arrow, Oklahoma, has a system of delegating responsibility without losing control of the departments for which he is ultimately responsible to the Chief Executive Officer. He receives regular reports and measures success and occasional slippage within each department or cost center assigned to him. He seems to have a sixth-sense for when things are going well and when a department is floundering. It is more than pouring over reports and data. A lot of it comes from the tone and tenor of the human interactions between him and the incumbent department head.

It is not complicated. When you ask a department head a series of questions and clear crisp and enlightened answers snap back, you develop a confidence that the department manager has effective control over his area of responsibility. Indeed, it is within these organizations we normally find success by most any measure.

Unfortunately, we occasionally find a Chief Executive Officer or Chief Operating Officer who substitutes "abrogation" for "delegation." One definition of abrogation is, ..." to treat as nonexistent." In these circumstances there is a detachment between the "executive" and the "department head." I refer to this as the "Pontius Pilate Syndrome (PPS)." Why should I preside over this issue when I can leave it to mob rule? PPS can be either active or passive.

Active PPS: We collect data with respect to productivity standards and present it to Augustus Caesar, Chief Operating Officer of the Walking Wounded System of

Meandering Medical Centers, in God Lost Her Shoe, Mississippi. He seems to be listening attentively and then he utters these fatal words, "Take this information to my department heads and let them do with it as they will. I support my management team and I depend upon them to do their jobs." I will pull them together and you can present these data to them and I am confident they will do the right thing. Upon further questioning, "Do you want us to get back to you with the result? The answer, "If there is anything that I need to know I am confident my department heads will bring it to my attention. I support my management team and they support me."

Passive PPS: We collect data with respect to productivity standards and present the information to Melvin Milk-toast, Chief Operating Officer at Sinking Fast Medical Center, Off the Beaten Path, Minnesota. Before we can present the data, he makes it clear that productivity data is confusing and creates anxiety for his department heads. Rather than confuse the department heads with information and data he would prefer a ten percent across the board cut in full-time equivalents every three years. It is simple and everyone understands how it works. Also, most department heads leave within three years of employment so the system of across the board cuts only affects the department heads once in their tenure with the Sinking Fast Medical Center.

> "Well-run hospitals show a deep curiosity for information to advance the good purposes of the institution. Poorly run hospitals avoid, even punish, managers who challenge the status quo." - *Jan Jennings*

Hospitals in which there is rampant abrogation of responsibility by top management suffer several common outcomes. It does not matter if the hospital practices Active or Passive PPS. These characteristics are as follows:

- These hospitals routinely lose money.
- The department heads focus on finding a new job.
- The Board of Directors grows increasingly restless.

Allow me to put all of this into sharp contrast with hospitals where effective delegation is practiced. Delegation is defined as, "to commit (powers, functions, etc.) to another as agent or deputy." The department manager feels empowered to do his/her job with the effective mentoring and coaching of a leader. At Snappy Valley Medical Center, in Sharp Focused, Oklahoma, there is a regular flow of information in both directions between the Chief Operating Officer and his department heads. There are regular private and group meetings within the "management team." There are common characteristics of those within hospitals who deploy effective delegation systems. They are:

- These hospitals routinely have positive results from operations.
- The department heads are taking on progressively higher levels of responsibility.
- The Board of Directors has enormous confidence in the management of the hospital.

These are but a few observations made over the past five years. The most startling observation is how deeply embedded these divergent practices are enforced within hospitals. Organizational culture seems to have a life of its own and it is powerful. Well-run hospitals show a deep curiosity for information to advance the good purposes of the institution. Poorly run hospitals avoid, even punish, managers who challenge the status quo.

For the reader of this missive there is the obvious question. Is your organization involved in systematic delegation or abrogation? The answer matters. On a more personal level, which type of hospital do you serve? Your answers, whether open or anonymous will be greatly appreciated.

Jan Jennings, President and Chief Executive Officer, American Healthcare Solutions, can be reached at JJennings@Americanhs.com.

COMMENTARY

Keeping the Safety Net Cast

BY MICHAEL BLACKWOOD

Amid a state deficit projected to be at least $2.3 billion this year, Gov. Ed Rendell outlined a 2009-10 budget plan that calls for, among other things, providing more Pennsylvanians with access to health insurance. But this year's budget will present challenges for those of us in the business of ensuring that all Pennsylvanians have affordable access to high quality healthcare.

It is imperative that we do not jeopardize the healthcare safety net that our most vulnerable citizens rely on each and every day – the Medical Assistance (Medicaid) program.

Medicaid is a taxpayer-funded, public health insurance program that finances essential healthcare and long-term care for roughly two million Pennsylvanians. A well-funded and well-managed Medicaid program guarantees access to affordable healthcare for our most vulnerable residents and, at the same time, saves our taxpayers hundreds of millions of dollars each year.

There are two key points legislators need to keep in mind as they look at Medicaid this year. First, the people who rely on this system for healthcare truly have nowhere else to turn. Consider that 46 percent of Medicaid recipients are children under 18; 10 percent are seniors 65 and older; and another 17 percent are citizens with a disability.

And, it isn't just a "big city" issue. Two-thirds of Medicaid recipients in Pennsylvania live outside of Philadelphia and Allegheny counties, and 27 percent live in rural counties. Allegheny County has more than 185,000 people on the Medicaid rolls. Seven other counties in our region –Armstrong, Beaver, Butler, Fayette, Greene, Washington, and Westmoreland total more than that, with approximately 188,000 residents on Medicaid. In these eight counties, the Medicaid population includes more than 163,000 children, 38,000 seniors, and nearly 74,000 disabled citizens.

The second point for lawmakers to consider is the job Medicaid Managed Care Organizations (MCOs) are doing in delivering healthcare to more than 60 percent of those on Medicaid in Pennsylvania, including two-thirds of the population in our region. Each of the MCOs in the state has been ranked among the best in the nation and combined have saved the Commonwealth more than $2.7 billion over a recent five-year period, according to an independent study by the healthcare consulting firm, The Lewin Group.

The MCOs are able to generate cost-savings by coordinating the care their members receive, emphasizing lower cost preventive care, and avoiding unnecessary hospital stays. We provide an integrated care management approach, increasing access to quality care for special needs individuals. Our care management addresses the health and social needs of the individuals. We tackle chronic conditions head on and coordinate health care intervention plans for enrollees.

We also integrate the delivery of pharmacy services for our members, a critical role with this population. Many consumers have separate plans – one for routine doctor's visits and a second for pharmacy. But the Medicaid population demands a different approach. Remember, many of these women, children and men are chronically ill or have special health needs which mandate a comprehensive and seamless delivery system. We need the ability to manage the medical, surgical and pharmacy aspects of care by working closely with primary care and specialist physicians.

The Lewin Group study also shows MCOs save money by making greater use of generic drugs and tailoring prescription needs of members. This is another reason to oppose, as the legislature has for three straight years, the governor's "Smart Pharmacy" plan to carve out pharmacy services from managed care plans. The Department of Public Welfare proposed the pharmacy carve out simply to garner greater rebates, compared to private plans. However, President Obama has proposed in this year's federal budget to guarantee the same level of rebates to MCOs that states can potentially receive. This will take away the only rationale for the governor's pharmacy carve out provision.

The news of more job losses in our area adds to the urgency of this situation. Every time a worker loses a job, a family faces the potential loss of its health insurance and one more family may need Medicaid.

Pennsylvania's MCOs look forward to working with the Rendell Administration and the General Assembly to strengthen this vital safety net for our most vulnerable citizens while delivering significant savings for taxpayers.

Michael Blackwood, President and CEO, Gateway Health Plan, can be reached at (412) 255-4650 or mblackwood@gatewayhealthplan.com.

"Allegheny County has more than 185,000 people on the Medicaid rolls."

Three Rivers Hospice Volunteers making Bunnies for patients.

A circle of bunnies.

Anastasia (Three Rivers Hospice Therapy Dog) watching over the bunnies.

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And Palliative Care

Reorganizing Your Practice in Today's Economy

BY VINCENT J. RUSSO, PRINCIPAL

For the practice that remains independent (either by choice or because of differing opinions of the worth of the practice), survival in the 21st century requires sophisticated business knowledge, timely access to information, and a hands on approach to day to day operations. A particular concern and area of close focus for the physician should be billing and collections. Too often, a physician utilizes a person for billing who has moved 'through the ranks' in the office. This person usually has no real knowledge or expertise in billing and collections, other than they were taught, "This is how we have always done it."

A physician has two choices: 1) to keep their billing in-house, or 2) to outsource to an experienced billing service. The choice of the latter most typically translates into less expense and additional revenue—thus a win/win any way you look at it. If in-house billing is the practice choice, you must have up-to-date practice software and experienced, qualified billing professionals who continue to receive education each year, as well as a qualified "overseer" to manage the entire process. Many practices do not have the critical mass for all of these things to happen because the costs are too exorbitant.

In the physician-owned setting, even hospitals are finding that outsourcing the billing aspect can be a benefit to their relationships with the physician practices. Both physicians and hospitals enjoy the liaison function that the billing outsourcing company can provide between the two of them. The billing company often acts as a moderator, of sorts, between the hospital and the physician group. They can assist in leading discussions between the two parties, and providing a neutral opinion in the discussions of what are the best answers to enhancing profitability within the practice. With a qualified billing service – one that has a background in working with physicians from a consulting side as well – the physician and hospital will be provided feedback on a consistent basis and isn't adding additional tensions to the already delicate physician/ hospital relationship.

It is important to understand that billings and collections are much more complex than simply submitting claims. Just like a hospital, it too, is a revenue cycle. Once the physician delivers the service, there is nothing more important than maximizing collections so that the practice can remain profitable. In fact, many times a practice will seek to be purchased and employed by hospitals due to low profitability, when this could be avoided with a proper billing and collection process.

Vince Russo is a Principal with Total Practice Management, LLC, a physician billing and practice consulting company affiliated with Carbis Walker LLP, Certified Public Accountants & Consultants. He can be reached at vrusso@carbis.com or (800) 834-4863 (option 1).

COVER STORY: *Butler Memorial Hospital Streamlines IV Nursing Team with Voice-Assisted Care*

Continued from page 1

sized device. Components include three items – a wearable computer and headset, the speech-recognition engine and the nursing software application. Integrated wireless network connectivity allows the device to be mobile with constant access to data.

"Our IV nurses used AccuNurse with over 200 patients and enjoyed the hands-free nature of voice-assisted care, [along] with the ability to document in real-time," says Cindy Esser, RN, MBA, MHA, director of emerging technologies at Butler Memorial Hospital.

According to Esser, charting right then and there, rather than waiting until the shift ends, saves significant time. Voice-assisted care saved nurses' time by cutting documentation time up to 75 percent and eliminating pre-shift task lists. "Our nursing team speaks right into the system at the point of care, which means they no longer have to take time between shifts or at the end of shifts to document. Just as important, we monitored the use of the system by also entering information manually and found AccuNurse to be just as accurate."

With voice-assisted care, Butler Memorial's IV nurses no longer have to print patient lists and manually assign their priorities. The system automatically generates lists with priority designations, saving extra steps and time they would otherwise have spent. "We're impressed with the way AccuNurse prompts our nurses to their next task or patient. It literally tells them whom to go to next, based on patient priority or who is logistically closest to their current location" says Esser. "This feature takes a lot of guesswork out of managing their day efficiently."

Owing to these significant results, Butler Memorial Hospital has received the Nursing IT Innovation Award for 2009 by Health Data Management magazine because of its deploying voice-assisted care with its nursing IV team. Those involved in the project from Butler Memorial Hospital included Pam Borcz, RN; Deb Lewis, RN; Lynn Oswald, RN; Nancy Rimer, BSN, MEd, clinical supervisor perioperative services and IV team; Donna Haid, BSN, manager for clinical informatics; Dr. Tom McGill, vice president of quality; and Cindy Esser, BSN, MBA, MHA, director of emerging technologies.

The voice pilot was the brainchild of Dr. McGill, and Cindy Esser, with Donna Haid leading the implementation. Vocollect, Inc. under the direction of Amar Kapadia, director of new ventures, supplied the voice-assisted care technology, used by more than 30 long-term care organizations throughout the country. The technology and its usage is rapidly expanding in long-term care and in acute care settings.

The Voice Assistant is connected to a lightweight headset specially designed for caregivers. Vocollect headsets are designed to enable highly accurate speech recognition in noisy environments and provide full-shift comfort.

"For the past two years," says Kapadia, "we focused on long-term care and have installed our system in four of UPMC's long-term care facilities, among others. Before participating in the pilot with Butler Memorial, we conducted extensive research with nursing staffs at four other hospitals."

As part of this initiative, Debra Wolf, RN, PhD, associate professor at Slippery Rock University and independent expert in healthcare informatics, assisted Vocollect and Butler Memorial in adapting AccuNurse voice-assisted care from long-term care settings to acute care at the hospital.

"It's not enough to install new technology in the hospital setting," says Wolf. "You also have to prepare users of the technology for the culture change that it brings in its wake."

The pilot was so successful that Butler Memorial plans to roll out voice-assisted care in its Skilled Nursing Unit later in 2009, and to go from pilot to full implementation for its IV nurses.

For more information, contact Cindy Esser at Butler Memorial Hospital at (724) 283-6666 or CYE.ADM@butlerhealthsystem.org.

Multi-Disciplinary NeuroScience Care: Key Components of a Collaborative Model

BY STACEY LANG

Over the past several years, the need for a coordinated approach to care delivery in all clinical specialties has become evident to many organizations across the country. Only through the use of a highly-integrated team can exceptional care be consistently delivered 24/7/365 for the benefit of both patients and the hospital.

Corazon's vast experience in program development illustrates the importance of open communication and coordination of care when a multi-specialty team approach is required for success, as is the case in the Cardiovascular and Neurosci-ences service lines.

For instance, the number of physicians, sub-specialists, and ancillary and nursing staff involved in the care of a stroke patient can easily exceed 25 during the initial hospitalization. Even with this broad spectrum of clinical involvement, stroke continues to be the third leading cause of death in the U.S., with a cost to the economy in the billions of dollars annually.

Corazon has identified the following components as necessary for a successful multi-disciplinary team model.

1. Find a Physician Champion

The physician leader of a successful neuroscience team must first be clinically qualified and possess the training and experience to garner the trust and respect of colleagues. The ideal physician champion is not only clinically-qualified, but also a dynamic leader that conveys passion to the team through active involvement in program development and operations. It is essential that this physician have the ability to see beyond his own individual area of expertise and respectfully consider the input of all members of the team. The ability to see both 'big picture' strategic elements and also the details of daily operations across specialties and departments is key.

2. Facilitate Open Communication

A multi-disciplinary team approach to care requires an organization-wide focus on exceptional communication. While it is important that appropriate care protocols be developed, written, and adopted, it is equally important that these same protocols be fully and uniformly implemented at every level of an organization. For this reason, Corazon recommends the formation of a multi-disciplinary operations committee, with representation from each medical specialty. Support from hospital Administration is also essential. Such an approach can help to illustrate the importance of the initiatives discussed, while providing the leadership necessary to identify and/or circumvent any political or operational barriers that could emerge.

3. Adopt Standardized Order Sets

The complexity of the neuroscience patient requires a consistent approach to care, grounded in solid evidence-based clinical practice guidelines. Collaborative development and implementation of standardized order sets, under the direction of the physician champion, allows all members of the team to be a part of care delivery decisions and plans. For instance, the current emphasis on time-to-treatment for the stroke patient has been facilitated by a strict application of evidence-based protocols. Open dialogue during the development process affords all physicians involved the opportunity to participate in the creation of a comprehensive plan of care. Corazon experience proves that a much greater sense of ownership and a much higher degree of compliance is achieved via an open and inclusive approach.

4. Implement Processes to Track and Improve Performance

A program-specific quality tracking tool should be developed to measure outcomes, validate the data, and explore opportunities for improvement. Again, administrative support of the quality program must be a priority. Only after these steps have been followed, can meaningful information be presented to the team and reasonable, well-informed decisions be made in regard to necessary change.

The development and implementation of a multi-disciplinary team is only the beginning of what should be an ongoing and continuous process intended to improve care quality within this clinical specialty. Corazon anticipates that as the options for treatment of the neuroscience patient continue to multiply, so will the challenges facing organizations committed to the care of the increasing numbers of these patients. Early adoption of sound clinical practices under the leadership of a dedicated physician, solid operational processes, and active administrative involvement will do much to position an organization for success.

Stacey Lang is a Neuroscience Consultant with Corazon, a national leader in consulting, recruitment, and management resources for heart, vascular, and neuroscience programs across the country. She can be reached at slang@corazoninc.com or visit www.corazoninc.com.

COVER STORY: *Physician-Hospital Relations:*

Patient Care Should Come First

Continued from page 1

should be based only on training, experience, demonstrated competence, and adherence to medical staff bylaws. Additionally, there shall be a requirement in hospital bylaws for an appropriate appeal and due process mechanism.

• The best interests of patients should be the predominant consideration in granting staff membership and clinical privileges.

Mutual respect and collaboration are important to a successful relationship between physicians and hospitals as corporate entities. This will facilitate the achievement of a mutual goal of compassionate, appropriate care for patients.

Recent news stories have focused on another aspect of physician hospital relations, not directly related to medical staff activities, but certainly affecting patient care.

Physicians who have changed an employing affiliation have been dismissed before the announced move date, leaving patients in the dark as what they should do.

The employing hospital may have the legal right to do this, but it leaves physicians wondering what their legal and ethical responsibilities are to their patients when they announce a move.

The American Medical Association has provided guidance on change of affiliation of medical practice or separation of employment.

Its policy states that physicians have an obligation to notify patients in a timely manner of any change of affiliation or separation of employment. This notification should include a new address and information on how to have records transferred to the new office if the patient wishes to follow the departing physician.

It also states that patients should be able to make the choice of whether they will follow the departing physician or stay with the original practice. Any hospital or health system should recognize the importance of the doctor-patient relationship in that patients should be able to choose their physician and any transitions should be handled smoothly in a timely manner.

The most logical legal matter in these cases involved patient abandonment. In the case of hospital system employment, Pennsylvania licensing regulations state that abandonment occurs "when a physician leaves the employment of a group practice, hospital, clinic or other healthcare facility, without the physician giving reasonable notice and under circumstances which seriously impair the delivery of medical care to patients."

So far there haven't been any lawsuits involving these lockouts. But if these cases continue to happen, it is likely physicians and hospital systems may be faced with litigation.

Most importantly, however, is the recognition that physicians and hospitals have a higher ethical responsibility to make sure patients have the right to access care from the physician of their choice. This should be our first priority.

Dr. Douglas F. Clough, Allegheny County Medical Society President, can be reached at (412) 321-5030 or clough@acms.org or visit www.acms.org.

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Cura Hospitality Launches Menu Concierge

Education Creates Courteous, Knowledgeable Patient Concierges

BY GRACE HOYER

To better serve and understand the dietary needs of hospital patients, Cura Hospitality of Pittsburgh, PA, recently launched Menu Concierge, a spoken menu service where courteous, friendly and educated concierges take patient menu orders at bedside just prior to serving the meal. This personalized service is efficient and better for patients, as their diets and tastes may change from one day to the next, and, overall, provides a more socially appealing environment that's uplifting to patient dining.

The key to Menu Concierge's success is the education and interactive training components that provide the staff with the opportunity to get enthused about their new role. According to Chris Vitsas, Cura general manager at St. Clair Hospital in Pittsburgh, the goal is to create courteous as well as knowledgeable concierges who are able to assist patients with dietary and menu-related questions.

Concierges attend initial training conducted by Brandon Smoker, Cura patient services manager and Jacque Baker, Cura director of dining services. "We provide a step-by-step education process that begins with gracious hospitality such as how to greet patients, properly take an order using a palm pilot, serve meals and how to provide follow-up care," says Smoker.

