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In the Classroom and on the Floor, Nursing Shortage Must Be Addressed

BY EILEEN ZUNGOLO

Just when you think everyone is in reasonable agreement about something in health, a bubble bursts someplace in cyberspace and we have a new phenomenon. After almost seven years of solid consistent reporting about the nursing shortage, current reports are indicating some problems among new graduates getting jobs. Given the cracker-jack mentality of hyperbole in modern reporting, soon folks will be saying the nursing shortage is

over. Nothing could be further from the truth. Nonetheless, the recent downturns in the economy have changed employment patterns across the board. The daily reporting of job losses in many industries has excluded health professions, where there is continued growth, albeit this is highly regional in nature. Clearly the hospital industry has been affected in a number of ways, and job freezes, as well as salary freezes are rampant. It is important, however, in communicating these

conditions that the temporary nature of them be emphasized. The lowered demand brought about by transient economic conditions does not eliminate the extreme shortage we currently face in nursing and the shortage we expect to increase in the decades ahead. Data published in various journals for health affairs and the federal government's Health Services and Resources Administration consistently estimate the shortfall of professional nurses to be close
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Eileen Zungolo

Nurses

Building A Healthy America
NATIONAL NURSES WEEK
 MAY 6-12

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Jacqueline Collavo

Nursing: The Art and Science for Building a Healthy America

BY JACQUELINE COLLAVO, BSN, RN, NE-BC

It is an honor as a nurse leader to applaud and celebrate all nurses, in all types of settings, everywhere. This year's theme for National Nurses Week was "Nurses: Building a Healthy America". Nurses are extremely dedicated as health care professionals to their patients, families, and to the community. Nurses are that critical link – "a lifeline" - to building a healthy America and to

improving health care everywhere. Most nurses do not think of nursing as just a job. For most nurses, it is their passion, their calling, their way of life. Nursing is a profession that cannot be lived in isolation. While we practice individual critical thinking, snap decision-making and autonomy, nurses rely on each other for the synergistic effect of teamwork to provide the best care possible to their patients and families. Whether in an acute care setting or in the community, nurses today

are technologically savvy and collaborate with several multidisciplinary professionals to provide quality patient care. We are privileged as nurses to be entrusted with the care of individuals who are often at their most vulnerable. With that privilege comes enormous responsibility. I think nursing is one of the hardest jobs ever no matter what career path a nurse chooses. It is the challenges we encounter daily that allow us to utilize the art and sci-
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Nursing's Future is Health Care's Future

BY MARY M. COTHRAN, PH.D., CRNP

With National Nurses Week in May, it is an appropriate time to consider what the future holds for nursing and for health care. The Obama Administration's stated objectives of universal health coverage, health care system modernization and health promotion/disease prevention are usually discussed in terms of cost containment. Another aspect of these initiatives is the critical shortage of primary care

providers, nurses, and advanced practice nurses. If 47 million currently uninsured adults are granted broader access to health care, who will be available to provide their care? Already there are not enough primary care providers to meet the needs of the large cohort of baby boomers entering their peak years of medical need. There is a growing shortage of physicians, registered nurses, advanced practice nurses, and nursing faculty as the average health care provider gets older and the demand for care increases. The

American Association of Colleges of Nursing reports that less than half of all qualified applicants to entry-level baccalaureate nursing programs were enrolled in 2008; almost 50,000 qualified applicants for baccalaureate programs and nearly 6,000 applicants to master's and doctoral programs were turned away last year. Barriers to accepting these applicants included funding cuts, limited classroom and clinical space, and a diminishing pool of qualified nursing faculty. Support for nursing education
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Dr. Mary M. Cothran

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Healthcare Organizations Must Implement New COBRA Procedures

Under federal and state COBRA laws, most group health plans are required to provide employees and their family members with an opportunity to continue their health coverage when a qualifying event would result in the loss of the health coverage. Historically, these individuals have been required to pay the full cost of the COBRA coverage.

Generally beginning March 1, 2009, eligible individuals who have lost or will lose health coverage under a group health plan because of an involuntary termination of employment from September 1, 2008 through December 31, 2009 will be eligible for subsidized COBRA coverage. Under this subsidy, the individual pays 35 percent of the COBRA premium. The employer (in most cases) pays the remaining 65 percent and is reimbursed by the government for this cost by a payroll tax credit. For example, if the COBRA premium is \$1,000, the government paid subsidy is \$650, and the individual pays \$350.

Eligibility

An employee and covered family members are eligible for the COBRA subsidy if both the involuntary termination of employment and the loss of coverage occur during the September 1, 2008 through December 31, 2009 period. Extended health coverage provided by an employer after a termination of employment and continuing after December 31, 2009 may disqualify an individual for the subsidy, depending upon how the coverage is characterized for COBRA purposes. A spouse or dependent not covered by the group health plan at termination of employment and later added to COBRA coverage will not be eligible for the subsidy (except for a child born to or placed for adoption with the employee during the period of COBRA coverage).

Individuals with modified adjusted gross income in excess of \$145,000 for single filers and \$290,000 for joint filers are not eligible for the subsidized COBRA premium. The premium subsidy begins to phase out at \$125,000 and \$250,000 of modified adjusted gross income, respectively.