Concierges are also able to view photographs of each of the hospital's new patient menu selections in the kitchen so they know how the food should be plated and presented to the patient. "It's the basics, but studies show that in addition to great tasting food, patient satisfaction is largely driven by the attentiveness of concierges," adds Smoker, who reports that recent patient satisfaction survey scores dramatically increased for 'courtesy of the person serving the food'.

In addition to gracious hospitality, concierges need to intimately know the menu selections and to be knowledgeable about the nutritional profile of each meal. While Cura's clinicians assess patients' nutritional needs, develop and implement nutrition programs, and evaluate and report the results, clinicians work closely with Menu Concierges. "We want our concierges to be more than just an 'order-taker'. We believe that it's important for our concierges to be hands-on, to know the menu, understand the dietary needs and restrictions of our patients, and to feel confident to answer patients' questions about nutrition information," says Baker.

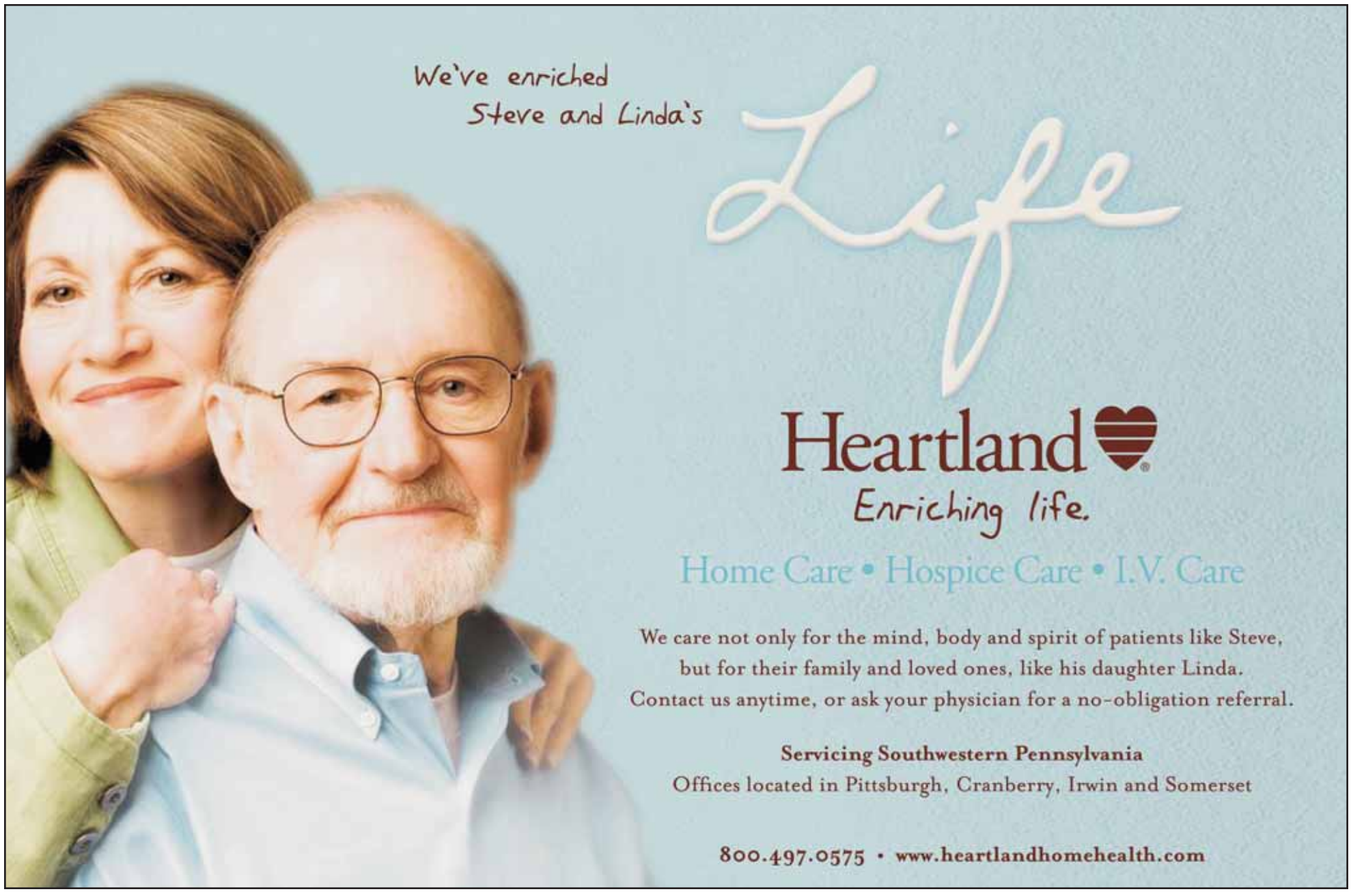
Since Cura wanted all patients, including those in isolation, to experience this new dining service, concierges are trained on the Joint Commission on Accreditation of Healthcare Organiza-tions (JCAHO) regulations and patient safety such as the proper procedures upon entering a patient's room and the steps of dressing and removing personal protective clothing and equipment. Concierges also attend monthly meetings conducted by Cura management and clinicians that may focus on specific diets, safety-related topics, dining service and menu enhancements.

As an added tool, Cura provides its concierges with pocket cards that help make learning, remembering and referencing the fundamentals of nutrition and dietary modifications easy and fun. The Cura-developed pocket-size cards feature several nutrient-related topics such as foods that are low in fat, sodium and sugar; fluid restrictions that include foods and liquids that are part of fluid intake; and safety-related procedures.

A Cura Hospitality Menu Concierge assists a patient with a dining order

To complement the Menu Concierge service, a new patient menu was launched at St. Clair which features fresh, made-to-order food selections prepared by Executive Chef Rob Coyne, who joined the Cura team at St. Clair in the summer of 2008. The new patient menu, which was first offered to the nursing staff to taste-test and offer feedback, was officially approved earlier this year with rave reviews. "Patients are eating better and enjoy new and delicious menu selections such as herb roasted pork loin, cranberry orange salad and Belgian waffles," adds Baker.

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



Pitfalls of Layoffs

BY ELAINA SMILEY, ESQ.

Many employers, large and small, are laying off or terminating the employment of workers as a way to cut costs and survive the current recession. Health care systems, physicians' practices and other medical businesses are not immune to economic pressures, and many are considering or will soon begin to consider workforce reductions.

But all businesses should be forewarned that whether an organization is terminating the employment of one or hundreds of workers, if it mishandles the terminations, it is playing with a lawsuit fire that could end up burning significantly more money than what it had hoped to save.

Here are some common pitfalls that employers should avoid when making workforce reductions. Any or all of these pitfalls could lead to one or more administrative actions or lawsuits by the employees who are losing their jobs:

1. Not Considering Layoff Demographics

If a company does not consider the impact of the layoffs or terminations on employees in classes protected by anti-discrimination laws, such as gender, race, color, religion, national origin or age (40 and over), it risks inadvertently creating the basis for a discrimination claim or lawsuit. Take the example of an employer that selects a female age 55 with 15 years of service for employment termination, but retains a white male age 25 with two years of service in the same position. Without good documentation that she had job performance problems or issues, the female employee may have a claim against the company for age and gender discrimination.

2. Not Telling the Truth About Bad Performance

Many employers tell underperforming employees that the reason for the layoff is lack of work or the economy, as a means of avoiding an emotionally difficult situation. But not telling the truth about a layoff leaves the employer more vulnerable to lawsuit: a good defense against a discrimination claim is that the decision to terminate employment was based on the employee's poor performance, but that defense won't be viable unless employees are informed that they are having job problems. Moreover, if the company does not tell the employee about the performance issues, then judges and juries may view the employer as not being truthful, and this undercuts the defense.

3. Offering Severance without Getting a Release

Another mistake that employers often make is to offer severance payments without getting a release of claims. If an employer lays off an employee and pays money for which the employee is not otherwise entitled, it is wise to get a proper release of claims, especially when the employee is in a protected classification or may have a claim against the company. Securing a release in exchange for a monetary payment will reduce the potential for future claims.

4. Not Giving Employees Time To Reconsider

Employers who offer severance to employees in exchange for a release of claims must give employees specific time periods in which to consider and/or revoke the release for the release to be considered valid and enforceable. For example, under the Age Discrimination in Employment Act, to properly release an age discrimination claim the release must give the employee 21 days to review the agreement and 7 days to revoke it after signing. In other situations in which there are multiple layoffs with a severance payment, the release must give the employee 45 days to review the agreement with 7 days to revoke after signing.

There are other employment regulations to which an employer must adhere for a signed release to be valid. For example, when an company has multiple layoffs involving a release agreement, the employer must give employees a list of the job titles and ages of all individuals whose employment has been terminated and the ages of all individuals in the same job classification or organizational unit who have not been selected.

5. Not Paying Laid-off Employees the Wages They are Due

When an employer lays off employees, it must pay out all due wages, vacation pay and commissions. Failure to properly pay earned wages can result in a claim under Pennsylvania Wage Payment and Collection Law and other employment laws.

Layoffs are always painful for management, the employees who leave and the rest of the staff, especially when workforce cuts are made in times of economic stress. But there is no reason to increase the pain by falling into one of these common termination pitfalls.

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Stimulus Package Brings Little Comfort to Homecare & Hospice

According to the Pennsylvania Homecare Association (PHA), the most preferred and cost-effective way to deliver health care – in the home – is once again overlooked by Congress as a temporary moratorium on cuts to hospice payments is tempered by omission of a significant Medicare reimbursement differential for home care providers in rural areas.

A "5% Rural Add On," did not make it into the stimulus bill. The "add on" is a Medicare reimbursement differential to offset the high cost of caring for patients in rural areas, where agencies are financially burdened by higher transportation costs. In some cases, transportation accounts for one out of every seven dollars spent.

PHA fears agencies in rural areas that have to absorb higher costs may be forced to reduce frequency of service.

"Not having the rural differential makes it difficult to achieve a margin," said Pat Kaufman, CEO of the Visiting Nurse Association of Venango County, where mileage expenses account for more than $300,000 of the budget. Kaufman said that her visiting staff logs more than 600,000 miles each year.

"Agencies serving rural communities cannot spend an entire day in one high rise. Each visit requires travel and mileage reimbursement," she said.

Kaufman also said the rural add-on helps the agency to recruit staff who otherwise may not be inclined to travel.

Absence of the rural differential, coupled with economic volatility, decreases in community support and fluctuating gas prices, create uncertainty and budgetary challenges for many agencies that bring medical, non-medical and end-of-life care into people's homes.

While home care advocates continue to urge legislators to make the rural add on permanent, PHA is encouraged by a stimulus package provision that postpones for one fiscal year cuts to hospice payments previously approved by the Bush administration. The provision, estimated to be worth $134 million in hospice payments in 2009 and $600 million over five years, saves jobs and patient services that were threatened when Medicare rate cuts were announced last spring.

"The provision moves us closer to universal understanding of the critical need for hospice providers and end-of-life care," said Vicki Hoak, Executive Director of PHA, who applauded Pennsylvania Senators Robert P. Casey (D-PA) and Arlen Specter (R-PA) for being "champions for hospice and home health care." Both Senators voted in favor of economic stimulus package.

Hospice care involves a core interdisciplinary team of skilled professionals and volunteers who provide comprehensive medical, psychological and spiritual care for the terminally ill and support for patients' families. Most agencies offering hospice care provide that care in private homes.

According to the Hospice Association of America, the cost per day for 24 hours of in-home hospice care is $788 while the per day cost for inpatient hospitalization totals more than $5,500. In Pennsylvania, nearly 50,000 hospice patients are served by 143 service providers each year, according to the CMS. Pennsylvania has the third highest number of hospice services in the U.S.

Homecare has been hailed by Governor Rendell as the "next big thing" to contain health care costs by providing quality service, personal attention, and nursing skills without the overhead of large bricks-and-mortar institutions.

"But critical funding has yet to follow favorable reviews," said Hoak.

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Robin Garner-Smith

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Vantage® Holding Company, LLC and Genadyne® Biotechnologies, Inc. has signed an exclusive distribution deal. The Genadyne® agreement currently includes negative pressure wound therapy distribution rights for both Pennsylvania and Ohio.

Concurrently, a national preferred provider agreement was signed with The VGM Group's HOMELINK®. Genadyne® is a U.S. based developer and manufacturer. Their products include: negative pressure wound therapy systems, non-powered and powered pressure relieving therapeutic surfaces, wireless telemedicine solutions, as well as, wireless and wired weight scale systems. The mission of Genadyne® is to promote wound healing, decrease wound recurrence, maintain the dignity, independence, as well as comfort and pain control of the wound care patient.

HOMELINK® arranges for the provision of healthcare services to patients nationally when requested by: Insurers, Health Maintenance Organizations, Employers and other Third Party Payers. Vantage® has been a provider for HOMELINK® for over five years providing an array of other non-wound Durable Medical Equipment services through our DME Stores.

Vantage® the North Western PA regional leader in healthcare services has identified this opportunity as a significant step in the national growth of Vantage® Wound Care Services. Mary Jo Hunter, Pharm.D., and Vantage® Chief Operation Officer stated, "Vantage® will now provide the most cost-effective negative pressure wound therapy system in the market. We welcome this exclusive distribution agreement for the Ohio and Pennsylvania markets and the unique opportunity to work nationally through HOMELINK®. Our first product for wound care service will be the new Genadyne® A4. The Genadyne® A4 offers patients and clinicians a total solution where they can have wound therapy while recovering on a therapeutic support surface."

Shahzad Pirzada, founder and president of Genadyne® Biotechnologies said, "I am impressed with the Vantage® culture and national expansion opportunities in this relationship. The Genadyne® Vantage® quality line of wound care products fits perfectly within the Vantage® Model and we look forward to a long term relationship."

Robin Garner-Smith, Pharm.D., BCPP, CGP, FASCP, Vantage® Senior Vice President of Long Term Care Services stated, "These relationships form a critical step in advancing our National Wound Care Therapy programs. The Vantage® Wound Care program was developed by the hard work and determination of Randy Poulson, Director of Business Development and Leanne Wait, Wound Care Coordinator. This dedicated team is now fully equipped with the tools required to make Vantage® a market leader in wound care. Together with Lisa Hershelman, our newly appointed Director of Wound Care and Hyperbaric Services, they will continue to successfully develop this product line. Our focus is to provide superior, essential healthcare services cost effectively through the utilization of new technology and excellent customer service. This program will be introduced to Vantage's regional markets as well."

Tom Sedlak, Sr. Vice President Business Development, will be introducing these products in new markets outside Western Pennsylvania. "Developing new markets requires national and high quality partners. Homelink and Genadyne give us these partners."

For more information on Wound Care and products offered, contact Lisa Hershelman, Director of Wound and Hyperbaric Services, at lisah@vantagaehealthcare.com.

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GLS-02916-08

Patient Invoked Process Improvement

PART II
(Continued from March)

BY BARRY T. ROSS

Patient-Invoked-Process-Improvement, to empower patients to provide process issue alerts as incidents occur for their real-time resolution, was introduced in last month's issue. The voice-of-the-customer can drive process improvement (PI) to enhance patient experience and, potentially, outcomes. My patient experience exemplifies this patient potential. Admittedly, I was not your typical patient, having extensive hospital PI experience.

My recent experience followed an arduous preadmission process fraught with disconnects, beginning with the surgeons' medical clearance request. Lab results were to go to their offices which would fax them to the PCP. Of course, the results weren't there for my PCP visit … time wasted for everyone. Next, the PCP's assistant insisted on an eye exam. I advised her that recent eye surgery precluded my being refracted for vision correction. She persisted. Where was the information about this surgery in the chart? The cuff was put on and my BP spiked! It dropped when I regained my composure. Would an electronic-health-record (EHR) have improved the quality of this experience and prevented stress?

After surgery, I was alert and aware of care issues including:

• During preadmissions and intake, the medical necessity to administer prescription eye drops for my earlier procedure was mentioned. My caregivers were not cognizant of this. Thankfully, I brought and administered them.

• My inpatient room was not patient-friendly for someone with my post-surgical physical limitations. I was restricted from lifting or moving objects and no one seemed aware. The moveable room furniture was quite heavy and the over-bed table required effort to maneuver. Because of the tight space and the additional room I needed to get into and out of bed, there was inevitably a piece of furniture which needed to be moved.

• With various lines and drains in me, it was almost impossible to reach and manipulate the control device for the bed, television, and nurse call especially when it wasn't tethered. The call-button was inadvertently pressed several times and staff responding unnecessarily.

• At 1:30 a.m. the first night, a patient was admitted to my semi-private room. He was boisterous and feisty with a tendency to elope from bed. There was much ruckus until 4:00 a.m. when nursing provided a bed alarm which sounded whenever he tried to elope. The loud alarm persistently sounded until 6:00 a.m. and I lost 5 1/2 hours of sleep which I could have used in my recovery. He was transferred that afternoon!

• The following evening, another roommate was admitted. Despite of the lack of sleep, I was still alert and, with the absence of protected information security, I clearly overheard that he was admitted for an infection and had personal issues that I wish I didn't know. Learning this was mentally stressful, exacerbated by his inexorable deep coughing. I had a large incision and a concern of infection . . . I was stressed.

• That evening, after struggling to get out of bed in the prescribed way to prepare for a night of sleep, I was confronted by a nursing assistant determined to check my vitals then and there. I retreated to the bed and struggled to properly get back into bed to enable her to take my BP. Through my exertion, the reading spiked. I am sure that my chart had no annotation regarding this. I pondered: Will anyone question this reading? Will I not be discharged due to hypertension?

• Relentless noise emanated from the other side of the room that evening. Besides the coughing, there was the din of medical equipment, continuous bed adjustments, and television blaring until 1:00 a.m. … another sleepless night. Why can't post-surgical patients who need quiet and rest be segregated from those who require more acute assistance and wouldn't this promote positive outcomes?

• Morning of discharge and I was ready to leave with simple discharge instructions. How naïve! There were as many inconsistent verbal and written instructions as there were caregivers. Upon arriving home, my wife telephoned the surgeon's office to clarify and, indeed, some written instructions were different from what she was told. Would I have recovered as well had that call not been made?

Conclusion

This article is intended to stimulate thinking about viewing the patient as a critical source of information to improve service quality and care, focusing on the voice-of- the-customer. It doesn't profess Patient-Invoked-Process-Improvement as a substitute for current PI approaches but rather its being a key factor in the PI formula. Achieving this entails inspiring and empowering patients to identify issues in real-time. My patient experience concern was an inability to sound the alarm for corrective measures when these incidents occurred. I envision evolving technology and business thinking will incubate Patient-Invoked-Process-Improvement.

Barry Ross recently retired from a career in healthcare, having held positions in hospital administration, hospital management engineering, HIT, and in hospital consulting. He was recognized by the Governor of Wisconsin for his leadership in PI initiatives and has served on the Board of Examiners for Pennsylvania's Baldrige Quality Award program. He will serve on the 2009 Board of Examiners for the Malcolm Baldrige National Quality Award. Barry has served in leadership capacities in the Healthcare Information and Management Systems Society (HIMSS) for 37 years.

Barry Ross is the Immediate Past President of Western Pennsylvania HIMSS, a Life Fellow in HIMSS, a Diplomate in the Society for Health Systems, and a past President and Board Chairman of HIMSS. Barry can be reached at btross@msn.com.

PRHI Launches New Demonstration to Prevent Recurring, Avoidable Hospital Admissions

One of the key objectives of President Obama's healthcare reform plan is to contain skyrocketing costs through the prevention of recurring, avoidable hospital admissions. A new regional demonstration launched by the Pittsburgh Regional Health Initiative (PRHI) is aimed toward revealing some of the best practices for supporting that goal.

With support from the Jewish Healthcare Foundation, The Fine Foundation and Staunton Farms Foundation, PRHI recently began Integrating Treatment in Primary Care (ITPC), a project with national implications for improving patient care and reducing unnecessary hospitalizations among those who are at highest risk. Five community health centers — UPMC St. Margaret New Kensington Family Health Center, two practices from Southwestern Pennsylvania Human Services and two practices from Cornerstone Care — will participate.

ITPC will focus on a particularly important aspect of preventing hospitalizations. Readmission rates are highest among chronically ill patients who suffer from depression and/or substance use disorder. One-third of patients with chronic illnesses readmitted to area hospitals within 30 days of initial discharges also suffer from depression and/or alcohol and drug use issues. The ITPC project aims to reduce those readmission rates by integrating treatment for chronic disease, depression and unhealthy substance use at the primary care level.

"The primary care setting is the ideal place to treat patients with complex conditions involving chronic disease and behavioral health, "said Dr. Jonathan Han, medical director of the UPMC St. Margaret New Kensington Family Health Center. "If we truly want to provide the most effective treatment we need to focus on integrated, patient-centered care."

In March, staff from the participating health centers, received joint training in three evidence-based methods — the Chronic Care Model for managing the care of patients with chronic disease; Improving Mood and Promoting Access to Treatment (IMPACT) for depression; and Screening, Brief Intervention and Referral to Treatment (SBIRT) for unhealthy substance use.

During the next 18 months, they will routinely screen chronic disease patients for depression and substance use issues. Based on screening results, the staff will follow through with the evidence-based therapies they learned in training. However, instead of three practitioners working separately on each condition, an entire care team, led by the primary care physician, will collaborate on a single treatment plan. The project will also test the inclusion of a pharmacist and a behavioral healthcare manager as part of the primary care team.

"Southwestern Pennsylvania is a good target for this demonstration. The Pittsburgh area has the third-highest rate of hospitalizations among Medicare beneficiaries with chronic illnesses," said Karen Wolk Feinstein, president and CEO of PRHI. "We are going to test an integrated care model that is not covered under the current payment system, and really gauge its effectiveness on patient outcomes."

Since not all interventions and services in this initiative are reimbursed by public and private payors, unreimbursed services will be paid for as part of the demonstration project — with the sole intent of providing evidence that permanent reimbursement policy changes are needed.

While incorporating the Chronic Care Model, IMPACT and SBIRT into treatment will cost more money in the short-run, the theory is that standardizing and paying for specific, coordinated patient interventions in the primary care setting will ultimately drive down costs by improving affected patients' overall health and eliminating avoidable admissions and readmissions.

"The unique importance of the ITPC project is that we are testing the feasibility of a new concept and the real-life effects it has on patients and providers, before leaping to a widespread policy change," said Feinstein. "If the federal government wants to make a real impact, policy changes must be based on what's learned from projects like ITPC."

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"Swipe Card" Technology: Helping Reduce Health Care Costs

BY STEPHANIE BERNACIAK-MASSARO

There is a simple way to reduce health care costs and improve coordination of care and patient satisfaction: widespread adoption among doctors, hospitals and health insurance companies of magnetic stripe health care ID cards.

Everyone with health insurance has a card that they give to the receptionist at the doctor's office. The receptionist usually makes a photocopy of the card and then fills out all the forms by hand or through repetitive data entry to file a claim with the insurance company.

With a health care ID card that uses magnetic stripe technology, the patient simply swipes the card through a device similar to a credit card terminal, and the physician's office has access to all appropriate patient-eligibility information and personal health records. Some of the information will even automatically populate into the claim form for the physician's office staff with the swipe of the card, enabling them to submit claims online and receive approvals from the insurance company in a matter of seconds.

The new cards have a number of built-in protections for consumers – information is never stored directly on the card, and access through the card can only be made with the patient's permission.

Unlike many other industries facing revolutionary new technologies, the medical industry has been slow to adapt swipe card technology. In fact, according to National Public Radio, one study shows that just 17 percent of all physicians' offices use any kind of advanced card technology.

Imagine the savings in administrative costs to both health care providers and insurance companies if most or all health care facilities used swipe cards. Millions of administrative transactions per day would become faster and easier. In fact, the Medical Group Management Association (MGMA) estimates that machine-readable patient ID cards could save physician offices and hospitals as much as $1 billion a year by eliminating unnecessary administrative efforts and denied claims. MGMA recently launched a campaign to promote machine-readable cards.

Swipe card technology received a big boost with the announcement of universal standards for health care ID cards. The Workgroup for Electronic Data Interchange (WEDI) developed the standards, working with the office of the National Coordinator for Health Information technology, the Centers for Medicare & Medicaid Services and a number of physician and hospital associations.

The new national standards require health care ID cards to include a magnetic stripe that a standard card-reader machine can read. The card must also be designed in a standard layout to increase readability and comply with the National Council for Prescription Programs.

Like our national credit card and debit card standards, the new standards for health care ID cards ensures that the card will work in any doctor's office or hospital equipped with the necessary card readers.

The cost to install card readers is relatively minor, and once installed, the swipe card soon pays for itself in lower administrative costs.

We encourage all health care providers and insurance carriers to adopt swipe card technology using the new universal standards. Other industries have seen rapid adoption of information technologies that lead to cost savings and quality improvements. The health care industry has an opportunity to follow suit, and thereby make a tremendous impact in reducing costs, enhancing quality and playing a critical role in positive health care reform.

Stephanie Bernaciak-Massaro is Vice President of Sales & Service in UnitedHealthcare's Western Pennsylvania office. You can contact her at svbernaciak@uhc.com.

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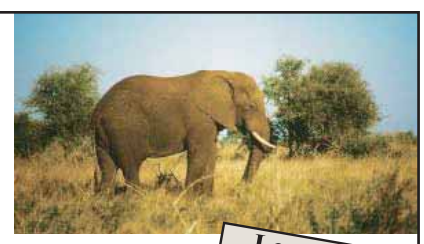

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Healthcare Professionals in the News

ADVANTAGE GROUP

AMY HANCOCK

The Advantage Group of companies announced that its president and founder, **Amy Hancock**, has recently been awarded two impressive business recognitions. Earlier this year, Hancock was honored as one of the "Top 25 Women in Business", an award sponsored by the *Pittsburgh Business Times* recognizing women business leaders in Southwestern Pennsylvania. In addition, Governor Edward G. Rendell yesterday named Hancock to Pennsylvania's "Best 50 Women in Business" list, which recognizes the accomplishments of women entrepreneurs, business owners and business leaders across Pennsylvania.

ALLEGHENY GENERAL HOSPITAL

DR. EDWARD D. SNELL

Allegheny General Hospital sports medicine specialist **Edward D. Snell, M.D.**, has been elected president of Major League Baseball's Team Physicians Association. Dr. Snell is the head team physician for the Pittsburgh Pirates Baseball Club and Director of the Primary Sports Medicine Fellowship program at Allegheny General Hospital. Allegheny General's highly regarded sports medicine program serves as the official medical provider for the Pittsburgh Pirates.

ALTOONA REGIONAL HEALTH SYSTEM

LAURA HINDINGER

Laura Hindinger, R.N., recently joined the Risk Management department at Altoona Regional Health System as a risk manager. Hindinger brings 21 years of service and varied nursing experience to the role, having worked in the Intensive Care Unit, Obstetrics, Case Management, Post-Anesthesia Care Unit, and most recently Altoona Regional Nursing Administration as a night-shift nursing supervisor.

AMERICAN MEDICAL ASSOCIATION

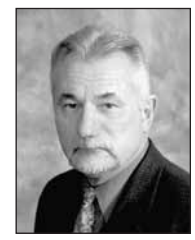
DR. NANCY H. NIELSEN

American Medical Association (AMA) President **Nancy H. Nielsen, M.D., Ph.D.,** was recently honored with the American Medical Women's Association (AMWA) Elizabeth Blackwell Award, which recognizes outstanding contributions to the cause of women in the field of medicine. Dr. Nielsen is a recognized expert on health-care quality, and is actively involved in ongoing efforts by the physician community and health-care stakeholders to promote a system focused on high quality patient care. In addition to serving as AMA president, she is currently senior associate dean for medical education at the School of Medicine and Biomedical Sciences at the University of Buffalo. Dr. Nielsen served as speaker of the AMA House of Delegates from 2003 to 2007 and vice-speaker for the three preceding years.

CANONSBURG GENERAL HOSPITAL

ROBERT MARSH

Robert Marsh, of Allison Park, has been named Program Director of Rehabilitation Services for Canonsburg General Hospital. Previously, Marsh worked as a consultant in orthopaedic and rehabilitation service line development for Aceelero Health Partners in Canonsburg. He has over 13 years of experience in managing rehabilitation programs.


DR. THOMAS B. CORKERY

Thomas B. Corkery, D.O. has been named Chief Medical Officer at Canonsburg General Hospital. The appointment was announced by Kim Malinky, Canonsburg General Hospital President and Chief Executive Officer. Dr. Corkery, an internist, has been associated with Canonsburg General Hospital since 1989. He will continue to practice with Allegheny Medical Practice Network in McMurray.

CONCORDIA LUTHERAN MINISTRIES

REV. ROGER D. NUERGE

On behalf of Concordia Lutheran Ministries, President & CEO Keith Frndak is pleased to announce that **Rev. Roger D. Nuerge** has accepted the call to serve as chaplain, working primarily at the organization's Cabot, Ridgewood Place, and the Orchard locations. He came to Concordia with over 30 years of parish pastoral ministry in the Lutheran Church, most recently at Prince of Peace Lutheran Church in Freedom, PA.

Concordia Lutheran Ministries Vice President of Skilled Nursing and Short-Term Rehab Charlene Kline recently announced the appointment of **Mary Senge, R.N.**, as new director of nursing for the Concordia at Cabot campus. Senge began her career with Concordia almost 15 years ago as a CNA. In the meantime, she has worked as a staff and charge nurse, as well as in a case management/supervisory role at other organizations.

DUQUESNE UNIVERSITY

EILEEN ZUNGOLO

In honor of her commitment to community service, Duquesne University's School of Nursing Dean **Eileen Zungolo** was recently presented with the John E. McGrady Award at the 36th Annual Art Rooney Award Dinner and Auction. Zungolo, who recently was reappointed to a three-year term as dean of the School of Nursing, has been serving in the role since she came to Duquesne in 2002.

EXCELA HEALTH

RONALD H. OTT

Excela Health welcomes **Ronald H. Ott, MPH**, to the senior leadership team, as president of Westmoreland Hospital and the Jeannette campus. Ott comes to Excela Health with 30 years experience at UPMC McKeesport, where he has served as president since 1991. A graduate of the University of Pittsburgh with a Master's of Public Health in Hospital Administration, Ott has risen through the health care ranks, serving as a nursing assistant and in Human Resources at St. Francis Hospital in Pittsburgh while an undergraduate at Pitt. Hired by McKeesport Hospital in 1971, he became Assistant Administrator and later Associate Executive Director before being named president. During his employment in the UPMC system, he also held administrative responsibility for UPMC Braddock and UPMC South Side for several years. He also is credentialed as a Pennsylvania Nursing Home Administrator.

GATEWAY REHABILITATION CENTER

WILLIAM A. MORSE

William A. Morse, MEd, has been named director of the Corrections Division for Gateway Rehabilitation Center. Prior to joining Gateway, Morse served in various positions for the Pennsylvania Department of Corrections including counselor, pre-release center director, referral specialist, and most recently as contract facility coordinator.

C. deRICCI HORWATT

C. deRicci Horwatt, program director for Gateway Vision was recently honored at Penn State University with the "Distinguished Service Award" from the Pennsylvania Association of Student Assistance Professionals (PASAP). This award is presented to individuals who have made important contributions both to the PASAP organization and to the overall cause of student assistance. Horwatt has more than 25 years of experience in the field of prevention and is certified as a PA prevention specialist as well as a trainer for the internationally recognized Olweus Bullying Prevention Program.

ALISON BRYANT

Alison Bryant, MSW, care manager for the University of Pittsburgh Medical Center's Community Care Behavioral Health Division's North Central team, has recently been appointed clinical manager of Gateway South. Bryant is a founding board member of the national One to One/Women Coaching Women program and a former council member for Insight Worldwide/Insight Pittsburgh.

J.C. BLAIR MEMORIAL HOSPITAL

DR. ROBERT RAQUET

J.C. Blair Memorial Hospital is pleased to announce the appointment of Internal Medicine Physician **Dr. Robert Raquet** to its medical staff. Dr. Raquet will open an outpatient practice as part of J.C. Blair Medical Services, Inc. Dr. Raquet earned his medical degree at the University of Health Sciences/The Chicago Medical School and completed his residency at Georgetown University Hospital. He has practiced in the states of Maryland, Virginia, Washington, DC, Colorado and, most recently, State College, PA. He is certified by the American Board of Internal Medicine.

JONATHAN SEINER

STEVEN VANDEVANDER

J.C. Blair Memorial Hospital is pleased to announce the appointment of Certified Registered Nurse Anesthetists (CRNA) **Jonathan Seiner** and **Steven Vandevander** to its Medical Staff. Previously, Seiner worked for Altoona Regional Health System as a staff RN in the Surgical/Trauma ICU and at Bon Secours Holy Family Hospital as a staff RN in the Medical/Surgical/Cardiothoracic ICU. Vandevander has over 21 years of nursing experience, first as a staff nurse at Altoona Regional Health System and then as a nurse manager in the Surgical/Trauma ICU.

JEFFERSON REGIONAL MEDICAL CENTER

DR. NATALIE V. FURLONG

Thomas Timcho, president and CEO, Jefferson Regional Medical Center, has announced the new Medical Staff leadership for 2009-2010. Medical Staff officers include **Natalie V. Furlong, D.O.**, president; **Christopher Dooley, M.D.**, vice president, and **Timothy K. Honkala, M.D.**, secretary-treasurer.

LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE

DR. HERSHEY BELL

A newly formed academy of osteopathic medical educators has selected a LECOM administrator among the organization's pioneer members. **Hershey Bell, M.D., M.S. (Med Ed)**,

Associate Dean of Faculty Development and Evaluation and Clinical Professor of Family Medicine at the Lake Erie College of Osteopathic Medicine, was selected as an inaugural member of the National Academy of Osteopathic Medical Educators (NAOME). Dr. Bell is among the first class of Fellows, which were selected following a rigorous application and selection process, including the training of selectors and oversight of the selection process by Nancy Searle, EdD, Director, Baylor Academy of Distinguished Educators.

DR. DONALD V. HAMPTON

Donald V. Hampton, D.O., Professor Emeritus of Osteopathic Principles and Practice at the Lake Erie College of Osteopathic Medicine, was awarded the American Academy of Osteopathy's most prestigious award, the A.T. Still Medallion of Honor at the 2009 American Academy of Osteopathy (AAO) Annual Convocation. The award recognizes Dr. Hampton's unremitting dedication to the osteopathic profession and his reputation as a clinician and educator. In addition to his active role in the AAO, Dr. Hampton has served on the Educational Council on Osteopathic Principles and continues to be involved in patient care and teaching at LECOM.

LOCK HAVEN HOSPITAL

DR. MOHAMMED ISLAM

Dr. Mohammed Islam, Board Certified general surgeon and vascular surgeon, has joined the medical staff at Lock Haven Hospital. Dr. Islam served as the Chief of the Vascular Surgery Division at Kingsbrook Jewish Medical Center in Brooklyn, NY and also served as an attending physician in the Vascular Trauma Service at Brookdale University Hospital, in Brooklyn, NY affiliated with SUNY Downstate.

MEMORIAL MEDICAL CENTER

DR. JOHN T. COMERCI, JR.

Board certified in Obstetrics and Gynecology with a subspecialty certification in Gynecologic Oncology, **John T. Comerci, Jr., M.D., FACS**, will be seeing gynecologic oncology patients once a month at Memorial's OB-GYN Subspecialty Offices. Currently, Dr. Comerci is the Interim Director, Division of Gynecologic Oncology, and Director of Outreach of the Division of Gynecologic Oncology at The Western Pennsylvania Hospital in Pittsburgh. Over the past six years, he has served as an Assistant Professor for the University of Rochester School of Medicine in New York and University of Pittsburgh School of Medicine.

PHYSICAL REHABILITATION SERVICES, INC.

JOSHUA P. HUBERT

Physical Rehabilitation Services, Inc. enthusiastically announces the promotion of **Joshua P Hubert, DPT**, to lead their Wexford/Franklin Park office location. Hubert has been with Physical Rehabilitation Services for the past six years and is licensed by the state of Pennsylvania as a physical therapist and certified athletic trainer. Prior to working for Physical Rehabilitation Services, Hubert worked for two local school districts and was on staff with the University of Pittsburgh athletic department.

ST. CLAIR HOSPITAL

DR. KARL E. BUSHMAN

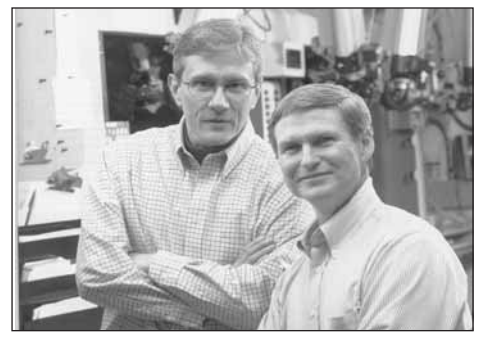
St. Clair Hospital has bestowed its 2009 Physician Recognition Award to **Karl E. Bushman, M.D.,** of Mt. Lebanon Internal Medicine. He has been practicing at St. Clair Hospital since 1993. Dr. Bushman earned his medical degree at the Albert Einstein College of Medicine in New York City and his bachelor's degree at Harvard University in Boston.

SHARON REGIONAL HEALTH

CHARLOTTE CHEW-STURM

Charlotte Chew-Sturm has joined Sharon Regional Health as its new senior director of Behavioral Health Services. Chew-Sturm brings more than 16 years of progressive administrative experience in behavioral health services to Sharon Regional, having served most recently as administrative director for the McKean County (PA) Department of Human Services. She also held the position of administrative director of behavioral health services for Guthrie Health Care System in Sayre, PA and director of the department of psychiatry for Bradford Regional Medical Center in Bradford.

UNIVERSITY OF PITTSBURGH


(L-R) DR. CHESTER A. MATHIS AND DR. WILLIAM E. KLUNK

The Alzheimer's Association will present the 2009 Ronald and Nancy Reagan Research Institute Award to University of Pittsburgh researchers **William E. Klunk, M.D., Ph.D.**, and **Chester A. Mathis, Ph.D.**, for their outstanding contributions to the research, care and advocacy of Alzheimer's disease patients and their caregivers. Dr. Klunk is a professor of psychiatry at Pitt's School of Medicine, co-director the University of Pittsburgh Alzheimer Disease Research Center, and director of the Laboratory of Molecular Neuropharmacology at Western Psychiatric Institute and Clinic. Dr. Mathis is director of the UPMC PET Center, and professor and vice chair of research in the Department of Radiology at the School of Medicine.

DR. BEATRIZ LUNA

Beatriz Luna, Ph.D., associate professor of psychiatry and psychology at the University of Pittsburgh School of Medicine, has been selected by the National Institutes of Health (NIH) to serve as a member of the Advisory Committee to the Director (ACD). Dr. Luna is the founding director of the Laboratory for Neurocognitive Development at the Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center (UPMC), and training faculty in the Center for the Neural Basis of Cognition and the Center for Neuroscience at UPMC.

UPMC

DR. JOSEPH J. COLELLA

UPMC announced that surgeon **Joseph J. Colella, M.D.**, will join UPMC on April 6. Dr. Colella is a nationally recognized bariatric surgeon and former director of Allegheny Bariatric Surgery at Allegheny General Hospital of the West Penn Allegheny Health System. Dr. Colella will be part of the Minimally Invasive Bariatric and General Surgery Program at Magee-Womens Hospital of UPMC. He also will serve as director of robotic surgery at Magee-Womens Hospital and assistant professor of surgery, University of Pittsburgh.