Group Health Plans

The following are included in the group health plans covered by the 35% COBRA premium and the 65% payroll tax credit:

- Vision-only, dental only, or mini-med plans, whether or not the employer pays for any portion of the active employee cost;
- Retiree coverage that is the same as the coverage for similarly situated active employees (even if retirees pay more); and



BY RICHARD T. KENNEDY, ESQ.

- A health reimbursement arrangement.

A flexible spending account offered under a section 125 cafeteria plan is never eligible for the reduced premium and credit.

COBRA Subsidy

The COBRA premium subsidy is available for 9 months after the date the subsidy first applies. It ends earlier if the individual becomes eligible for other group health plan coverage or Medicare coverage.

The amount of the subsidy is based on the COBRA premium otherwise payable. This means that if the employer pays part or all of the COBRA premium, the employer cannot take full advantage of the available payroll tax credit. In such case, the employer may increase the COBRA premium and receive a payroll tax credit based on the increased premium. The employer is permitted to reimburse the individual for the increased cost by a separate taxable payment.

Second COBRA Election

Individuals must be given an opportunity to sign up for the subsidized COBRA coverage if the individual lost health coverage due to an involuntary termination of employment from September 1, 2008 through February 17, 2009, but never signed up for COBRA coverage or initially signed up and then discontinued the coverage. The individual has 60 days to sign up from the date the individual is notified of this opportunity. The COBRA coverage is generally effective March 1, 2009. The maximum COBRA continuation coverage period remains at 18 months measured from the involuntary termination of employment or the resulting loss of health coverage.

New COBRA Notices

Notices explaining the COBRA premium subsidy and (if applicable) the second COBRA election must be provided to employees and covered family members who lost or lose health coverage during the September 1, 2008 through December 31, 2009 period with eligibility for COBRA coverage. The U.S. Department of Labor has issued model COBRA election notices with election and notification forms.

Healthcare organizations must incorporate these new provisions into their COBRA administrative procedures. More information about the subsidy and model COBRA notices are available at www.dol.gov/ebsa/COBRA.html.

Richard T. Kennedy is counsel at Meyer, Unkovic & Scott LLP and a member of the firm's Employment Law and Employee Benefits Group. He can be reached at rtk@muslaw.com or (412) 456-2880.



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African Americans Can Overcome Cancer Disparities

Next year, African Americans will comprise 13 percent of the U.S. population. Unfortunately, as the African-American population increases, it is experiencing increasing incidences of several forms of cancer.

In fact, African Americans have the highest death rate and shortest survival rate of any racial or ethnic group in the U.S. for most forms of cancer, especially prostate, breast, lung and colon cancers. For example, statistics show that the average annual rate of prostate cancer among African-American males is well above that for Caucasian males.

While the number of new cases has recently declined, prostate cancer and other forms of the disease that strike African Americans in large or disproportionate numbers are still a cause for concern. One reason is that prostate cancer is the second-leading cause of cancer mortality among



BY DR. PHILIP BENDITT

African-American men, with 3,690 deaths projected this year.

Among African-American women, breast cancer strikes most often; nearly 20,000 new cases are expected to be diagnosed this year. For women under 40, the incidence of breast cancer is higher among African Americans than Caucasian women.

Also alarming are lung/bronchial cancer and colorectal cancer, with more than 20,000 and 16,000 new cases expected to develop among African Americans, respectively. For nearly three decades, African Americans have suffered higher mortality rates for colorectal cancer than Caucasian Americans.

According to the American Cancer Society, factors that contribute to high cancer incidence and mortality include lower rates of early screenings, socioeconomic factors (which often derail prevention and palliative care), obesity, and sedentary lifestyles.

Everyone should know the commonly accepted cancer warning signs: a sore that doesn't heal; a lump or thickening in the breast or elsewhere; an unusual bleeding or discharge; a change in normal bowel habits; a growing mole or wart; persistent indigestion or difficulty swallowing; and constant hoarseness or coughing.

To help prevent cancer or identify the disease early, experts offer several recommendations, including: good nutrition and exercise; eliminating risk factors such as tobacco and alcohol; initiating regular self-examinations; and scheduling regular medical checkups and health screenings.

To screen for prostate cancer, men over 50 are urged to undergo periodic prostate-specific antigen (PSA) tests and digital rectal examinations. Also, women over 40 should get an annual mammography to check for breast cancer. And men age 50 and over should be screened for colorectal cancer.

Just as important, medical care providers should do a better job of making patients aware of cancers that may run in their families, as some cancers have a genetic component. For people with a family history of

a certain form of cancer, physician may typically recommend that screening at an earlier age.

The American Cancer Society offers support programs and services, literature and healthy-living resources, and is working to create, change and influence public policies to help reduce cancer disparities. The organization also is striving to protect funding for cancer programs within the Centers for Disease Control's National Center for Chronic Disease Prevention and Health Promotion, including education and screening.

National Minority Health Awareness Month, which took place in April, offers a yearly reminder to talk about cancer, but it is just that: a month. Instead we should make talking about how to prevent and diagnose cancer and other diseases that disproportionately affect African Americans into an everyday conversation.

Dr. Philip Benditt is Chief Medical Officer of UnitedHealthcare of Pennsylvania.