DR. FREDDIE H. FU

Freddie H. Fu, M.D., renowned UPMC orthopaedic surgeon, was named president of the prestigious International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine (ISAKOS) at its Biennial Congress in Osaka, Japan. Dr. Fu, who has been a member of the ISAKOS Board of Directors for 10 years, will serve a two-year term as president. Dr. Fu has been the David Silver Professor and Chair of the Department of Orthopaedic Surgery at the University of Pittsburgh School of Medicine since 1997. He was the founding medical director of UPMC's Center for Sports Medicine, regarded as one of the country's top sports medicine research and clinical programs. Dr. Fu also is the current president of the American Orthopaedic Society for Sports Medicine (AOSSM).

UPMC CENTER FOR SPORTS MEDICINE

For her leadership and contribution to improving interscholastic sports in Pennsylvania, **Aimee Kimball, Ph.D.**, director of mental training at the UPMC Center for Sports Medicine, recently received the Pennsylvania State Athletic Directors Association's Honorary Membership Award.
Last fall, Dr. Kimball published results of a study revealing student athletes', parents', coaches' and athletic directors' perceptions about school sports, which were released in a user-friendly handbook titled *Extending Student Athlete Success*. The handbook, supplied to school districts across the state, advises school athletic programs to teach student athletes life skills and encourage them to achieve success beyond the sports arena. Since the release of the handbook, Dr. Kimball has met with coaches and educators from several school districts to help student athletes enhance their performance, balance sport and life demands and acquire the competitive edge they need to succeed in sports and in life.

UPMC NORTHWEST

DAVID P. GIBBONS

David P. Gibbons, MHA, RN, has begun his duties as president at UPMC Northwest. Gibbons comes to UPMC Northwest from Kennedy Health System in Voorhees, NJ, near Philadelphia, where he served as vice president of operations. Before joining Kennedy in 1997, he was director of managed care for the Visiting Nurses Association of Greater Philadelphia; regional director of operations, marketing and finance for Oncology Services Inc.; and held several clinical posts with U.S. Healthcare in Blue Bell, PA.

UPMC PASSAVANT

WILLIAM E. TROUP

Passavant Hospital Foundation is proud to announce the election of **William E. Troup** as their new chairman of the board. Troup is a CPA for Sisterson and Co., LLP. He serves as secretary of the UPMC Passavant board of trustees and is a member of the UPMC board of directors. "We are extremely pleased that Bill will be bringing his experience gained working with other leading foundations, his financial expertise as a CPA, his knowledge of the community and his strong leadership style to this position," says Ralph DeStefano, president and CEO, Passavant Hospital Foundation. "It is an honor to lead an organization that provides such strong financial support to one of our region's greatest community assets – UPMC Passavant Hospital," says Troup.

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

DANIEL MUSHER

The Children's Home of Pittsburgh & Lemieux Family Center welcomes **Daniel Musher** as Development Director. Musher brings extensive experience to The Children's Home from his previous position as the development director for the Animal Rescue League of Western Pennsylvania for four years. Musher has experience managing direct mail programs, researching and writing grant requests and proposals, and increasing revenue from fundraising initiatives. Musher also shares a personal connection with The Children's Home as he was adopted from the organization years ago.

Focus on Reducing Nosocomial Infections

BY PATRICIA FEDORKA, PH.D., R.N.

Most health care providers are well aware that nosocomial infections – infections contracted while patients are being treated for something else - are significant problems in our present health care system. However, many are not aware of the various prohibitive costs associated with these preventable infections. In addition, many providers are not well versed in the role they play in perpetuating the cycle of infection.

Hospitals are treating sicker patients, many of whom are undergoing invasive technology which places them at high risk for acquiring nosocomial infections. As the incidence of hospital acquired infections increase, the costs borne by our society also continue to escalate. These costs include financial costs borne by the patients and health care institutions as well as quality of life issues for the patients, such as prolonged hospitalizations, longer periods of rehabilitation, and a general increase in morbidity and mortality. According to the Centers for Disease Control, more than 90,000 Americans die from complications resulting from nosocomial infections. Costs associated with these infections are in the range of $20 billion a year.

The problem of antibiotic-resistant microorganisms is, unfortunately, a growing one. The National Nosoco-mial Infections Surveillance System at the Centers for Disease Control has tracked the occurrence of ampicillin-resistant Escher-ichia coli and found that 35.5% are resistant.

Boyce 's study in 1997 showed that in an environment where methicillin-resistant Staphylococcus aureus (MRSA) was isolated, 65% of nurses who had performed patient care on patients with MRSA in a wound or urine contaminated their nursing uniforms with MRSA. More startling is that 42% of people who had no direct patient contact, but had touched contaminated surfaces, had MRSA cultured from their gloves. It was shown that contact with inanimate objects can contaminate health care providers at levels that facilitate spreading the MRSA to others. Research has also shown that hospital personnel's uniforms, scrubs, and lab coats can serve as vectors in the transmission of many bacteria.

As antibiotics become less able to control or cure infections, the environment must become the focus of breaking this cycle of transmission. A simple approach was developed by a team of safety experts from Johns Hopkins University, headed by Dr. Peter Pronovost, M.D. The five-step program they developed was instrumental in decreasing the rates of nosocomial infections in institutions were it was implemented. The steps are:

1. Wash hands.
2. Wear sterile gowns.
3. Wear sterile gloves.
4. Use antiseptics.
5. Use sterile drapes and dressings.

These relatively simple steps, scrupulously implemented, made a significance difference in reducing infection rates and patient outcomes.

In October 2008, Medicare began denying payment for complications arising from some hospital-acquired infections, putting the onus on hospitals, many of which are fighting for financial survival. Where the government leads, private insurance agencies usually follow. At the present time, CIGNA, WellPoint, and United Healthcare have instituted or are in the process of following the government's lead. Also at this time, 25 states have some type of reporting mechanism that identifies the type and incidence rate of hospital-acquired infections for public perusal. This could have implications when patients have a choice as to which institution they utilize.

Controlling and eventual eradicating nosocomial infections is clearly a priority for all of us in the health care system. The means to achieve this goal have been identified. What is needed is a concerted effort from each of us, every day, to follow simple infection control guidelines.

Good Health Perspective
from ROBERT MORRIS UNIVERSITY

Dr. Patricia Fedorka is an associate professor of nursing at Robert Morris University. She can be reached at fedorka@rmu.edu or (412) 397-3943.

Lean Six Sigma Process Sheds Light on Promising Methods to Prevent UTIs

BY LISA HOEGG, RN, BSN, CIC

Urinary tract infections (UTIs) account for 32 percent, or 544,000, of the 1.7 million infections that occur in U.S. hospitals each year- a staggering number.

And now these types of infections are not just a threat to patient care, but also a threat to a hospital's bottom line. In October 2008, The Centers for Medicare and Medicaid Services began lowering reimbursement rates for cases where catheter-associated UTIs (CA-UTI) were not present on admission, since it's considered a preventable adverse event.

In order to address the issue, a Lean Six Sigma project was created at Memorial Medical Center in Johnstown to define and reduce the burden of CA-UTIs in an effort to enhance patient safety. The DMAIC (Define, Measure, Analyze, Improve, Control) Process was used, which is the Six Sigma methodology. As the Lean Six Sigma Team started on its process improvement journey, we first identified root causes which included: lack of criteria for catheter insertion, failure of the preexisting catheter reminder system, lack of utilization of a nursing protocol to discontinue catheters, knowledge deficit about the appropriate reasons to request a urine culture and limited choices for laboratory tests that resulted in overculturing of urine specimens. The next step was to research and implement improvements, which included: developing a preprinted physician order form, which was created and deployed as a daily communication tool between physicians and nursing about catheter necessity. In addition, education was offered regarding indications to request a urine culture and competency testing of the nursing staff responsible for catheter insertion and physicians were also provided the option of ordering a urinalysis without culture.

Following implementation of the improvements, CA-UTI was reduced from a baseline of 10.6 to 4.1 for every 1000 days of catheter use over an 18-month period.

And while the outcomes have been promising, we know there is no room for complacency, that's why a significant amount of effort is placed on process control measures, which consist of routine and random chart audits and real-time infection reporting to nursing leaders, the Centers for Disease Control, state agencies, the patient and the attending physician. CA-UTI is just one area in which Lean Six Sigma has been utilized at Memorial to implement time, cost saving and potentially life-saving process improvements.

Lisa Hoegg, Director, Quality Excellence, Performance Excellence and Quality, Memorial Medical Center, can be reached at lhoegg@conemaugh.org or (814) 534-3903.

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Wetzel County Hospital Launches New Program to Protect Patients

Quick, a POP Quiz! How long can cold or flu germs live on countertops, doorknobs and other hard surfaces? If you answered 72 hours, you might be one of the many visitors to Wetzel County Hospital who have taken the Protect Our Patients (POP) quiz as part of a nationwide program to educate hospital visitors in the role they play in helping to prevent infections.

Upwards of 200 million people each year visit friends and family members in hospitals or accompany patients for emergency or outpatient treatment, these individuals can spread germs that may cause infection. However, if properly educated, these same visitors can help to prevent the spread of infection, both in the hospital and at home, and become advocates for healthy hygiene habits. Wetzel County Hospital recognizes the importance of preventing the spread of germs among patients while their immunity is lowered during recovery.

"Wetzel County Hospital has implemented many steps to minimize the risk of exposure to germs and disease," said Jenny Abbott, R.N., Director of Infection Control. "In addition to hospital-wide cleaning, disinfecting and surveillance practices, Wetzel County Hospital provides free hand disinfecting wipes near each public entrance as well as alcohol hand sanitizer dispensers in every patient room. Visiting is restricted to patients with contagious disease or infections. Single use products to prevent the spread of infections are utilized and the hospital continues to update equipment, policies and practices to minimize the potential for exposure."

The Protect Our Patients (POP) program is sponsored by the Association for Professionals in Infection Control and Epidemiology (AMC) was developed through a health education grant from The Clorox Company.

Mount Nittany Medical Center Takes Seemingly Small Step, Attains Big Results for Infection Prevention

Even with extensive expertise, advancements in technology, and innovative medical practices, sometimes, taking simple measures can result in big improvement. In 2008, a seemingly small change by Mount Nittany Medical Center to reduce the number of catheter-related urinary tract infections (CA-UTIs) proved to have a very large impact: a 56 percent reduction among patient CA-UTIs in just one quarter.

It is estimated that 45 percent of all infections were urinary tract infections and of these, 85 percent were catheter-associated. The Medical Center's infection prevention and control team began a concentrated effort to lower the incidences of UTIs. First, silver-coated catheters were used, resulting in a 22 percent decline in UTIs. Knowing even greater results could be achieved, the Medical Center turned its focus on management of catheters. These steps did not significantly decrease the number of infections. Then, in 2008, the Medical Center's Nursing and Physician Performance Improvement Committees joined forces to become even more proactive in their work: they began using stickers.

To remind physicians that a patient was catheterized, notifications were placed on the physicians' orders every three days, serving as a reminder to provide direction on what action to take regarding the catheter: remove it or retain it. If the catheter was to be retained, the physician also cited the reason, choosing one of the options on the sticker or filling in an alternate reason. With this seemingly simple change, catheters were removed earlier and CA-UTIs decreased by 56 percent.

Infection prevention and control takes a lot of technology, training, and time. But it's essential when patient health is already compromised. In this situation, the Medical Center found a much simpler but very effective strategy. By taking an elementary idea, extraordinary results were attained, proving beneficial both to the Medical Center and, more importantly, the patients we serve.

Technology will always help medical practices advance, but there's a lot to be said for going back to the basics.

Pitt Receives $4.7 Million Award from Tobacco Settlement Funds to Reduce Hospital-Acquired Infections

The University of Pittsburgh School of Medicine has received a four-year, $4.7 million grant from the Pennsylvania Department of Health to find new ways to stop deadly hospital-acquired infections that often are resistant to treatment. The grant, funded by Pennsylvania's share of the national 2008-2009 tobacco settlement, will focus on C. difficile, A. baumannii and the drug-resistant bacteria known as MRSA, which cause tens of thousands of deaths in the U.S. every year.

"Infections that are resistant to antibiotics are becoming increasingly problematic not only in the United States, but around the world," said Lee Harrison, M.D., principal investigator of the grant and professor of medicine and epidemiology, University of Pittsburgh. "We not only need to develop new drugs, but also to improve infection surveillance and focus on targeted interventions."

The grant will enable investigators to establish a Center of Excellence in Prevention and Control of Antibiotic-Resistant Bacterial Infections at the University of Pittsburgh, and will include partnerships with several UPMC hospitals, Carnegie Mellon University and Kane Regional Centers of Allegheny County.

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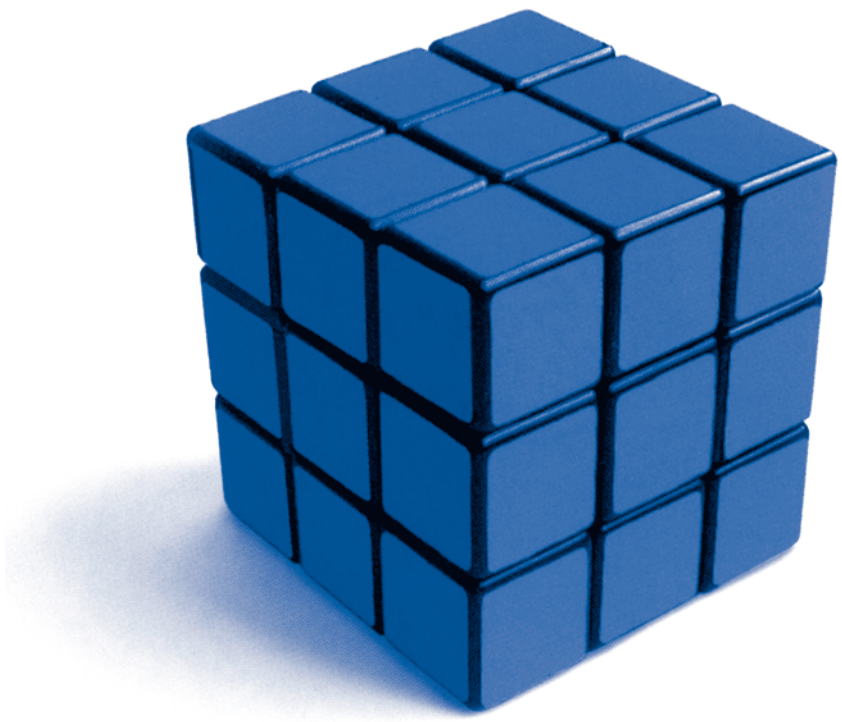

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The Journey to Improve Hospice Care in America

BY RAFAEL J. SCIULLO

It is fitting that in April – National Volunteer Week – we take a look at the changing face of the hospice volunteer. Volunteers are a vital part of the hospice team and have a strong historical role in the delivery of hospice care. Over time, hospices, such as Family Hospice and Palliative Care, have developed innovative volunteer programs for the non-traditional volunteers. These volunteers have not only filled the gap left by the traditional volunteer but have greatly added to the quality of life of many patients.

In the last few years, the traditional hospice volunteer has been less and less available. Numerous women, who before were the backbone of volunteerism, have returned to the work force. Many older people have continued to work past retirement age which often limits their availability for volunteering. And finally, many in the "sandwich generation" are caring for their own parents with little time left for volunteer work.

In response to this change in the volunteer pool, hospices have recruited new volunteers who offer to share their professional skills with patients and families. Massage therapists and hairdressers have donated their services as well as a music therapist who worked with children at our Camp Healing Hearts, a camp for grieving children. More recently, a Reiki therapist has offered to share her expertise with our patients. Finally, most not-for-profit boards and working committees are comprised of volunteers who are willing to share their financial, management, or clinical knowledge.

At times, non-traditional volunteers bring to hospice a desire to share a hobby or a talent. One of our volunteers traveled to patients' homes to play the accordion while another has shared his talented bagpipe playing with those at our annual memorial service. Many generous volunteers and their dogs have become beloved participants in our pet therapy program. At various times, volunteers with carpentry talents or gardening skills have stepped forth to help the organization.

Volunteers have found ways to work around other obligations by volunteering at unconventional times. Family Hospice and Palliative Care's CandleLight Companion volunteers provide companionship to patients in nursing homes for the last 24 to 48 hours of life. This program allows volunteers to make a time limited commitment to sit with patients in the evening or during the night. Our new inpatient hospice facility also provides volunteers with flexibility of choosing the time of day or evening they would like to volunteer.

Finally, hospices have looked for ways to include younger volunteers such as teens and college students. Family Hospice and Palliative Care has arranged volunteer work for teens such as helping assemble mailings and answering the front door at The Center on the weekends. In the past young volunteers might not have considered volunteering with a hospice, but now hospices are adjusting the work to fit a young person's skills and schedule.

Even as hospice has grown and reimbursement has become available, volunteers have remained an essential component to all hospice organizations. Successful volunteer programs are a two way street with the volunteer and the organization benefiting equally. Hospices and not-for-profits have to offer a variety of volunteer opportunities to get non-traditional volunteers involved, productive and committed.

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

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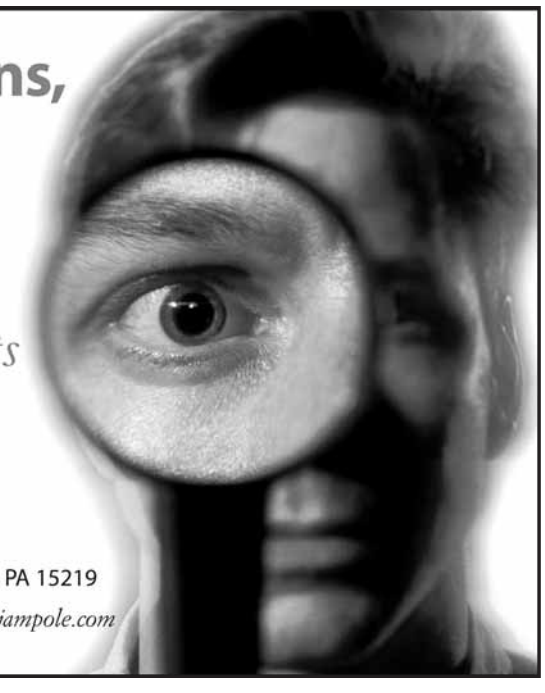

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SNAPSHOTS

AOA President-elect visits LECOM

Larry Wickless, D.O., President-elect of the American Osteopathic Association, took time to meet with first-year and second-year LECOM medical students recently. During his visit to the school, Dr. Wickless spent time talking with representatives of the medical classes and meeting with school administrators and faculty. Pictured (l-r) are Isabel Preeshagul '12, Melissa Loveranes '11, Dr. Wickless, John McNamara '12, Filip Moshkovsky '11, and Erik Johnson '11.

J.C. Blair Dedicates Art & Renovations in Radiology Department

The leadership of J.C. Blair Memorial Hospital and its Radiology team recently welcomed the community to the dedication of the photographic art installation (shown in the background) and radiology department renovations. Pictured (l-r) are Radiology Clinical Director Larry Garman; Chief Radiologist Maria Pettinger; Radiologist Frank Pessolano; Vice President of Patient Care Pamela Matthias; President and CEO Joseph Peluso; Board Chairman John Coursen; and Radiology Service Leader Scott Houck.

A Great Outcome at Golden Livingcenter

Helen Sirockman was a resident at Golden Livingcenter-Mt. Lebanon at the end of 2008. Prior to becoming ill, she was able to walk with the use of a wheeled walker and perform routine activities of daily living. At the time of her admission to Golden Livingcenter, she had experienced a decline in all areas of functional mobility. She was unable to do any of the things she had previously been able to do. She couldn't even stand, let alone walk! Sirockman participated in the rehab program at Golden Livingcenter-Mt. Lebanon and within 8 weeks was able to once again walk up to 50 feet of distance with the use of a wheeled walker, and could perform activities of daily living such as grooming and dressing with minimal assist. She was able to safely transition from the nursing home environment to her former residence, which made her and her family extremely happy. Pictured is Helen Sirockman with her Physical Therapist, Lou Louies.

The Foundation for Mount Nittany Medical Center Celebrates its Winter Wonderland Charity Ball

The Foundation for Mount Nittany Medical Center held its 61st annual Charity Ball on Saturday, January 31. The Winter Wonderland themed-ball raised $62,000 to support the inpatient Mental Health Unit at Mount Nittany Medical Center. More than 260 guests enjoyed dinner and dancing to the John Parker Band at the Nittany Lion Inn. Pictured: 2009 Winter Wonderland Charity Ball committee (l-r) Pam and Mark Righter; Jami and Paul Tomczuk; Penny and John Blasko, Chairs; and Sue and Darryl Slimak.

Jameson Friends of Hospice Dedicate Room

Jameson Friends of Hospice recently dedicated room 305 at Jameson's North Campus to hospice patients and their families in order to provide a comfortable, private atmosphere as loved ones gather close to the terminally ill during their final days.

The suite is tastefully decorated in a home-like theme, yet offers state of the art medical equipment and services. The suite features comfortable, overnight sleeping arrangements with a private bathroom and shower area for family and the added convenience of a television and refrigerator. Skilled and palliative care nursing services are provided by staff for patients facing a life-limiting illness in need of acute hospitalization for symptom management or for supportive respite care.

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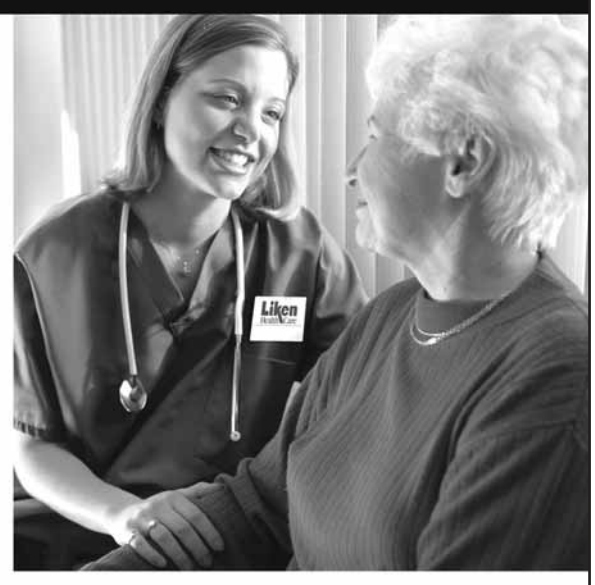

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Destination: Success in Graduate Study

BY PEGGY SLOTA
DNP, RN

When adult students initiate graduate study for a Master's degree, sometimes a number of years have passed since enrollment in formal education. While initiating university study again or for the first time as an adult can generate stress, it can also be a wonderful opportunity to develop a host of new skills, including rapidly changing technology skills, and to develop a network of colleagues for continuing collaborative work and professional development. Building on a solid foundation of experiential knowledge allows an adult graduate student to approach education from a new perspective – critically reading, listening, engaging in dialogue with peers, and reflecting on the readings and actions. The maturity that experience brings enables students to know both what they need to learn and what they want to learn. The learning environment within small groups of adult students can be challenging.

Usually, nurses enter graduate education to achieve competencies required for advanced practice roles. Roles such as management, staff or continuing education, risk management, safety and quality coordination, clinical leadership, and case management may require a Master's degree. In particular, along with nursing staffing vacancies, there is a shortage of qualified faculty for nursing education, sometimes resulting in denial of admission to qualified undergraduates. A Master's degree is often the entry level for nursing education and serves as the foundation for doctoral study.

Contemplating earning a Master's degree? Begin by thinking about the following:

- **Preparation:** If there has been a gap between your last period of formal education and the present, choose a program which will support the development of the skills you need to acquire to be successful in graduate work. The volume and complexity of reading during graduate work is much different from undergraduate study. Skills such as critical reading, writing papers, using technology, and preparing and delivering presentations are vital. Does the curriculum assist students to develop and expand that knowledge? Ask about faculty support for development of other professional skills that you will need in advanced practice roles. Who will be the resources for you?
- **Format for study:** Accelerated and online courses are frequent in graduate schools. Accelerated courses present the same amount of content as a traditional semester course in a shorter period of time. Classes called "hybrid" combine classroom instruction with additional instruction on the internet. Some classes are entirely online. Accelerated programs greatly increase the demands on the student, but are often desirable because they shorten the time to earn a degree. Current literature identifies support as a key enabler for success in graduate school, especially with the demands of accelerated education.

What support will you have from family, friends, and colleagues during study? How will you encourage yourself to ask for support and feedback? Programs that are hybrid in format – such as a combination of online instruction and face-to-face classroom interaction – provide the collaborative support and networks that graduate students need to understand the information they are studying and to seek help from their classmates. Carlow University has found this format to be so successful for students in the accelerated Master's level program that their new DNP program to be launched in August of 2009 will also be a hybrid format – online instruction with infrequent, but vital, classroom interactions.

- **Environment:** Because there is often generational diversity among faculty and adult students, graduate programs have the challenge of establishing learning environments that respect the values and ideas of different generations. Many researchers have recognized that adult learners benefit from self-direction and a problem solving approach in the classroom that builds on their life and professional experience. Faculty that recognize the unique needs of adult learners are better able to respond to those needs and increase the value of their education. Ask programs about the type of learning environment in the classroom. How are students evaluated? What types of learning activities and assignments are used? Where are there opportunities for reflection?
- **Work-life balance:** More than anything, the demands of graduate education need to be factored into the demands on your time from all factors in your life – including employment, family and pets, and community involvement. How will you balance study with other responsibilities? How will you balance time for classes with employment demands? Are you eager to move on to an advanced practice role, but unsure of your future destination? Look for programs of study that integrate career and professional opportunities for learning. For example, Carlow University offers a Nursing Leadership degree that provides core content in both education and leadership so that students have the option of moving in different directions in an advanced role. That program is offered in an accelerated, one day a week/one year format, which allows the student to plan his or her schedule a year in advance.

Graduate education is your opportunity to make decisions about your career and open doors to new opportunities. Make the most of it and enjoy the world of collaborative learning that it brings!

Peggy Slota, Assistant Professor, Director, Graduate Nursing Leadership Programs, Carlow University, can be reached at (412) 578-6102 or slotamm@carlow.edu.

Everyone's Unique in Hospice and Bereavement Care

BY JAMES JOYCE

Rev. Wanda Jenkins

No two people are exactly alike, and no two people grieve exactly alike—even if they come from exactly the same backgrounds, explains Rev. Wanda Jenkins, MHS, a bereavement services manager for VITAS Innovative Hospice Care®.

It's easy for people to forget that, notes Wanda—especially today, when people are actually more aware of the many cultural and ethnic groups that exist, as well as the customs, traditions, beliefs and rituals associated with those groups.

"People often make assumptions about each other based on their age, gender, sexual orientation, religion, or cultural or ethnic background—or a combination of those characteristics," continues Wanda. That's a natural human tendency. But if that tendency goes unchecked in hospice caregivers, she adds, it can lead to less-than-competent end-of-life and bereavement care—even if those caregivers are culturally and ethnically aware and respectful.

"Whether negative or positive, we all have a tendency to bring cultural stereotypes about people into a situation, and we all tend to have a set idea of how those people will respond to that situation," says Wanda, who works at VITAS in Lombard, Illinois.

"When we don't look at people as unique individuals—despite their background—and when we assume we know what they need or want in their end-of-life care because of their background," she continues, "then we run the risk of making decisions about them that are wrong. And then we fail them."

Wanda participated as an expert panelist in the Hospice Foundation of America's 16th annual bereavement teleconference. The conference was held on April 29, in Washington, D.C., but was telecast to host sites around the country, including to a VITAS host site at Pittsburgh's Allegheny General Hospital. The theme of this year's conference was "Diversity and End-of-Life Care."

"In order to be competent in how we serve patients and their families, hospice caregivers need to be sensitive to the fact that people are individuals," says Wanda, who also is a nurse and a published author on grief and loss. "We must put aside our assumptions, listen to our patients and their families and hear what they need or want. We can't rely on what we think we know … we must rely on what our patients and their families know for themselves."

The issue of diversity in end-of-life care is not only about how people are different despite their apparent likenesses, notes Wanda. It's also about how people are alike—despite their apparent differences.

"A 25-year-old woman who loses her husband after only six months of marriage cannot imagine being without her husband," says Wanda. "Well, the feeling is the same for an 80-year-old woman whose husband dies after they were married for 60 years. The older woman will be just as broken up about her loss as the younger woman, and they might both fear they will never find love again."

This understanding can be helpful, particularly when bereavement managers are forming support groups, says Wanda.

"I once started a support group for women who lost their mothers that I initially limited to women who were 18 to 59 years of age," explains Wanda, adding that it's typical for that kind of bereavement support group to be limited to that age range.

"After receiving several phone calls from older women, asking me why they couldn't join the group simply because of their age, I decided to expand the age range and see how it went," she continues. "I had women of different races and vastly different ages in that group, and you know what? When talking about their mothers, they all sounded exactly the same.

"The bottom line is, we must focus on the issues—not people's characteristics—when we're helping people through grief and loss," concludes Wanda. "We must learn, observe, reflect and respect, then go back and reassess what a patient and his or her family needs on a schedule that works for them."

For more information about VITAS, or the Hospice Foundation of America's annual bereavement teleconferences, or for other educational services available through VITAS, call James Joyce, Community Liaison for VITAS Innovative Hospice Care® of Pittsburgh, at (412) 799-2101.

DU Nursing's DNP Program Offers Practice-Rich Alternative to Ph.D.

The Duquesne University School of Nursing has found success with its new online Doctor of Nursing Practice (DNP) program, which is designed to advance the practice expertise and range of nurses with master's degrees in nursing in a clinical specialty or a specific role.

The DNP program, an alternative to the school's Ph.D. program, has doubled its fall 2009 cohort from last year and the school is aiming for planning on admitting 25 additional students. The current cohort for the 32-credit program includes 13 full-time and two part-time students who hail from as far away as Texas, California and Palestine.

In contrast to other DNP programs offered locally, Duquesne's is totally online. Students are required to come to campus only for their initial orientation and subsequently when they complete the program after five semesters.

While the school's Ph.D. program is research-based, the DNP is grounded in the practice or specialty to which the student is already committed. Among the current DNP cohort are professionals who specifically work with Iraq veterans with closed-head injuries as well as nurses with forensic backgrounds dealing with incarcerated adolescents.

For more information on the DNP, call (412) 396-4945 or visit www.nursing.duq.edu.

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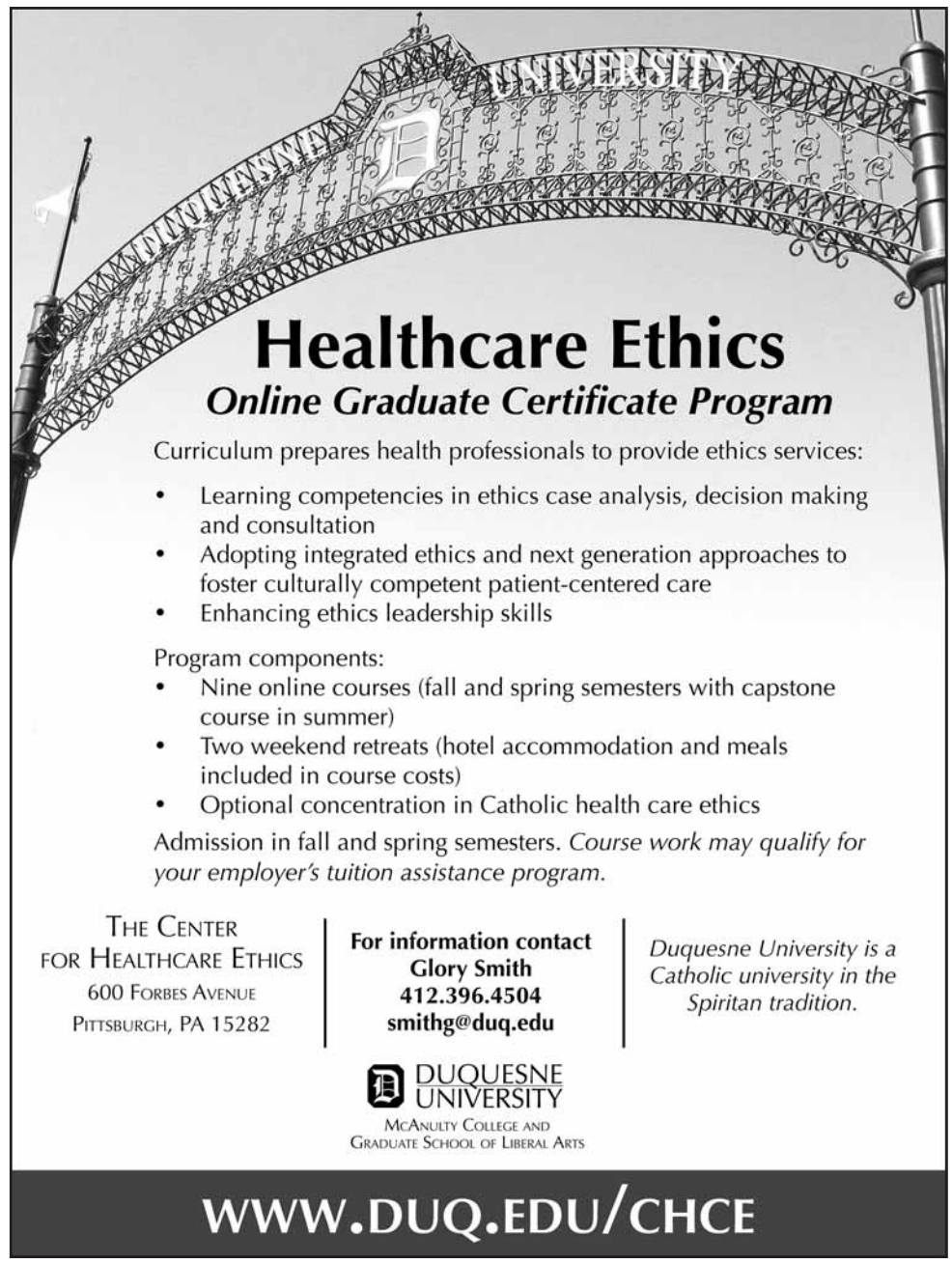


Education: What, When, Why, and Where

BY MISTY KEVECH, RN, BS ED, MS, COS-C

Healthcare industries know staff education is important. Your organization has established mandatory education sessions throughout the year – OSHA, Infection Control, Fire and Safety, etc., as well as in-services on new equipment, treatment and procedures. What about educational sessions on specific diseases, disease management principles, medications, current treatments or clinical standards of practice?

Providing regular educational sessions that are relevant to staff jobs will continue to advance their knowledge base and skill sets. It is imperative that clinical education is evidenced-based. Organizations that want to improve quality of care value must endorse quality education. Healthcare organizations find themselves in a very competitive market with increased economic issues, even though the customer is demanding improved quality of care. Healthcare customers are not just patients; who are they?

- Patients - want consistent excellence in patient care
- Clinical staff - want to be able to manage quality patient care
- Physicians - want to provide the best care possible within insurance allowances
- Payers - want better outcomes for their dollars
- Centers for Medicare and Medicaid Services (CMS) - wants to continue to add quality measures for improve outcomes

Planning healthcare education is like juggling balls.

- Quality education
- Resources
- Costs
- Time management for staff
- Consolidation of work responsibilities
- Keeping it entertaining
- Keeping it meaningful
- Accessible for all
- Technology vs. Hands-On learning

Planning for education should start with a needs assessment. First, determine what areas need improvement or refinement and then create a list with a subset of needs. Review and prioritize the list. Then, determine your audience and the amount of time needed to remove staff from patient assignments. Next, identify preferred learning styles of your audience, available technology resources, and activities to engage the adult learner. Lastly, synthesize the material and job application.

So, what's hot for clinicians to pass along to their patients? Self-management skills. Teaching and engaging the patient with disease management is imperative to preventing exacerbations. Hospitals are working on reducing readmission rates for specific diseases such as heart failure. Equipping staff with tools, resources and theory to teach or engage patients will drive the success of patient disease management. If we do not engage the patient and their families, then the patient will not adhere to their treatment plan and will result in acute care hospitalizations. Statistics show that more than 33 billion dollars are spent each year in the United States for the care of heart failure patients (50% for hospitalizations). The most common cause for heart failure patients' emergency room visits is non-adherence to medications or diet. (Crouch, et. Al, 2006)

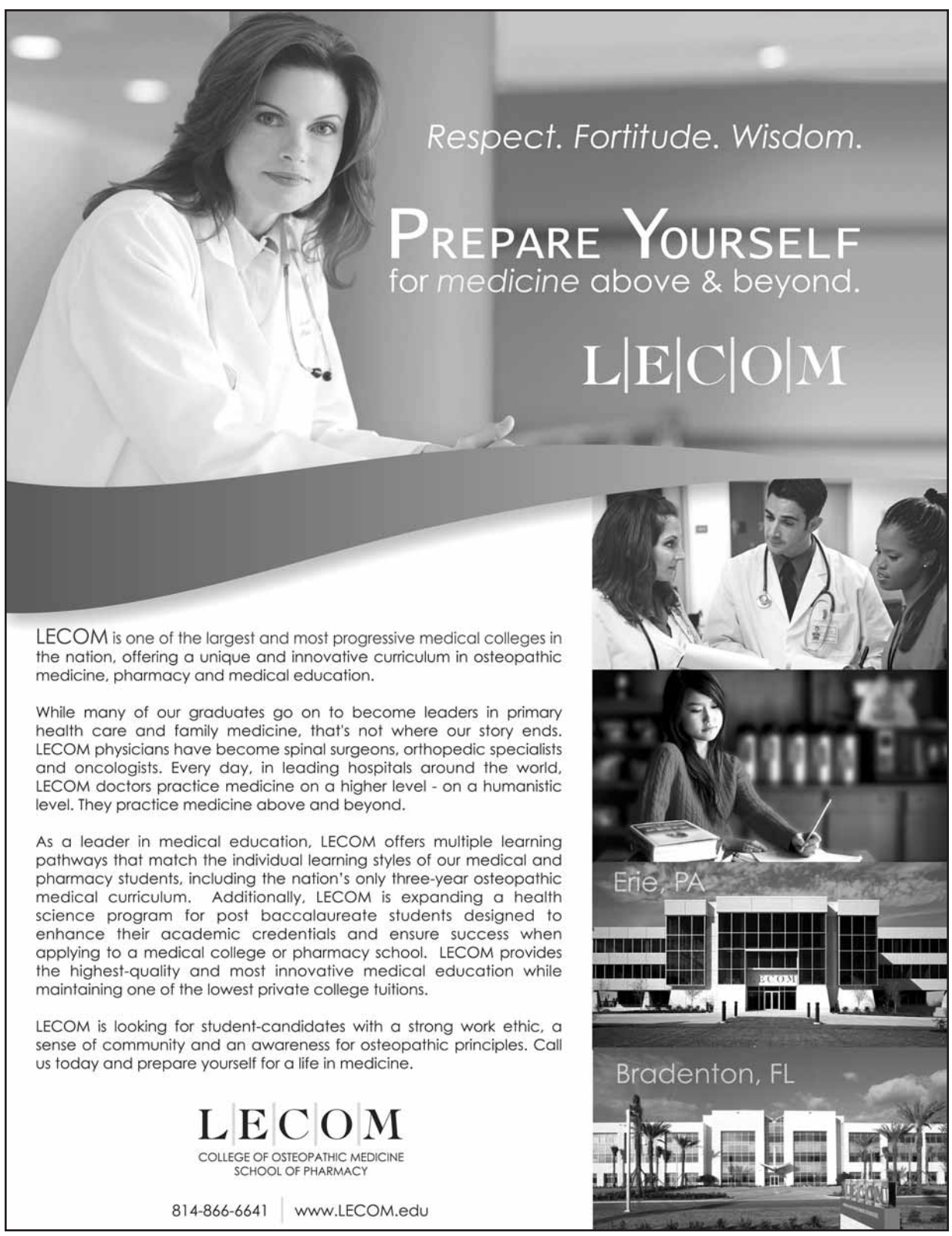
Education should also include care across the continuum and interdisciplinary approaches. As members of the healthcare industry, we need to work collaboratively on improving patient outcomes with patient education, tools, and resources from one setting to another setting. For example: hospital to homecare, homecare to hospital, hospital to skilled nursing facility, etc.