He can be reached at Philip_L_Benditt@uhc.com.

The Journey to Improve Hospice Care in America

The Memorial Day holiday is a fitting time to launch Family Hospice and Palliative Care's new program for our nation's veterans. Memorial Day honors those who so selflessly served in our country's military. Our new program, Operation Respect, honors them in another way — by offering veterans and their loved ones a hospice and palliative care program that is

tailored to their specific needs.

Family Hospice and Palliative Care's program, Operation Respect, is an end-of-life program that addresses the particular needs of the veteran. According to the Veterans Administration, many factors can influence a veteran's end of life journey including age, enlisted or drafted, branch of service, rank and combat or POW experience. The hos-

pice and palliative care team has been trained in the unique clinical and psycho-social needs of this population such as post-traumatic stress disorder and newly recognized disease states that are combat or service related ailments.

One of the main objectives of this new program is to identify veterans in our communities. Family Hospice and Palliative Care has revised the initial assessments completed by intake personnel and social workers to include questions regarding military service and the specifics of that service. The staff will create a unique care plan for the veteran that touches on their individual experiences in the military and how that may have impacted their lives. Through our Legacy Programs, veterans will be given the opportunity to create a video or DVD celebrating their lives and their military service.

In working closely with the Veterans Administration (VA), the Operation Respect hospice team has developed an extensive knowledge of benefits and services available to veterans. Because data shows that 85% of veterans do not receive care through the system, one of the objectives of Operation Respect is to make veterans aware of their veteran benefits and connect them with VA services. The team connects veterans to the many resources that may be available to veterans both locally and nationally, such as inpatient palliative care, in home aide services and funeral/burial arrangements



BY RAFAEL J. SCIULLO, MA, LCSW, MS

Because many of us feel comforted by being with those who have shared the same experiences, Operation Respect recruits and trains volunteers who, themselves, have served in the military. Again, this arrangement gives veterans a chance to share their military experience with those who have had a similar experience.

Throughout its 28 year history, Family Hospice and Palliative Care has always strived to meet the needs of individuals as well as specific

groups in our communities. Recent statistics highlight the need for this veterans program. Of all Americans who will pass away this year, statistics predict that more than one-quarter will be veterans of our nation's armed services. According to the U.S. Census Bureau (2008), Pennsylvania has one of the highest populations of veterans in the United States.

With so many veterans aging, and with the United States actively involved in combat abroad, it is more crucial than ever, that we address the specific needs of our veterans. Family Hospice and Palliative Care is proud and honored to be able to provide this important service to the many veterans who have given so much to our country.

Rafael J. Sciuлло, 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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KATHY DAHLKEMPER VISITS VANTAGE®



(l-r) Kathy Dahlkemper US Congresswoman District 5 with Thea Pierce, Mandy Obermeier, and Troy Harris, members of the Vantage® Pharm D., staff.



(l-r) Jessie Grosser, Director of Vantage® Care Apothecary Operations; Congresswoman Dahlkemper; and Mary Jo Hunter, Vantage COO and Pharm D.



(l-r) Susan De Maison, BSN, CIC, Meadville Medical Center, Manager Infection Prevention; Congresswoman Dahlkemper; and Julianne Sommers, Vice President of Vantage® Home Infusion Therapy Services.

U.S. Congresswoman Kathy Dahlkemper recently visited Vantage's Meadville facility to discuss key issues facing the 111th Congress and the health-care community. The four divisions visited were: Vantage® Care Apothecary, a closed door pharmacy serving nursing homes, long term care facilities and institutions throughout the region, Vantage® Home Infusion Therapy Services, Vantage® Home Medical Equipment & Services and Vantage® Bleeding Disorders Management.

Jessie Grosser, Director of Vantage® Care Apothecary Operations relayed to the Congresswoman that pharmacies are facing the choice of meeting their obligations to patients or complying with DEA's arbitrary policy interpretation which in turn can result in frail, elderly patients not receiving adequate pain control in their last days. Nursing facilities routinely use chart orders and nurses routinely act as the agent of the practitioner. Chart orders are not being recognized in the "LTC setting" by certain third party payers and the DEA.

Julianne Sommers, Vice President of Home Infusion Therapy Services and Susan C DeMaison, BSN, CIC, Meadville Medical Center, Manager Infection Prevention, UM, Social Services discussed Medicare Beneficiaries Gain Access to Home Infusion Therapy H.R. 574. The Part D drug benefit covers most home infusion drugs, but CMS has determined that it does not have the authority to pay for the services, supplies and equipment necessary for the safe and appropriate administration of these drugs. Studies show how patients heal better in a home environment, however, because most beneficiaries cannot afford to pay these costs out-of-pocket, this gap in coverage unfortunately is driving many beneficiaries back into hospitals

and nursing homes for treatment.

Tammy Sanfilippo, Vice President of DME/Respiratory Therapy took Congresswoman Dahlkemper on a tour of one of Vantage's seven DME stores and discussed how Competitive Bidding lowers the quality and access to care for seniors and people with disabilities, actually reduces competition and limits choice by shutting out the majority of qualified providers. The competitive bidding issue also fails to understand the reality of how home medical equipment and services are provided. At this writing it was reported that two members of the Pennsylvania Congressional delegation, Rep. Jason Altmire (D-Allegheny, Butler, Beaver, Westmoreland) and our Congresswoman, Rep. Kathy Dahlkemper (D-Erie, Butler, Lawrence, Armstrong, Mercer) have signed on to the anti-competitive legislation currently in congress.

Vantage® Bleeding Disorders Management was introduced to Congresswoman Dahlkemper by Jennifer Bradley, Director of Program Development. The topic here was the Hemophilia Standards of Care Act which addresses Access to State-Recognized Hemophilia programs in Pennsylvania, access to all blood clotting factor therapies for treatment, access to hospital coagulation labs and access to full service home care pharmacies and home support services.

The Vantage® senior staff, pharmacists, and technicians that spent time with Kathy Dahlkemper were very impressed with the Congresswoman's knowledge and attentiveness to the issues impacting health care in Pennsylvania and nationally.

For more information on Vantage®, contact tomsurman@vhcn.com.



(l-r) Jennifer Bradley, Director of Program Development Bleeding Disorders Management; Congresswoman Dahlkemper; and Mary Jo Hunter, COO and Pharm D.



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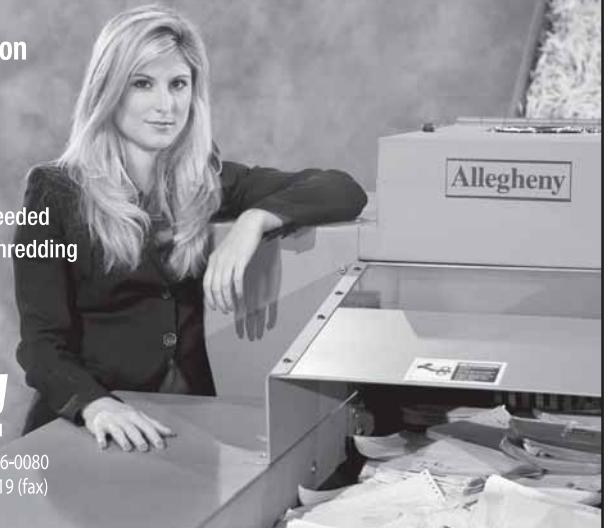
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Children's Hospital of Pittsburgh of UPMC Completes Historic Move to Lawrenceville

The new Children's Hospital of Pittsburgh of UPMC has officially opened, completing the final phase of its historic move with the successful relocation of 152 inpatients to a new state-of-the-art campus in the Lawrenceville neighborhood of Pittsburgh.

The patient move began at 7 a.m. and was completed in less than seven hours. It involved a team of more than 275 nurses, physicians, administrators and other staff from Children's Hospital, as well as Emergency Medical Services personnel. More than 40 ambulances from communities in Allegheny, Beaver and Washington counties were involved in transporting the patients 2.5 miles from Children's Hospital's Oakland facility to the new hospital in Lawrenceville.

Children's Hospital's new \$625 million campus includes a nine-story, 296-bed hospital; the 10-story, 300,000-square-foot John G. Rangos Sr. Research Center; Faculty Pavilion; Administrative Office Building; Plaza Building; Lawrenceville Medical Building; Central Plant; and three parking garages on a 10-acre site. The campus — with 1.5 million square feet of usable space — replaces a smaller, outdated campus in Oakland. The new hospital is 25 percent larger than the Oakland hospital, and the new research center is 50 percent larger than its former location.

The new Children's Hospital is a technologically advanced campus and one of the first pediatric hospitals in the nation built from the ground up to support an electronic health record.

The new hospital also features an environmentally sustainable design, innovations to improve patient safety and a quiet,



comfortable atmosphere built to enhance the healing process for patients and their families.

The hospital was designed with input from physicians, nurses and staff, as well as patients and families. Nearly all of the inpatient rooms are private, with comfortable sleeping spaces for parents/guardians, televisions featuring movies and games "on demand" and Internet access. The sixth floor of the main hospital boasts one of the largest family resource centers of any pediatric hospital in the world. The Elsa M. and Alma E. Mueller Family Resource Center includes the four-story Eat'n Park Atrium (with large movie screen), the outdoor Howard Hanna Healing Garden, a music therapy room, classroom, chapel, the Moulis Children's Library and a business center for parents.



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Jewish Healthcare Foundation and the Fine Foundation Honor Healthcare Teams

Applications Now Being Accepted for Fine Award for Teamwork Excellence

Applications are now being accepted for the 2009 Fine Award for Teamwork Excellence. The Fine Award was established to recognize the critical role that teamwork plays in the safe, effective and efficient delivery of quality health care to patients.

A distinguished national selection committee of thought leaders in healthcare quality will evaluate nominees on the basis of measurable and sustainable breakthroughs in patient care and safety from January 2008 to December 2008. Three awards — Gold, Silver and Bronze — will be awarded and distributed as follows:

- **Gold:** \$25,000 divided equally and presented to team members \$5,000 awarded to corresponding healthcare organization or practice
- **Silver:** \$15,000 divided equally and presented to team members
- **Bronze:** \$10,000 divided equally and presented to team members

“The Fine Awards are very different from the other awards in the healthcare industry,” said Karen Wolk Feinstein, PhD, president and CEO of JHF. “Instead of honoring individual leadership and achievement, we honor the accomplishments of entire teams of healthcare workers. Winning performances are a result of team work. These awards underscore the

importance teams play in our healthcare system.”