Celtic Healthcare is currently using key best practices and evidence-based strategies to reduce avoidable acute care hospitalizations. Celtic Healthcare utilized research and information from national and international resources as a foundation for our education programs and interventions. Celtic Healthcare also uses technology to enhance our education programs. An electronic learning management system (LMS) allows for recorded presentations, such as webinars, to be assigned to appropriate staff for completion at their convenience and on-demand education. Continuing Education Units (CEUs) are also provided.

Celtic Healthcare provides educational sessions to the healthcare community on current evidence-based care that is applicable across settings. Individual sessions are provided for organizations, including hospitals and skilled nursing homes, on current topics such as medication management, care transitions, SBAR (a technique to improve communications with physicians and other staff members) and many more topics.

For a list of available educational sessions or for more information, call 1-800-355-8894 or visit http://celtichealthcare.com/teleconf.php.

Misty Kevech, Director of Nursing Education and Program Development, Celtic Healthcare, can be reached at kevechm@celtichealthcare.com or (724) 713-8273.



RMU and Philadelphia College of Osteopathic Medicine Team Up to Train Future Physicians

Robert Morris University (RMU) and Philadelphia College of Osteopathic Medicine (PCOM) recently held a signing ceremony in Philadelphia to celebrate a new program that will combine an RMU baccalaureate degree with the PCOM doctor of osteopathic medicine degree.

Under the "4+4" program, up to 10 select students will be admitted to PCOM upon their graduation from Robert Morris University. Students are chosen for the program upon their admission to RMU's Pre-Medicine Program, which is part of the School of Engineering, Mathematics and Science.

RMU has similar agreements with three other medical schools: Drexel University College of Medicine in Philadelphia; the Lake Erie College of Osteopathic Medicine in Erie; and Palmer College of Chiropractic in Davenport, Iowa.

To be eligible for the program, RMU students must have earned at least an 1150 on the mathematics and verbal portions of the SAT and completed four years of high school science and mathematics. They must maintain at least a 3.2 GPA through the end of their junior year at RMU, and score at least an 8 on each section of the MCAT.

The program will be overseen at RMU by Maria Kalevitch, associate dean of the School of Engineering, Mathematics and Science.

Pittsburgh Regional Health Initiative Launches Four New Educational Workshops on Perfecting Patient Care

Increasing demands to improve patient safety and quality of care. Refusals by Medicare and Medicaid to pay for never events. A shrinking supply of qualified healthcare workers. Pressure to eliminate inefficiency and waste.

These are challenging times in the healthcare industry. The Pittsburgh Regional Health Initiative (PRHI) has developed four new educational workshops to help organizations overcome challenges while improving patient outcomes, eliminating waste and increasing staff satisfaction. The workshops take key Lean healthcare principles taught during PRHI's signature Perfecting Patient CareSM (PPC) four-day University, which is based on tenets of the Toyota Production System, and break them down into one-day sessions.

"PPC is a powerful, proven healthcare education and training program that has empowered institutions across the country to eliminate errors and waste through continuous improvement and standardization of work practices," said Karen Wolk Feinstein, president and CEO of PRHI. "This year we decided to expand our educational offerings to include one-day sessions giving healthcare workers more flexibility and more opportunities to expose their own organizations to the Lean principles of PPC."

Introduction to Lean Health Care is a one-day workshop that introduces participants to the key principles of Lean and how they can be applied to the healthcare setting. In addition to lectures and discussions, the workshop also includes a wide variety of simulation activities. During those activities, attendees are exposed to an arsenal of Lean healthcare tools. They learn how to implement those tools in different settings and environments. PRHI's trainers also help participants determine which principles and tools can be immediately implemented into their own workplaces.

Lean Problem Solving and Decision Making for Health Care is a one-day workshop aimed at transforming participants into critical thinkers by teaching them to not only quickly address the root cause of problems but also follow through with the successful implementation of the counter-measures. Attendees are exposed to the fundamental practices of Lean problem-solving and will learn a skill set that includes standardization and A3 reporting.

Visual Management in Health Care is a half-day workshop that teaches participants how to create a visual workplace that clearly communicates expectations, goals and performance indicators. Visual Management enables workers to clearly and easily see if standards are being met. Participants will learn to identify opportunities within their own workplaces where applications of Visual Management can be applied. They will also be exposed to the sequence of steps in the 5S Process.

Leadership Training is a one-day workshop for executives and administrators. The goal of the workshop is to expose leaders to the principles of Lean health care and PPC so that they can determine if they want to incorporate the practices into their own organizations.

"As the Obama administration looks to contain escalating healthcare costs, it is going to become more and more important for institutions and organizations to eliminate waste and inefficiency and meet important quality targets," said Feinstein. "We are committed to developing curriculum that empowers the healthcare workforce to improve safety and quality in the most efficient way. These workshops are a natural extension of our mission."

PRHI's Continuing Medical Education program is offered in cooperation with Allegheny General Hospital which is accredited by the Accreditation Council for Continuing Medical Education. PRHI is also an approved provider of continuing nursing education by the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

For more information on PRHI's new workshops and its other educational opportunities, contact Barbara Jennion, Director of Education, at bjennion@prhi.org or (412) 586-6711.

Zungolo Reappointed as Dean of Nursing at DU

Dr. Eileen Zungolo

Dr. Eileen Zungolo has been reappointed to a three-year term as dean of the School of Nursing at Duquesne Univer-sity.

Zungolo has been serving in this role since she came to Duquesne in 2002 from Bouve College of Health Science at Northeastern Univer-sity, where she was dean of nursing.

In Zungolo's tenure as dean, the School of Nursing has expanded and enhanced its academic offerings as well as its research and community outreach efforts.

Zungolo, former president of the NLN, has received national recognition for her accomplishments and dedication to the field of nursing. She and three of her faculty members were among the first in the nation to be designated as certified nurse educators by the NLN. Goals of this certification include distinguishing academic nursing education as a specialty area of practice and as an advance practice role within professional nursing, and demonstrating a commitment to professional development, lifelong learning and nursing education.

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AACOM Looks to LECOM for National Expertise in Medical Education

Calling upon the Lake Erie College of Osteopathic Medicine to take the lead in medical education research, the American Association of Colleges of Osteopathic Medicine awarded a $5,000 grant to the College for assessing and teaching medical practice competency beginning in the first year of medical school. LECOM was one of just five schools to receive an AACOM grant.

The study has the potential to identify a future physician's professional shortcomings early in their medical school career and focus on those deficiencies through competency-based education, which addresses quality issues in a physician's performance that would impact patient care and safe treatment.

"The earlier we can identify students who may be at risk for not developing competence, the better chance we have at saving careers and lives," said Silvia Ferretti, D.O., Provost, Senior Vice President and Dean of Academic Affairs at LECOM. "Through this work, we can lead all of medical education in advancing the aims of competency-based education."

Hershey S. Bell, M.D., M.S., Clinical Professor of Family Medicine, Associate Dean of Faculty Development and Evaluation at LECOM and a pioneer in the development of medical competencies used in hospitals throughout the U.S., is the principal investigator of this study.

"I'm not sure there's another medical school looking to improve physician competencies so early in the process," Dr. Bell said. "There is a national interest on how to identify and intervene with students who may not be well versed in the humanistic elements of medical practice, such as interpersonal and communication skills, compassion and empathy, and professionalism."

According to the National Board of Osteopathic Medical Examiners, physician competency "is a measurable demonstration of suitable or sufficient knowledge, skill sets, experience, values, and behaviors that meet established professional standards, are supported by the best available medical evidence, and that are in the best interest of the well-being and health of the patient."

The identification of competency deficiencies in practicing physicians already exists throughout the country in residency programs. Despite this, there is no definitive standard in place to make this determination among pre-clinical medical students, which opens the possibility for this study to impact medical school programs nationwide.

The study will be conducted in 2009, with results to be presented and published in early 2010.

COVER STORY: *Opportunities and Challenges Face Public Health*

Continued from page 1

in this population."

Another concern for national public health care is the issue of bioterrorism. "This is and has been an on-going concern for our country. We need to develop plans so that our health care and public health professionals are prepared to deal with the health implications of such a crisis. This includes developing and identifying staffing to come in and provide emergency health care and disease prevention if necessary." said Dr. Rohrer.

The rise in obesity, especially among young people, has been a topic often in the news and a challenge for public health leaders said Dr. Rohrer. "We have on-going concerns with new conditions as they arise including increased tobacco use incidents among young people and of course, the more recent concern has been the growing obesity in pre-teens and adolescents."

Health care reform is also a hot topic for our public health care leaders. "What would health care reform look like? Since World War II, we have had proposals made on a comprehensive, national health care system," said Dr. Rohrer, "The fact is, we have never been able to develop a fully integrated national system. How can we do that? In my view, this would require closer linkages between the health care delivery system and the public healthy community. The health care providers working with public health officials will need to work together to develop effective political 'voice' to promote health care reform."

But while the challenges are many, as Dr. Rohrer pointed out, so are the opportunities. "There are new demands, but there are new opportunities for young people and second career professional to pursue careers in heath care, long term care services for the elderly and public health. We have economic challenges that most of us have never seen before, but there are also growth areas in health care." He continued, "Research with a focus on translating the findings of clinical and bench science to practice will continue along with closer collaboration between health care providers and public health officials. I see those partnerships as becoming more vital and stronger in the future. The next decade should be a most challenging time for providers, policy makes and educators in health care and public health."

Dr. Wes Rohrer, Assistant Chair of the Department of Health Policy and Management and Assistant Professor, University of Pittsburgh, can be reached at (412) 624-3125 or wmrun@pitt.edu.

Careers in Health Information Management

BY KATHLEEN S. FENTON

Many job opportunities and options for professional growth exist in Health Information Management (HIM) based on each professional's skills, education and interests. Those who hold bachelor's degrees, and in some cases, those who hold associate's degrees, work as Medical Records Department heads or assistants, information system managers, quality assessment and improvement coordinators, and registry administrators. Managers plan, organize, and direct the analysis, design, implementation, and maintenance of health information systems, and collaborate with medical and administrative staffs to develop methods to evaluate patient care.

Those with associate's degrees typically are involved with the detailed day-to-day work of the Medical Records Department, including comprehensively organizing each patient's medical file to ensure that all necessary forms are present, properly identified and signed. These professionals may use computers to

compile, tabulate, analyze, and present statistical and other health information from the medical records to assist in surveys and research studies which help to improve patient care and control costs. They may provide medical transcription. Others code each diagnosis and procedure and use special computer programs to determine insurance reimbursement.

Most employers prefer to hire HIM professionals who have graduated from an accredited program and have passed one of the examinations given by the American Health Information Management Association (AHIMA). Upon passing, those holding bachelor's or master's degrees earn the credential RHIA – Registered Health Information Administrator. Those with other degrees use different credentials based on the specific exam: RHIT – Registered Health Information Technician; CCS – Certified Coding Specialist; CCS-P – Physician-Based Certified Coding Specialist; CCA – Certified Coding Associate; CHP – Certified in Healthcare Privacy; CHPS – Certified in Healthcare Privacy and Security.

These are some of the entry-level HIM positions available for graduates with a diploma or a two-year associate's degree:

Clinical coding specialist

Determines how a hospital is reimbursed for expenses related to providing care by assigning a code to every diagnosis and procedure and then using computer software to assign each patient to one of several hundred Medicare Severity Diagnosis Related Groups (MS-DRGs) to determine reimbursement levels for health care services provided. Coders can also use other systems, such as those geared toward ambulatory settings or long-term care.

Health data analyst

Uses computer programs to tabulate and analyze data to improve patient care, control costs, provide documentation for use in legal actions, respond to surveys or use in research studies. Insurance claims analyst Understands the legal aspects of private and government insurance programs, and addresses issues related to errors in billing.

Medical transcriptionist

Listens to dictated recordings made by physicians and other health care professionals, and transcribes them into medical reports, correspondence and other administrative material. They return transcribed documents to the physicians or other health care professionals who dictate them for review and signature, or correction. These documents eventually become part of patients' permanent files.

Records technician specialist

Assembles patients' health information, ensuring medical charts are complete, all forms are filled out and properly identified and signed, and that all necessary information is in the computer. They interact with physicians and other health care professionals to clarify diagnoses or to obtain additional information.

Cancer registrar

Maintains facility, regional and national databases that track records of cancer patients which are used by physicians and researchers. Registrars review patient records and pathology reports, and they assign codes for diagnosis and treatment of different cancers and selected benign tumors, in addition to annual follow-ups tracking treatment, survival and recovery. This information is used to calculate success rates of various types of treatment, locate geographic areas with high incidences of certain cancers, and identify potential participants for clinical drug trials.

Four-year bachelor's degree programs in HIM, as well as advanced education to the master's or doctoral levels, qualify graduates to work as administrators, as well as HIM college professors or in a variety of consulting roles, in addition to the following:

Compliance/Chief privacy officer

Responsible to preserve the security and integrity of confidential patient information while maintaining efficient and convenient access for those authorized to use patient information.

HIM department director

Oversees some or all of the functions of a Medical Records Department, including coding, transcription, cancer registry and analysis. They also interface with medical and administrative staffs to develop methods for the department to effectively interface with others in the health care system.

HIM system manager

Develops and maintains systems to prepare, maintain and provide timely access to needed health information, including computer-based patient record systems.

Physician practice manager

Manages a physician's business office, from medical records to billing and insurance.

Quality improvement/ Utilization manager

Develops and initiates methods of measurement and control of health care data.

Risk manager

Works in areas of liability and loss control.

• • •

This article first appeared in the Fall 2008 issue of Center Stage, A Publication of Hospital Council of Western Pennsylvania.

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Western Pennsylvania
Hospital News

Consortium Ethics Program Directed at Serious Business

Dr. Rosa Lynn Pinkus

Rosa Lynn Pinkus, Ph.D., often says she doesn't direct the Consortium Ethics Program (CEP) at the University of Pittsburgh, saying instead that it directs her. But she's very serious about her work and the goals and ideals of the unique program.

"There's a lot of truth to that," Pinkus said of the CEP leading her passion for the job. "We have a very small but dedicated staff and we pride ourselves in listening to our representatives and making every effort to address the specific ethics needs of each institution."

The CEP is the only regional health care ethics network in western Pennsylvania that provides in-depth ethics education for "front line" health care professionals. The fundamental tenet of the CEP, Pinkus said, is to educate clinical providers in the basics of health care ethics, the relationship between ethics and the law and ethics in the humanities so "they can become ethics resource persons within their institutions." It deals with ethical and legal aspects of informed consent, end-of-life decision making, confidentiality and other issues central to institutional healthcare ethics.

Pinkus, a professor of medicine/neurosurgery at the University of Pittsburgh, founded and has served as director of the Consortium Ethics Program since 1990.

"There is a well recognized network of professional organizations and bioethics departments and centers in academia that research and teach both the everyday ethics issues and cutting edge ethics such as clinical trials and gene transfer techniques as well as standard issues that effect healthcare reform, palliative care and organ donation," she said. "I was always interested in getting this information to caretakers who deal with these issues every day."

Health care institutions participating in the CEP send a minimum of two representatives – over a three to six year span – to educational seminars taught by local and national scholars in healthcare ethics, law, medicine, and the humanities. Pinkus says the CEP's faculty "bring creativity and knowledge to each of their seminars and are continually pushing the envelope in ways to reach and teach" CEP members.

The program began with 12 institutional members in 1990, and "although we never intended to have these institutions be permanent members, eight have remained in the program," Pinkus said. Over the 19 years of CEP's existence, 71 institutions in western Pennsylvania have been members. Currently, 28 institutions are enrolled and include 78 representatives.

Of those members that dropped out, three specifically elected to "do it themselves" and one created a fulltime bioethics position for a social worker in the institution. But, she also emphasized that some institutions that dropped out have rejoined.

"They missed the on-site aspects of the program and the up-to-date educational seminars, as issues do change," Pinkus said. "Also, the Joint Commission and other accrediting bodies do require an institution to have an ethics mechanism in their facility. If cost-effectiveness and creating institutional self-sufficiency and the collegiality of a network are valued, the CEP seems to fit as a way of fulfilling this need, but one size does not fit all."

On the matter of cost for participating in the CEP, Pinkus said, "there is no comparison."

"Our highest fee still is only $13,000 for a 400-plus bed acute care hospital and one could never hire a full-time person for that amount," she said. Pinkus said it is difficult to tell why some hospitals choose not to participate in the program, although "cost and/or budgetary restrictions are usually given as the reason."

Responding to a question about emphasizing to health care workers the importance of ethical behavior, Pinkus called attention to an 1975 article published in the New England Journal of Medicine by her late "dear friend and mentor," K. Danner Clouser, one of the first clinical ethicists to teach and consult in a hospital setting (Hershey Medical School and Hospital).

"He said that ethics was misunderstood, that it could not solve all the problems in a hospital," she recalled. "It can help clinicians navigate the troubled waters but they ultimately need to provide the resolutions. I tend to define ethics as standing back and reflecting on one's actions and reasons for acting. Ethicists are not police, or the moral marines. They don't go looking for what is wrong. Rather, they can educate and keep the issues in the forefront of one's thinking – at least for a time. By spreading that education within the institution and the organization, it can challenge those faced with dilemmas to provide a model for what's right."

Pinkus also said "you learn from your mistakes."

"Talking about a patient in an elevator and having a family member overhear and complain can serve as a paradigm case – a reminder of what not to do," she said. "Thankfully, not all of our moral values are cast in concrete. We can continually learn about a range of ethical responses to tough situations. It's interesting that medical ethics does reflect the ethics of the overall culture and society. Our goal is to teach a way to think about, analyze and resolve ethics issues. This internal and external dialogue is what we need to continue."

While the initial efforts of the Consortium Ethics Program were directed at front-line health care professionals, the program has evolved to include two of the region's largest third-party payers.

"Three years ago, Highmark, Inc. joined the CEP and last year, UPMC Health Plan joined. These organizations are an essential piece of the health care system but they present a huge challenge to our model as their corporate environment, mission and structure are so different from that of an acute care hospital," Pinkus said.

"As we proceed to adjust, alter and adapt our educational model and curriculum to these organizations, we are learning what will work and what won't. A key to this adaptation are the representatives that attend our formal seminars. They see both worlds, if you will, and are helping us learn the language of insurers as well as their ethical dilemmas." As

Because the CEP participation fee provides the finances for the program's operating costs, it is a small business of sorts, existing within the administrative structure of the University of Pittsburgh, the Department of Medicine and the Center for Bioethics and Health Law, Pinkus said.