The award was also designed to shine the spotlight on the hard-working healthcare workers who often do not get recognized for the contributions they make to the healthcare system.

“Exciting breakthroughs are happening everyday on the front lines. But we often don’t hear about those positive advancements,” said Feinstein. “We hope the Fine Awards help demonstrate that even in a time when our nation is engrossed in what’s wrong with our healthcare system, advances are still being made in decreasing waste, error and poor care, particularly in our region.”

Eligible candidates must be a part of a team of four or more members. All applicants must be employed in Allegheny County. Full-time and part-time employees of healthcare organizations — including medical, nursing, technical and administrative staff — can apply. Entries can come from organizations throughout the continuum of care: acute care, home health, hospice, rehabilitation, sub-acute care and long-term care. No more than three teams can be nominated on behalf of each institution.

Outcomes of a team’s success must be documented with credible 2008 data. Some examples of achievements that

teams may want to enter include eliminating hospital-acquired infections; eliminating errors and unsafe conditions; achieving outstanding clinical outcomes; and removing waste, inefficiency and inaccuracies.

The Jewish Healthcare Foundation and The Fine Foundation established the teamwork excellence award last year in conjunction with the tenth anniversary of the Pittsburgh Regional Health Initiative (PRHI), a nonprofit operating arm of JHF that serves as an independent catalyst for improving healthcare safety and quality in southwestern Pennsylvania.

The Fine Foundation is the creation of longtime hotel investor Milton Fine and his wife Sheila. The foundation was established in 2007 to support the visual arts, Jewish life, and science and medicine with a particular focus on the Pittsburgh metropolitan area.

Applications are due no later than June 26. To download an application form or to learn more about entry requirements visit www.prhi.org. Applicants can also visit www.prhi.org/ppc_2008 to view videos of last year’s gold, silver and bronze award winners.

Anyone with questions can contact Carla Barricella at barricella@jhf.org.

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Cindy Esser, BSN, MBA, MHA
Director of Emerging Technologies
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Healthcare Professionals in the News

ALLE-KISKI MEDICAL CENTER

Michael A. Harlovic has been named Senior Vice President and Chief Operating Officer at Alle-Kiski Medical Center (AKMC). Harlovic began his career at AKMC in 1993. From June 2008 through January 2009, he served as interim President and Chief Executive Officer at the hospital. Harlovic also has served in several education and management positions including faculty-nursing instructor at the Pennsylvania State University and Butler County Community College. He has also conducted forensic psychiatric assessments at Western Penitentiary and has performed consulting work as a clinical nurse specialist. He is an active member of the Transitional Housing Committee for the Womens' Center and Shelter of Greater Pittsburgh.



■ MICHAEL A. HARLOVIC

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL & EPIDEMIOLOGY

The Association for Professionals in Infection Control & Epidemiology (APIC) has selected **Sharon Jacobs, RN, MS, CIC**, for the 2009 Chapter Leadership Award. Jacobs has been both a National APIC and Three Rivers Chapter member for 30 years. Jacobs is a dedicated and experienced Infection Preventionist with an extensive background in the application of the principles and practice of infection prevention, control and epidemiology. She is currently serving on the APIC Communication Committee. In 2007 she was appointed as a member of the Pennsylvania Patient Safety Authority, Healthcare Associated Infections Advisory Panel.



■ SHARON JACOBS

BRADFORD REGIONAL MEDICAL CENTER

Bradford Regional Medical Center's (BRMC) **Steven Herrmann, M.D., Ph.D., F.A.C.C., F.A.S.E.**, medical director of the hospital's Cardiovascular Services and the region's only board-certified physician in cardiovascular imaging, will be included in a national "Best Physicians 2009" edition of *U.S. Cardiologists*. This will be the third time Dr. Herrmann has been selected to a publication spotlighting the best cardiologists in the country. Dr. Herrmann, who leads BRMC's Heart Center, works to provide the highest levels of cardiac care.



■ DR. STEVEN HERRMANN

BUTLER HEALTH SYSTEM

Thomas A. Genevro, SPHR, has been named vice president of human resources for Butler Health System. Genevro comes to BHS from St. Clair Hospital in Pittsburgh, where he



■ THOMAS A. GENEVRO

held a variety of roles during his 13-year tenure there. Most recently, he served as director of perioperative services. Prior, he was manager of employee services from 2001 to 2005. Earlier in his career, he served as a human resource generalist and employment specialist with St. Clair and as an employment coordinator with Medaphis in Pittsburgh.

Butler Health System Outreach Marketing Coordinator **Debbie Sinz** was recently selected as the 2009 Butler County Employee of the Year. Sinz has worked for the health system for 32 years, starting as a laboratory technician, then lab supervisor then moved into the marketing department as outreach marketing coordinator. In her current role, she sells BHS lab, imaging, cardiology and other services to physicians' offices, nursing homes and other providers.



■ DEBBIE SINZ

CANONSBURG GENERAL HOSPITAL

The Board of Directors of Canonsburg General Hospital has appointed **Elias Bahta, M.D., Colleen Murphy, D.O.** and **James R. Richardson, M.D.**, to its medical staff. Dr. Bahta, a nephrologist, completed a residency in internal medicine and a fellowship in nephrology at Louisiana State University Health Science Center. A board-certified family practice physician, Dr. Murphy received a degree in osteopathic medicine at Lake Erie College of Osteopathic Medicine and a residency in family practice at Conemaugh Health System-Memorial Medical Center. Dr. Richardson, a cardiologist, received his medical degree from University of Rochester School of Medicine and a fellowship in cardiology at Allegheny General Hospital.

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

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.



■ DANIEL MUSER

CONCORDIA LUTHERAN MINISTRIES

Concordia Lutheran Ministries Director of Chaplaincy Rev. Jack Hartman recently announced that Deaconess **Megan Smith** accepted a call to serve at the Cabot location. Smith comes to Concordia after two years of deaconess work in hospitals. Her primary responsibilities include visiting the sick, conducting Bible studies, and spiritual advisement.



■ MEGAN SMITH

GATEWAY REHABILITATION CENTER

Bernard Ott, LSW, MSW, has recently been appointed clinical manager of Gateway Pleasant Hills. Prior to this position, Ott was an outpatient manager for CEC/Civigenics State Correctional Institution at Pittsburgh. He has more than 25 years of experience in the social work profession as a clinical supervisor, administrator, college instructor, and private practitioner. Currently, Ott is an adjunct faculty member for the Community College of Allegheny County.



■ BERNARD OTT

Cindy Riggins has been appointed director of Gateway Rehabilitation Center's new all female inpatient and work-release community-based corrections program called Gateway Sheffield in Aliquippa, PA. Prior to this position, Riggins was program director for Gateway Braddock, an all male work-release, community-based corrections program. Riggins has more than 30 years of professional experience in providing mental health counseling services to various individuals including incarcerated youth and adults as well as people who are mentally and/or physically handicapped, economically deprived, and/or addicted to alcohol and drugs.



■ CINDY RIGGINS

Gateway Rehab president and chief executive officer, **Kenneth S. Ramsey, Ph.D.**, recently received the 2009 "Distinguished Alumni Award for Outstanding Contributions in Social Work Practice" from the University of Pittsburgh's School of Social Work. Dr. Ramsey is the immediate past chair of the National Association of Addiction Treatment Professionals, the public policy committee chair of the National Association of Addiction Treatment Providers, a member of the Pennsylvania Advisory Council on Drug and Alcohol Abuse and the Pittsburgh Rotary Club. Dr. Ramsey also serves on the board of the Beaver County United Way, is the immediate past chair of the Beaver County Chamber of Commerce and past chair of the Beaver County Mental Health Retardation Advisory Council.



■ DR. KENNETH S. RAMSEY

HCR MANORCARE



■ (L-R) TOM DERBY, MARTY GRABIJAS, VICE PRESIDENT OF MARKETING, AND STEPHANIE FARO.

HCR ManorCare announces that **Stephanie Faro**, Manager of Market Development and **Tom Derby**, Senior Case Manager, have received a company sales and marketing award for their Sales Leadership. Faro and Derby were recognized as two of twelve award winners for the entire company. Faro and Derby received the award for Highest Volume of Insurance Days. Faro oversees ten Pittsburgh area centers. Derby is responsible for case management at the 46 HCR ManorCare centers in Pennsylvania.

HERITAGE VALLEY HEALTH SYSTEM

Heritage Valley Health System's philanthropic foundation for its Beaver campus welcomes **Bob Terwilliger** and **Phyllis Loffreda-Mancinelli** to its Board of Directors: Bob Terwilliger is the director of aviation for Clough, Harbour and Associates (CHA) headquartered in Albany, NY. He serves on the Board of Directors for the PA Society of Professional Engineers, Beaver County Chapter and is a member of several professional organizations. Bob is also an active member of the Pittsburgh Airport Area Chamber of Commerce where he previously served as chairman. Phyllis Loffreda-Mancinelli is the co-president for the Beaver County Medical Society Alliance and an Italian translator for the University of Pittsburgh. She received an Associate of Science degree in Nursing from Moraine Valley College at Ingalls Hospital in Illinois and is also a graduate of the Berlitz Language School in Rome, Italy.



■ BOB TERWILLIGER



■ PHYLLIS LOFFREDA-MANCINELLI

JAMESON HOSPITAL

Amanda Syberlyk has been appointed Clinical Dietician at Jameson Hospital. Amanda is a graduate of the CPD program from Youngstown State University where she obtained a Bachelor's of Science degree in Applied Science in 2006. Working at a 100-bed skilled nursing and rehabilitation center, Amanda was a member of the interdisciplinary team caring for residents.



■ AMANDA SYBERLYK

Susan Esmail has been appointed Clinical Dietician at Jameson Hospital. Susan is a graduate of the CPD program from Youngstown State University where she obtained a Bachelor's of Science degree in Applied Science in 2001. Working in a private practice setting, Susan counseled patients on various diets including weight loss, heart health, renal and diabetes.