"We owe much of our success to the support and flexibility of each of these entities and the Vira I. Heinz Endowment, which provided generous grant support to create the program and shepherd it to its current self-sufficient status," she said.

Additional information about the Consortium Ethics Program is available at www.pitt.edu/~cep or call (412) 647-5834.

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Health Leadership Program Contributes to Success of Nursing Services Manager at Excela Health

Lisa Sciullo, R.N., B.S.N., manager of nursing services at Excela Health Latrobe Hospital, won't complete her Master of Science in Health Services Leadership Program at Saint Vincent College until December but says that it has already contributed to success in her work.

"The hardest part was deciding to apply," she began. "But once I got started, school has been a pleasure. My initial concerns about finding time for classes and homework quickly disappeared. I have really enjoyed learning new things that I can use right away. For instance, I was able to apply what I learned in Dr. Kunkle's Operational Excellence course immediately. I am grateful I have had that opportunity."

Dr. Dawn Edmiston, assistant professor of management and marketing at Saint Vincent College's Alex G. McKenna School of Business, Economics, and Government, and director of the Master of Science in Health Services Leadership Program, said that Sciullo is an outstanding student and will be among the first graduates in the two-year-old program that began in the fall of 2007. "I am so pleased she has attributed lessons learned from the program as contributing to her success," Dr. Edmiston said.

"Dr. Edmiston makes me feel like I can do it," Sciullo said. "She is a great mentor who offers ongoing support whenever I am on campus and by phone and email any time."

Lisa Sciullo

Sciullo, 52, also wondered what it would be like to be around younger students. "I like being in the campus environment again," she said, "to get ideas and opinions. Each course offers it own topic and rewards."

Since starting the program, she has been promoted to her current position as manager of nursing services. "I was a nursing clinical practice coordinator but I missed being with patients. In my new position, I enjoy assisting the director of nursing and assuming the leadership opportunities associated with supervising 30 nurses."

A resident of Unity Township, Sciullo has worked at Latrobe Hospital for 28 years. A native of Pittsburgh's Lawrenceville neighborhood, she attended St. Paul's Cathedral School (now Oakland Catholic) where she graduated in 1974 before earning a diploma in nursing from St. Francis School of Nursing. She later earned a bachelor of science degree in nursing at Penn State's New Kensington Campus.

She is a member of Sigma Theta Tau, a national nursing honor society, and the American Association of Nurse Executives.

"It has been a personal achievement to go back to college and keep up the pace and do well while also working more than 40 hours a week," she said. "I know that I am becoming a better leader and developing my management skills. The timing of this program was perfect for me since I am able to use the information I am learning to meet challenges every day. I need the leadership skills to add to my clinical skills. I am also learning to do a budget by developing my finance and economics expertise."

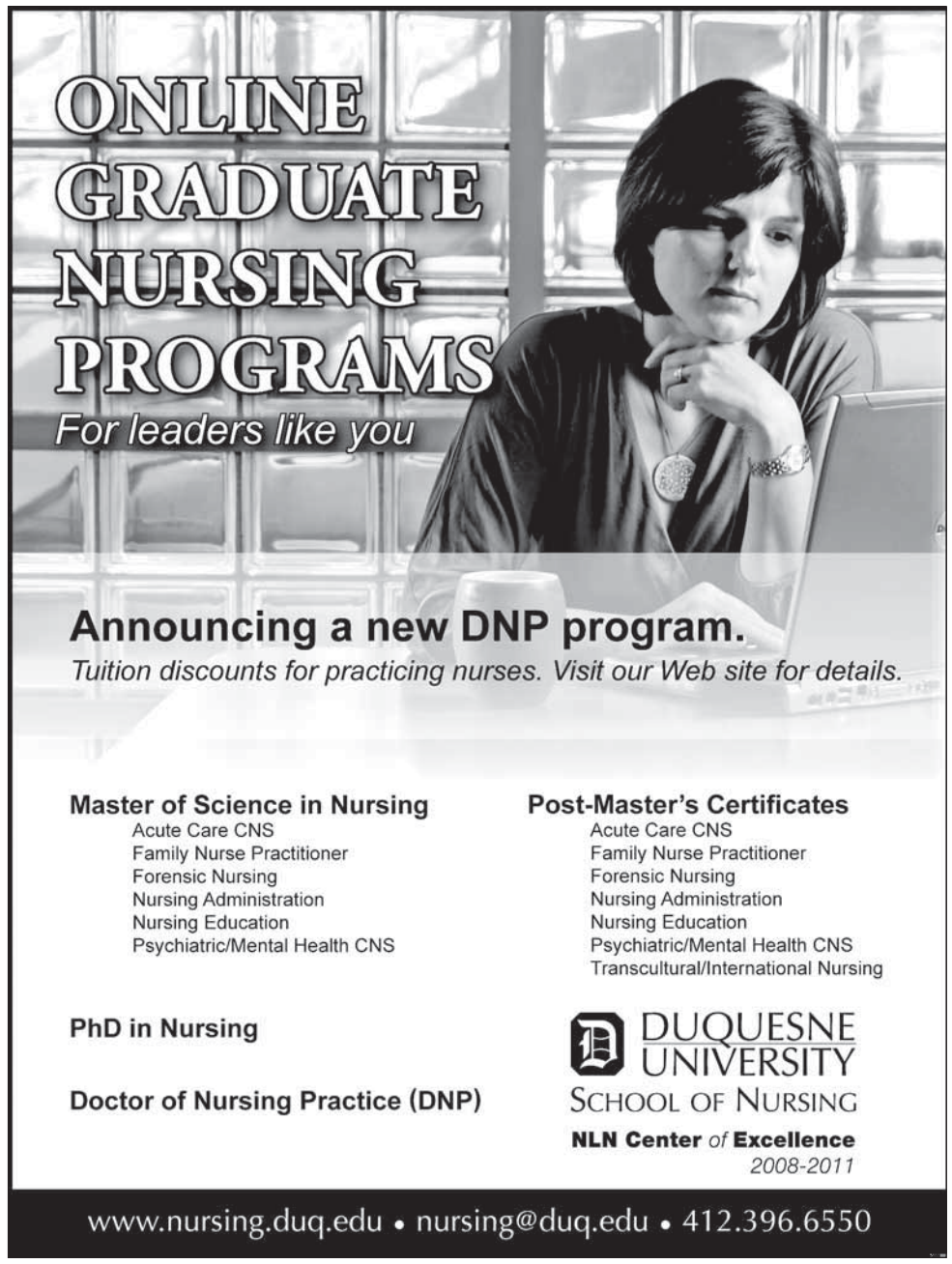
"The applicability to my work is very beneficial," she continued. "Ethics and leadership skills I use every day. The Strategy class has been a challenge and pushes you to go further and grow as a leader, to apply research. I have a Saint Vincent student, Steven Filipiak, who tutors me in this class. He has been very helpful."

After graduation, she aspires to do some teaching of nursing students and also teach leadership skills.

She and her husband, Lou, have two grown children, Christopher, 24, a graduate of Saint Vincent College who works in information technology in Greensburg, and Lauren, 22, who is a student a Duquesne University. The daughter of Mr. and Mrs. Joseph Fabec of Allison Park, Sciullo is a member of Saint Vincent Basilica Parish. "I always felt drawn to Saint Vincent because I go to church there," she said. "I was in a Catholic environment growing up and the Saint Vincent philosophy of education appeals to me. I was familiar with the College because of my son's educational experience. It relates to my faith and that has been perfect for me."

The Saint Vincent College Master of Science in Health Services Leadership Program is a 36 credit, 12 course curriculum that empowers health care practitioners to become effective leaders in complex health care environments through a focus on operational excellence. Afternoon and evening classes are offered at Latrobe Hospital, Memorial Medical Center in Johnstown and the Saint Vincent College campus.

For more information, visit www.stvincent.edu.



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The accelerated program at Penn State Fayette started in fall 2008 and allows registered nurses (RNs) to earn a bachelor of science in nursing degree in three semesters – an achievement that usually takes two years or more. To streamline the process, the courses are taught in a "blended" format, including in-class, Web-enhanced, and Web-delivered offerings. Also, each semester is divided into two seven-week sessions, further aiding the compression of the course content. Students need to spend only one day per week on campus, and clinical experiences are coordinated with partnering health-care institutions.

Penn State Fayette is one of two Penn State campuses (the other is the Altoona campus) offering the accelerated program, which is being funded by a grant from the U.S. Health Resources and Services Administration (HRSA). The Fayette campus was selected in part because of its location in a rural county that borders other rural or underserved counties.

"The importance of increasing the number of nurses with bachelor's degrees has been identified in the state and this program will help enhance the quality of health care in our region," explains Melissa Miner, coordinator of Penn State Fayette's nursing program.

Miner reports students in the initial cohort are pleased with how the program meets their professional and personal needs. "Because of the way the program is set up, nurses can keep their jobs while pursuing their advanced degree. And it is the most-accelerated program offered in the region."

The program is accredited by the National League for Nursing Accreditation Commission (NLNAC) and the Commission on Collegiate Nursing Education (CCNE). Grants, scholarship and loan programs are available for students who qualify.

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

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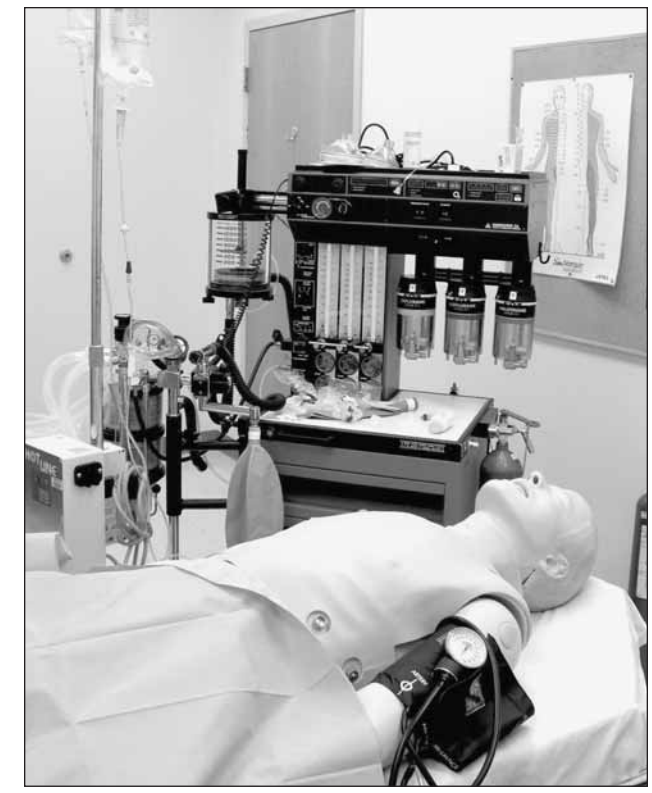
SimMan® is the closest experience to working on a real-life patient for clinical students and professionals in-training. A high-tech mannequin that mimics a person in distress, SimMan® attracted well-deserved attention during a recent open house for the Excela Health School of Anesthesia's new Learning Lab at Frick Hospital.

SimMan® has been an integral part of the school's curriculum for two years, helping students to learn the skills of defibrillating a patient and administering an IV, among other techniques. Ideal for team training, SimMan® has realistic anatomy and clinical functionality and provides simulation-based education to challenge and test students' decision-making skills during realistic scenarios, without risk to patients or health care providers.



Typically nursing/anesthesia students on clinical internships at local hospitals follow the lead of their nurse mentor. With SimMan®, students make their own care decisions independently with the RN mentor observing. Programmed to respond directly when he's receiving care, SimMan® himself lets the caregiver know if the treatment is being performed correctly. The simulator also allows the students to review the outcomes of their decisions and replay the scenario.

In addition to SimMan® , the learning lab also features a simulated arm for IV/A-line training, an intubation mannequin and a spinal/epidural simulator.

Through the new learning lab, students and employees of Excela Health and its affiliates will have the chance to improve and advance their skills and knowledge in their pertinent fields of practice. The lab is a joint effort of the school and Western Pennsylvania Anesthesia Associates (WPAA), who manage anesthesia services at Frick and Westmoreland hospitals.

According to Bev Silvis, the certified nurse anesthetist who facilitated the creation of the lab, "this tool will help us build stronger professionals for the future, add value to our health system, and benefit our –community as a whole."

Memorial Brings New Meaning to Teaching Hospital

When you think of a teaching hospital, residents and medical students may come to mind. But at Memorial Medical Center, we've extended that connotation, striving to place a strong emphasis on education, not only for our physicians-in-training, but also for our thousands of other employees as well. In order to encourage career advancement, we offer tuition reimbursement and have taken an aggressive approach to physically bring the education to them, by offering classes right here on our hospital campus. For many, their busy work and personal schedules are the main hindrance in their ability to further their education; therefore, bringing education to them offers the convenience of "going back to school," without having to go anywhere. To do this, we have partnered with several universities across the region, who have all been very accommodating.

One of our most popular programs, with 115 enrolled, is the Baccalaureate in Nursing degree offered through the Mount Aloysius Center for Lifelong Learning. This two-and-a half-year program for licensed registered nurses serves as a foundation for master's level study. Once they've completed a Baccalaureate, there's the option of enrolling in the Master of Science in Nursing program offered through Indiana University of Pennsylvania. This is a two-year program designed to prepare the graduate for an advanced-practice nursing role and serves as a foundation for doctoral study. For employees' convenience, courses are scheduled in a part-time, evening format- one night a week for seven weeks.

For those employees who are interested in more of the business or administrative areas, Memorial also offers a Masters in Business Administration, which 14 employees are currently taking advantage of, offered through St. Francis University and a Masters in Health Care Leadership, with 11 enrolled, through St. Vincent College. Since both of these programs are open to the public, many industries are represented, which makes for a diverse learning environment. Over the past few years, we have had several hundred employees participate in our higher education programs, benefiting both our employees who are looking to enrich their careers and their lives and Memorial, which as an institution committed to learning and teaching, understands that educating employees means empowering employees.

For more information, visit www.conemaugh.org or call (814) 534-9000.

The Children's Institute Speech/Language Pathologist Goes International

Marybeth Trapani-Hanasewych

Marybeth Trapani-Hanasewych, MS, CCC-SLP, director of Speech/Language Therapy at The Hospital at The Children's Institute, is preparing to take the trip of a lifetime. She will be traveling to Singapore to teach the speech/language component of an eight-week certification course in Neuro-Developmental Treatment (NDT).

NDT, Trapani-Hanasewych explains, is a problem-solving approach to the diagnosis and treatment of impairments and functional limitations stemming from neuropathology—for example, from cerebral palsy, stroke or traumatic brain injury. NDT focuses not only on function but also on quality of movement.

Trapani-Hanasewych has been an instructor for the Neuro-Developmental Treatment Association (NDTA) since 1993 with a focus on pediatrics. She and other certified NDTA instructors are invited throughout the year to teach certification courses all over the globe in locations such as England, Ireland, Colombia, Mexico and India.

Says Marybeth, "I'm really looking forward to this experience. Whenever you teach, it's an opportunity for you yourself to learn because every situation, and every group of students, is unique." She says, for example, that, as part of the discussion about functional feeding, she'll be teaching the concept of food texture analysis but it's not yet certain what foods will be available in Singapore. "We'll certainly find something that works, and it will be a learning experience for all of us," she says.

LIGHT READING

It's Hard, It Hurts But It Works

BY DAVID M. MASTOVICH, MBA

What makes those who are great in business, sports, music, or entertainment different from the average person?

According to Geoff Colvin in his book Talent is Overrated, generations of people have explained away greatness with two common, yet somewhat contradictory, beliefs:

They work hard.

They have a natural gift or talent.

Colvin says that while these explanations make us feel better, the good news is great performance is in our hands far more than most of us think. His research provides numerous examples—football star Jerry Rice, violinist Itzhak Perlman, comedian Chris Rock—that show how deliberate practice is what really sets the superstars apart.

So what is deliberate practice?

It is designed specifically to improve performance. The key word is designed. Far too many of us think we're practicing to improve when we are really just doing something we read or heard again and again. Deliberate practice involves learning exactly what needs to be improved upon and developing methods to do so.

It can be repeated a lot. High repetition has a dual purpose. It is the differentiating factor from regular practice and it enables you to perform the task for real, when it counts. Top performers repeat their activities at amazing levels to set themselves apart from the pack.

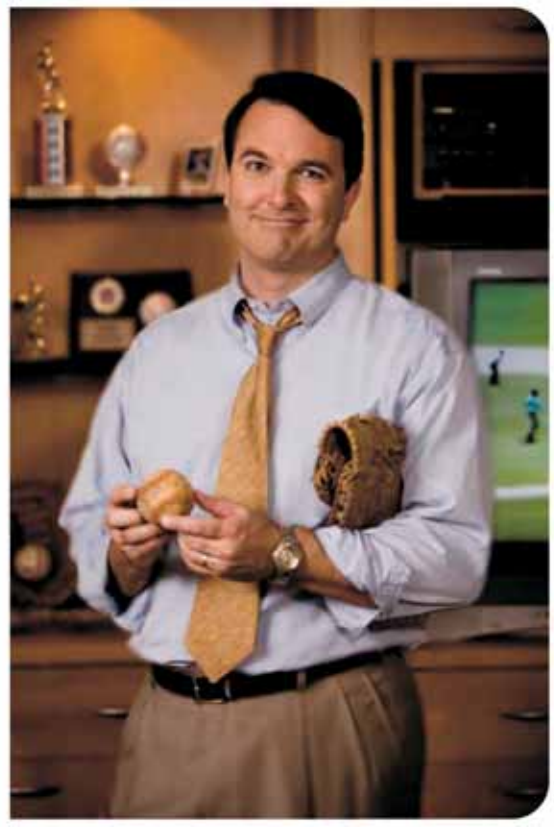
Feedback on results must be continuously available. We struggle to honestly assess ourselves and our knowledge of the latest methods for self development is at a moderate or low level. That's why teachers, coaches and mentors are important regardless of level or discipline. They provide crucial feedback and can help you adjust your deliberate practice accordingly.

It's highly demanding mentally and not much fun. Doing things we know how to do well is enjoyable. Continually seeking unsatisfactory elements of performance and then focusing on making them better places enormous strains on anyone's mental abilities. Sounds like a great time, right?

Deliberate practice is a major part of what makes peak performers special. Yet, each of us has the capability to engage in it and improve ourselves. It takes focus, mental toughness, repetition and ongoing feedback.

Or as Colvin wrote: It's hard, it hurts but it works.

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.



VITAS is about life, some of the most important moments of life.

Deciding it was time for my father to go on hospice wasn't easy. We're a large, close family. But we all have our opinions and think we know what's best.

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DATEBOOK:

May 1
Ethical Considerations for Nursing Practice

The Pennsylvania State Nurses Association, District #6, presents The Technological Invasion: Ethical Considerations for Nursing Practice on May 1 at 1:00 p.m. at the Wyndham Hotel, Pittsburgh. For more information, visit www.panurses.org or call (412) 664-2864.

May 7
Stroke Survivor Connection Fundraiser

Merante Gifts of 4723 Liberty Ave. in Bloomfield, is hosting a fundraiser for the Stroke Survivor Connection on May 7 from 6-9 p.m. Plan on an evening of eating, drinking and shopping Italian. For more information, contact Health Hope Network at (412) 904-3036 or info@healthhopenetwork.org.

May 9
Health Hope Network Stroke Survivor and Caregiver Symposium

Health Hope Network (formerly Visiting Nurse Foundation) is sponsoring the third annual Stroke Survivor and Caregiver Symposium on Saturday May 9 from 8 a.m. to 3 p.m. to mark Stroke Awareness Month. The symposium will 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. For additional information, contact Audrey Rasmusssen at (412) 630-9466.