■ **SUSAN ESMAIL**

LECOM



■ (L-R) **DR. JOHN M. FERRETTI**, PRESIDENT AND CEO OF LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE, HONORARY DEGREE RECIPIENT; **AGNUS BERENATO**, HEAD WOMEN'S BASKETBALL COACH AT THE UNIVERSITY OF PITTSBURGH; **COMMENCEMENT SPEAKER AND HONORARY DEGREE RECIPIENT DR. JOANNE BOYLE**, PRESIDENT OF SETON HILL UNIVERSITY; AND **BISHOP LAWRENCE E. BRANDT**.

Seton Hill University (SHU) has recognized the contribution made to health care and medical education by LECOM President and CEO **John M. Ferretti, D.O., F.A.C.O.I.**, and Provost, Senior Vice President and Dean of Academic Affairs **Silvia M. Ferretti, D.O.** Seton Hill President Joann Boyle, Ph.D., presented Dr. John Ferretti with an Honorary Doctor of Science degree during the SHU Commencement. Dr. Silvia Ferretti was unable to attend the ceremony and will receive her honorary degree at a later time. Drs. John and Silvia Ferretti have provided vision and leadership in extending the Erie medical college to an additional location on the Greensburg, PA campus of SHU. LECOM at Seton Hill opens in July.

MEMORIAL MEDICAL CENTER

Memorial Medical Center is pleased to welcome **Robert P. Edwards, M.D.**, a gynecologic oncologist with extensive experience in the treatment and research of gynecologic cancers including cervical and ovarian cancer. Currently, Dr. Edwards also serves as the Director of Gynecologic Oncology Research and Outreach for the Division of Gynecologic Oncology at Magee-Womens Hospital and Tenured Professor and Vice Chair of Clinical Affairs for the University of Pittsburgh School of Medicine's Department of Obstetrics, Gynecology and Reproductive Sciences.



■ **DR. ROBERT P. EDWARDS**

MOUNT NITTANY MEDICAL CENTER

Mount Nittany Medical Center recently honored its 2009 Volunteer of the Year, **Davies Bahr**. Bahr was inspired to give back to the community by her mother, a registered nurse who provided community service to a number of organizations and causes. Bahr, whose interests include health, fitness and being around people, has been a volunteer for the Medical Center for 19 years, serving primarily in the emergency department, as well on its Golf Classic committee. She enjoys her volunteer experience, especially making patients and their families feel comfortable and easing their concerns.



■ **DAVIES BAHR**

UNIVERSITY OF PITTSBURGH

The University of Pittsburgh School of Medicine has established a new Center for Cellular and Molecular Engineering in the Department of Orthopaedic Surgery and appointed as its founding director, **Rocky S. Tuan, Ph.D.**, a world-renowned expert in stem cell biology and tissue engineering. Since 2001, Dr. Tuan has been chief of the Cartilage Biology and Orthopaedics Branch at the National Institute of Arthritis, and



■ **DR. ROCKY S. TUAN**

Musculoskeletal and Skin Diseases of the National Institutes of Health. Prior to his appointment at NIH, he held professorships in orthopaedic surgery at the University of Pennsylvania and at Thomas Jefferson University, where he also was vice chairman and director of research in the Department of Orthopaedic Surgery. He currently has adjunct appointments at George Washington University School of Medicine and Georgetown University School of Medicine.

The University of Pittsburgh School of Medicine has established a new Department of Developmental Biology and appointed as its founding chair **Cecilia Lo, Ph.D.**, whose own



■ **DR. CECILIA LO**

research focuses on understanding the causes of congenital heart disease. Dr. Lo will join the faculty in the summer, leaving positions as director of the Genetics and Developmental Biology Center, since 2004, and chief of the Laboratory of Developmental Biology, since 2001, at the National Heart, Lung, and Blood Institute of the National Institutes of Health, Bethesda.

UPMC

With the release of the May issue, five UPMC physicians share the distinction of being named in eight consecutive *Pittsburgh Magazine* "Top Doctors" lists. They are among a distinguished group of 103 UPMC and UPMC-affiliated physicians who comprise 78 percent of this year's list. The five who have been honored in every list are **William Follansbee, M.D.**, cardiology; **Freddie Fu, M.D.**, orthopaedic surgery; **L. Dade Lunsford, M.D.**, neurological surgery; **Fred Rubin, M.D.**, geriatric medicine; and **John Zitelli, M.D.**, dermatology.

WEST PENN ALLEGHENY HEALTH SYSTEM

Home health care administrator **Noreen Brown** has been named director of West Penn Allegheny Health System's newly integrated home care program. Brown joined The Western Pennsylvania Hospital in 1997 as the Quality



■ **NOREEN BROWN**

Supervisor at its West Penn Home Care Agency and was subsequently promoted to Director of the Agency in 2000. Prior to joining West Penn, Brown held multiple management positions at Hospital Home Health Services Incorporated and Magee Womens Hospital.

Syed R. Hussaini, M.D., FACP, an internal medicine physician based in Bellevue, is celebrating more than three decades of dedicated service to the community. Through his private practice and professional affiliations with Allegheny General Hospital – Suburban Campus and the West Penn Allegheny Health System, Dr. Hussaini has provided outstanding healthcare services to patients from throughout Pittsburgh's northern communities since 1978.