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 20
Lean Problem Solving and Decision Making for Health Care

This one-day workshop, presented by the Pittsburgh Regional Health Initiative and the Hospital Council of Western Pennsylvania, will transform participants into critical thinkers who cannot only quickly address the root cause of problems but will also follow-through with the successful implementation of the countermeasures. The workshop will be held at the Hospital Council of Western Penn-sylvania's Warrendale location. For more information or to register contact Jane Montgomery at montgomj@hcwp.org or (724) 772-7264.

May 30
An Evening Celebrating the Lives of Nurses and Nursing

The University of Pittsburgh Consortium Ethics Program (CEP) will be hosting "An Evening Celebrating the Lives of Nurses and Nursing" at 8:00 p.m. at the University of Pittsburgh at Johnstown Pasquerilla Performing Arts Center. Admission is free and reservations are required. For more information, contact the CEP at (412) 647-5832 or cep@pitt.edu or visit www.pitt.edu/~cep.

May 31
1st Annual Adele Breen Dinner & Dancing Queen Concert Benefit

Join the American Liver Foundation for the 1st Annual Adele Breen Dinner & Dancing Fundraiser on Sunday, May 31 from 5-10 p.m. at Sunseri's, 3385 Babcock Blvd. Monies raised through this event will be directed towards helping our local community with liver disease education and resources, programs and to help fund national research. For more information or tickets, contact Adele Breen at (412) 992-1633 or Adele711@msn.com.

June 3
Visual Management in Health Care

This half-day workshop, presented by the Pittsburgh Regional Health Initiative and the Hospital Council of Western Pennsylvania, will teach participants how to create a visual workplace that clearly communicates expectations, goals and performance indicators. The workshop will be held at the Hospital Council of Western Pennsylvania's Warrendale location. For more information or to register contact Jane Montgomery at montgomj@hcwp.org or (724) 772-7264.

June 5
Bob Purcell Memorial Charity Golf Outing

The Cedars of Monroeville will host the Bob Purcell Memorial Charity Golf Outing on Friday, June 5 at Donegal Highlands, Route 30. Proceeds will benefit The Cedars Benevolent Fund. For more information, call (412) 373-3900 ext. 172.

June 7
2009 Liver Life Walk

The 2009 Liver Life Walk will take place at The Pittsburgh Zoo & PPG Aquarium on Sunday, June 7. Registration begins at 8:30 a.m. Walk begins at 9 a.m. Register online at www.liverfoundation.org/walk. For more information, contact Kara Hartner at (412) 434-7077 or khartner@liverfoundation.org.

June 19-21
From Controversy to Consensus in Cardiovascular Care

UPMC Center for Continuing Education in the Health Sciences presents From Controversy to Consensus in Cardiovascular Care: An Interactive Forum for General Practitioners and Cardiologists to be held June 19-21 at Nemacolin Woodlands, Farmington, PA. To register online, visit http://ccehs.upmc.edu. For more information, contact Shauna Brown at (412) 647-9541 or ccehsconfmgmt201@upmc.edu.

June 25-27
Bipolar Disorder Conference

Western Psychiatric Institute will sponsor the Eighth International Conference on Bipolar Disorder on June 25-27 at the David L. Lawrence Convention Center. For more information, e-mail bipolarconference@upmc.edu or call (412) 802-6917 or visit www.8thbipolar.org.

July 13-16
Summer Nursing Institute

The Third Annual Summer Nursing Institute will take place from Monday, July 13, through Thursday, July 16 for students age 15 and older who are contemplating a nursing career, at both La Roche College and the UPMC Passavant campuses in McCandless Township. The cost of the program is $30 with enrollment limited to 14 students. Registration will remain open through Saturday, May 16. For additional information or to register, visit www.laroche.edu/sni.

July 18-20
36th Refresher Course in Family Medicine

UPMC Center for Continuing Education in the Health Sciences presents the 36th Refresher Course in Family Medicine: Managing the Challenges of Clinical Practice, July 18-20 at the Marriott Pittsburgh City Center. For more information, visit https://ccehs.upmc.edu/formalCourses.jsp#2003 or call (412) 647-9541.

July 24-29
Combined Skin Pathology Course

Medical Education Resources presents the 23rd Combined Skin Pathology Course July 24-29 at the Hyatt Regency International Airport Hotel. For more information, e-mail Tami Good at tami@mer.org or contact course director Dr. Alan Silverman at (412) 682-3083 or asilverman@ameripath.com.

September 3
PBGH Annual Symposium

Pittsburgh Business Group on Health will hold their Annual Symposium on Thursday, September 3 from 8:00 a.m. until 4:30 p.m. at the Pittsburgh Marriott City Center, One Chatham Center. Continental breakfast and registration starting at 7:30 a.m. For more information, visit www.pbghpa.com.

September 23-26
NLN Education Summit 2009

The National League for Nursing will hold its 2009 Education Summit: Exploring Pathways to Excellence in Clinical Education, September 23-26 at the Pennsylvania Convention Center & Philadelphia Marriott Downtown. Don't miss the most important conference for nurse faculty and leaders in nursing education. For more information or to register, visit www.nln.org/summit.

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.

What's New... What's New... What's New...

Jefferson Regional Quick Care Backed by the Full Resources of the Medical Center

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

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

AGH's Center for Traumatic Stress in Children and Adolescents Marks 15th Anniversary

The Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital is marking 15 years of helping children and families who have experienced a traumatic event in their lives, such as the death of a loved one, sexual or physical abuse, witnessing violence or a natural disaster.

Through the years the Center has helped heal thousands of traumatized children and their families through providing helpful coping strategies, evaluating their needs and alleviating serious symptoms with effective treatments.

"I am very proud to be associated with an organization that has done so much to help children and families who have experienced such painful life circumstances," said Anthony Mannarino, Ph.D., Vice President, Department of Psychiatry at Allegheny General Hospital. Dr. Mannarino and Judith Cohen, M.D., founded and direct the Center.

The Center is the only one of its kind in the region. The treatment developed by its founders has been identified as a "Model Program" under the Substance Abuse and Mental Health Services Administration and in the Office of Juvenile Justice and Delinquency Prevention. The Center is recognized nationally for the treatment of children who have been sexually abused and those experiencing traumatic grief after the loss of a loved one.

AGH Brings Formidable New Cancer Fighting Technology to Region

An innovative cancer fighting technology that combines sophisticated tumor imaging modalities with a state-of-the-art radiation delivery system is providing oncologists and neurosurgeons at Allegheny General Hospital (AGH) with greatly enhanced capabilities in the treatment of patients with complex brain and other malignant diseases.

Developed by Siemens Healthcare, AGH's new Artiste Solution linear accelerator is the first technology of its kind engineered specifically for Adaptive Radiation Therapy (ART).

UPMC Horizon Participating in Dan Berger Cord Blood Program

Women who deliver their babies at UPMC Horizon now have the option to participate in an umbilical cord blood banking program for public or private donations.

The Dan Berger Cord Blood Program, named for a late Pittsburgh attorney who underwent a successful stem cell transplant from an unrelated donor as a cancer treatment, launched at Magee-Womens Hospital of UPMC in 2007. Berger's family started the program with the hope that other women would have the option to donate their babies' cord blood to a public bank. The program has since expanded to seven additional hospitals, including UPMC Horizon.

New Anticoagulation Management Center Opens at West Penn Hospital

The newly-opened Anticoagulation Management Center at West Penn Hospital offers on-the-spot testing for patients who are taking blood thinner Coumadin, which needs to be carefully monitored.

Warfarin, also known by the trade name Coumadin, is the most commonly used blood thinner in the United States. Because the medication decreases the blood's ability to develop clots, it may actually cause bleeding if not taken appropriately. It can also interact unfavorably with foods rich in Vitamin K or some medications.

The unique action and metabolism of the drug means that it must be carefully monitored using the blood test called International Normalized Ratio (INR). Until recently, patients needed to have their blood drawn from an arm, then wait at home for the nurse to call with results and any necessary dosage modifications. The process would sometimes take up to 48 hours.

The West Penn Hospital Anticoagulation Management Center provides quick testing using a small drop of blood from the patient's finger. In addition, any dosage adjustments are discussed before the patient leaves the Center.

Loving Care Agency Completes Acquisition of Home Health Care Branch Operation

Loving Care Agency announces the successful completion of an acquisition which expands its national footprint in pediatric and adult home health services through the purchase of six branch operations from Gentiva Health Services in four markets, including the one here in Pittsburgh, Pennsylvania. The former Gentiva pediatric home healthcare branch in Pittsburgh is now officially operating as Loving Care Agency of Pittsburgh, a Loving Care company.

"These operations represent a perfect fit for the Loving Care family, and we are excited to expand our presence in new key markets as a result of this transaction," said Bob Creamer, Chief Executive Officer of Loving Care. "Essential to our acquisition strategy is identifying operations that share our commitment and passion for delivery of superior care; we have intimate knowledge of these operations and their excellent reputations for quality."

The Marketplace

For advertising information, call (724) 468-8360 or e-mail hdkart@aol.com

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RNs, LPNs, Home Care Companions
St. Barnabas Health System is comprised of a 172-bed skilled nursing facility in Gibsonia, a 47-bed skilled nursing facility and a 182-bed assisted living facility in Valencia, an outpatient Medical Center and three retirement communities. RN and LPN positions available at the two nursing facilities. Home Care Companion positions are available to assist our Retirement Village and community clients with daily living and personal care needs. Earn great pay and benefits now.
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BAPTIST HOMES SOCIETY
Baptist Homes has served older adults of all faiths on its Mt. Lebanon campus since 1910. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Our continuum is accredited by the Continuing Care Accreditation Commission (CCAC), and serves almost 300 adults with skilled and intermediate nursing care, short-term rehab, Alzheimer's care, assisted living/personal care and HUD independent living. In addition, our residents have access to a full range of rehabilitative therapies and hospice care. Baptist Homes is Medicare and Medicaid certified. For more information visit our website at www.baptisthomes.org or arrange for a personal tour by calling Holly Schmidt or Kim Herceg, Admissions Coordinators, at (412) 572-8247. Baptist Homes is conveniently located at 489 Castle Shannon Boulevard, Pittsburgh PA 15234-1482.

COMMUNITY LIFE
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Community LIFE is a non-profit program that offers all-inclusive care that goes beyond the traditional boundaries of elder care. It allows seniors to remain in the community, maintain their independence, and allows them to enjoy their golden years at home. Community LIFE provides older adults with fully integrated and coordinated health and social service, usually at no cost to qualified individuals. Participants in the program are transported to our day health center on an as-needed basis, to receive healthcare and social services, meals, and participate in various activities.
The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining /activity space, personal care area and adult day services. Community LIFE offers complete, coordinated healthcare for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

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

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

ST. BARNABAS HEALTH SYSTEM
St. Barnabas Health System offers a continuum of care at its two campuses in the North Hills. Skilled nursing care is offered at the 172-bed St. Barnabas Nursing Home in Richland Township, Allegheny County, and the 47-bed Valencia Woods at St. Barnabas in Valencia, Butler County. The Arbors at St. Barnabas offers assisted living for up to 182 persons. All three facilities offer staff-run, on-site rehabilitative services, extensive recreational opportunities, and beautiful, warm decor. Home care is available at the St. Barnabas Communities, a group of three independent-living facilities: The Village at St. Barnabas, The Woodlands at St. Barnabas and The Washington Place at St. Barnabas. The Washington Place, a 23-unit apartment building, has hospitality hostesses on duty to offer residents support as needed. St. Barnabas Health System, a non-denominational, faith-based organization, has a 108-year tradition of providing quality care regardless of one's ability to pay. For admissions information, call:
- St. Barnabas Nursing Home
  5827 Meridian Road, Gibsonia, PA 15044, (724) 444-5587
- Valencia Woods at St. Barnabas/The Arbors at St. Barnabas
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Western Pennsylvania Hospital News

Investors' Lab

Is it Different This Time?

BY PAUL BRAHIM, CFP® AIFA®

Speculation and speculative bubbles are a repeating part of the history of markets. Richard Fischer of the Dallas Federal Reserve Bank cites Washington Irving's words as the best description of the type of bubble that has just wreaked so much havoc to the world economy and most portfolios:

"Every now and then the world is visited by one of these delusive seasons, when the 'credit system' … expands to full luxuriance … speculation rises on speculation; bubble rises on bubble … Speculation … renders the [financier] a magician, and the [stock] exchange a region of enchantment … Could this delusion always last, … life … would indeed be a golden dream; but [the delusion] is as short as it is brilliant."

Capitalist nations all go through periods of expansion and contraction. History also teaches us that economies recover: According to JP Morgan and the Bureau of Labor Statistics, the U. S. economy expanded about 76% of the time since 1900, and over the last 50 years, expanded about 85% of the time.

In 1936, the British economist John Maynard Keynes proposed that the government's role in moving a nation to recovery was to reduce interest rates, cut taxes and even spend more than it collected in taxes for period. Today we describe this as monetary and fiscal stimulus. Since nations have begun following Keynes' three-prong strategy for expediting economic recovery, it seems that the length and the depth of recessions have shrunk, giving credence to his ideas.

Is it different this time? When you do the 15-second version of what has happened, it sounds a lot like my Econ 101 class: Easy money created false demand in the housing market, unrealistically driving up prices. Unrealistic demand led to over-supply. Over-supply caused prices to collapse. Collapsing real estate values led to a contraction of credit, i.e. tight money. Tight money stifled economic growth and we had a recession.

This recession transcends two Presidential administrations both of which seem to have applied Keynesian principles. Under President Bush, the Federal Reserve lowered rates and economic stimulus checks went out. Now President Obama has implemented a sweeping stimulus package and lowered taxes for the majority of Americans while not immediately raising them on the top 5% of earners. It all sounds a lot like Keynes.

Yet, both political parties, while in minority positions have decried the "unprecedented deficits" as "mortgaging away our children's future." Is it true? Or, is the economic stimulus working?

In 1994, 5 years after the Resolution Trust Corpo-ration was created to "bail out" failed Savings Loans for making bad real estate deals - sounds familiar - the accumulated federal debt represented 49% of gross domestic product (GDP). At the end of 2008, the federal debt represented just 41% of GDP and is expected to rise to around 48% of GDP. During World War II, this number exceeded 50%. All that sounds promising for the prospects of a successful stimulus.

Now let's look at the deficit on an annual basis: In 1968, the federal budget deficit was about 3% of GDP. By 1984 it was 6% of GDP and in 1994, it was about 4.5% of GDP. At the end of 2008, the Federal Budget Deficit was only about 3% of GDP, just as it was in 1968. Finally, the interest cost of the Federal Debt in 1994 was 3% of GDP and by the end of 2008, it represented just 1.7% of GDP. In light of historical perspective, it seems that it's not so different this time.

Recent market trends suggest that commodity prices are firming and the inventory of new and existing home sales is declining. Mortgage refinancing has rebounded significantly. A steep yield curve is bringing banks back to profitability. Inventories are low, setting the stage for a manufacturing rebound. Credit spreads are tightening, suggesting that credit markets are "thawing." Merger and acquisition activity is accelerating, as is the issuance of new corporate bonds. The stock market seems like it may be rebounding off its lows. Monetary supply is now over $8.2 trillion, up from just $1.6 trillion a few months ago.

It seems like the federal government's stimulus initiatives are working, again, a lot like my Econ 101 class. The United States is poised for economic recovery and has sufficient resources to manage this crisis, just as it has in every speculative bubble since the Mississippi Land Bubble of 1719. All we need now is a little more confidence and a little less histrionics from our elected officials.

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

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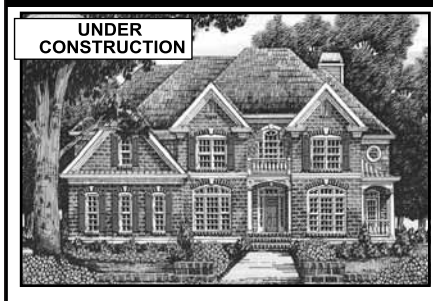

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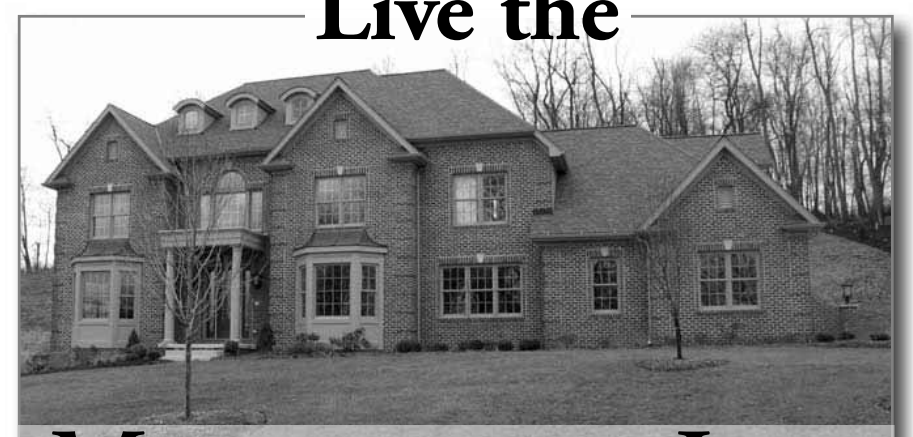

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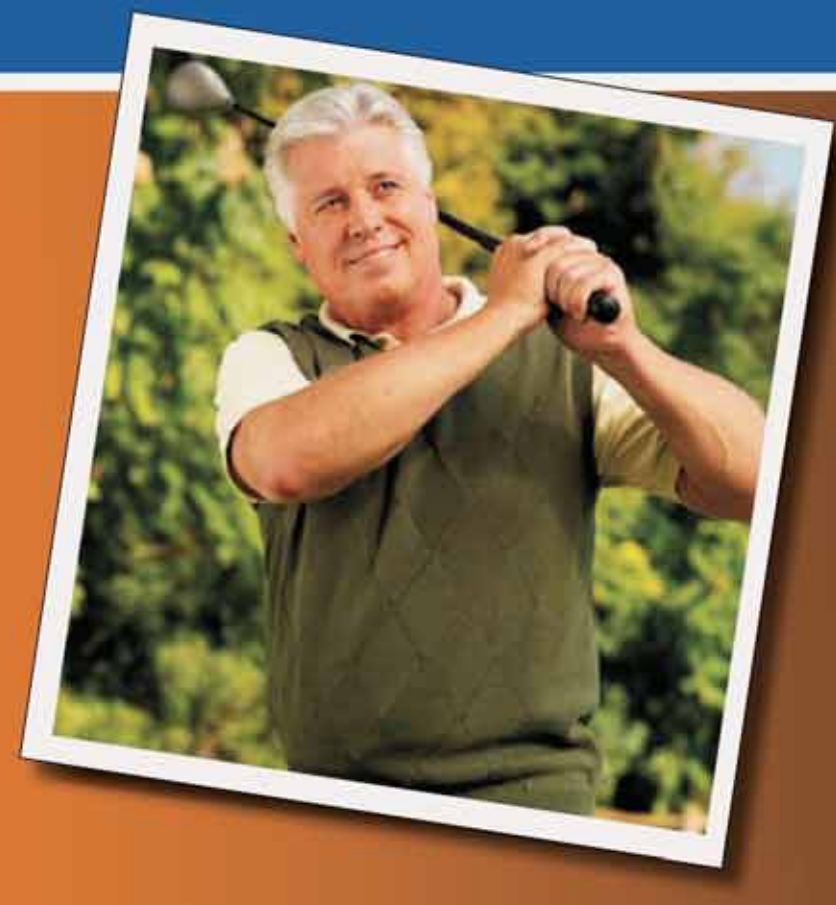

Roger had a knee replacement. After the surgery, he needed physical rehabilitation before returning home. ManorCare helped him regain strength and endurance. Roger is home and golfing with his friends and family.

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