■ **DR. SYED R. HUSSAINI**

An internal medicine specialist with an interest in clinical cardiology, Dr. Hussaini's private practice, Hussaini Medical Associates, is part of the West Penn Allegheny Health System's Allegheny Medical Practice Network. Dr. Hussaini has been a member of the Allegheny County Medical Society and the Pennsylvania Medical Society since 1978 and is also a member of the American College of Physicians. Throughout his professional career at AGH – SC, he has served as Chairman of several committees, including the Utilization Committee and the Quality Assurance Committee, as well as the Department of Medicine. He has also served as a member of the Board of Directors and as President of the Medical Staff at AGH – SC.

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National Nurses Week: May 6-12, 2009

Nurses Week is celebrated from May 6-12, and Western Pennsylvania Hospital News would like to salute nurses across the U.S. This year's theme - "Nurses: Building a Healthy America" - reflects the commitment nurses make every day for their patients, their communities and their country.

★★ ... Profiles ... ★★

★ ALLEGHENY GENERAL HOSPITAL ★

Jean Styen, R.N.

For as long as Jean Styen can remember, nursing has been a central part of her life. "I think I was born to be a nurse," said Styen, who works as a registered nurse at Allegheny General Hospital, part of the West Penn Allegheny Health System. "I have been taking care of scraped knees since I was in kindergarten."

A graduate of the Allegheny General Hospital School of Nursing, Styen has spent her entire career at Allegheny General Hospital. She currently works as a staff nurse for AGH's IV Team. A highly respected mentor, Styen has also taught an IV therapy course at the Community College of Allegheny County.

Styen is a firm believer that job satisfaction starts with patient satisfaction. "As nurses, we face numerous challenges on the job each day," said Styen, a resident of Squirrel Hill. "But that should not interrupt the care we provide at the bedside. Our patients are depending on us for the best possible care. As a result, I make it a priority to see that the patient's immediate needs are being met. Nothing gives me greater gratification than knowing I am bringing comfort to a sick patient."



★ ALLEGHENY GENERAL HOSPITAL - SUBURBAN CAMPUS ★

Diane Barkovich, R.N.

Diane Barkovich knew from a young age that she wanted to work closely with people. She debated between beginning a career in teaching or nursing. Eventually, she decided nursing was the right choice for her.

"As a nurse, you can make a difference in people's lives each and every day of your career," said Barkovich, a registered nurse at Allegheny General Hospital - Suburban Campus—part of the West Penn Allegheny Health System.

After earning an associate degree in nursing at the Community College of Beaver County, Barkovich began her career at Suburban General Hospital in 1979. Aside from a brief stint in home care nursing, Barkovich has focused her career on emergency room nursing.

A resident of Hopewell Township, PA, Barkovich enjoys the feel of working in a smaller, community hospital atmosphere. "It's not hard for me to come to work," said Barkovich. "Everybody, even the patients, feels like family. I like to make them smile and hopefully see them get better."

Barkovich is highly regarded by patients and her peers for her dedication and compassion. In recognition of her achievements as a nurse, Barkovich received the University of Pittsburgh School of Nursing's Cameos of Caring Award last fall.



★ THE WESTERN PENNSYLVANIA HOSPITAL ★

Kari Smith, R.N., B.S.N., O.C.N.

Kari Smith, RN, BSN, OCN, Clinical Nurse III, builds long-term relationships with patients, often under very difficult circumstances. In the Medical Short Stay Center at The Western Pennsylvania Hospital, she cares for patients before and after they undergo bone marrow or stem cell transplants, administering chemotherapy or blood product replacements.

She's aware that many of them are lodged in an apartment near the hospital, away from their extended families, and so she tries to learn about the patients, their families and their interests.

"Kari makes their day more tolerable and enjoyable," said Patricia Reiser, R.N., Clinical Coordinator of Medical Short Stay at West Penn. "When I walk down the hall I can usually hear Kari's illustrious laugh when she is with her patients."

Smith is also aware that some patients don't have a long time to live, and so she strives to give them the best quality care in the least amount of time so they can go home to be with their families.

She has worked as a nurse for 21 years, mostly at West Penn, where she is active on professional development committees. She is a graduate of Carlow University.



Michelle Miller, R.N., C.M.S.R.M.

The way her manager sees it, Michelle Miller, RN, CMSRM, Clinical Nurse III, is the best recruiting tool she has for the unit.

Miller serves as preceptor for the E9 General Surgery unit at The Western Pennsylvania Hospital. Nursing students in the unit come under her wing, and come away impressed.

"Every single student she has had raves about the experience," said Teddie Radcliffe, RN, BSN, CMSRN. "They go back (to other nursing students) and say, 'Come to E9.' She's a wonderful recruiting model."

She's a great advertisement for the unit not just because she is a good teacher, but because she shows excellence through her actions, Radcliffe said.

For Miller, that often means going the extra mile for patients.

"If a patient asks her for something, and it is within her grasp, she'll figure out a way to do it. She'll work to find a solution to the issue, not pass it on to someone else," Radcliffe said. Miller combines those people skills with excellent clinical skills.

Miller is a graduate of the West Penn Hospital School of Nursing and has been a nurse at West Penn Hospital for 26 years.



★ HCR MANORCARE MONROEVILLE ★

Corrine Azzari-Benyo, L.P.N.

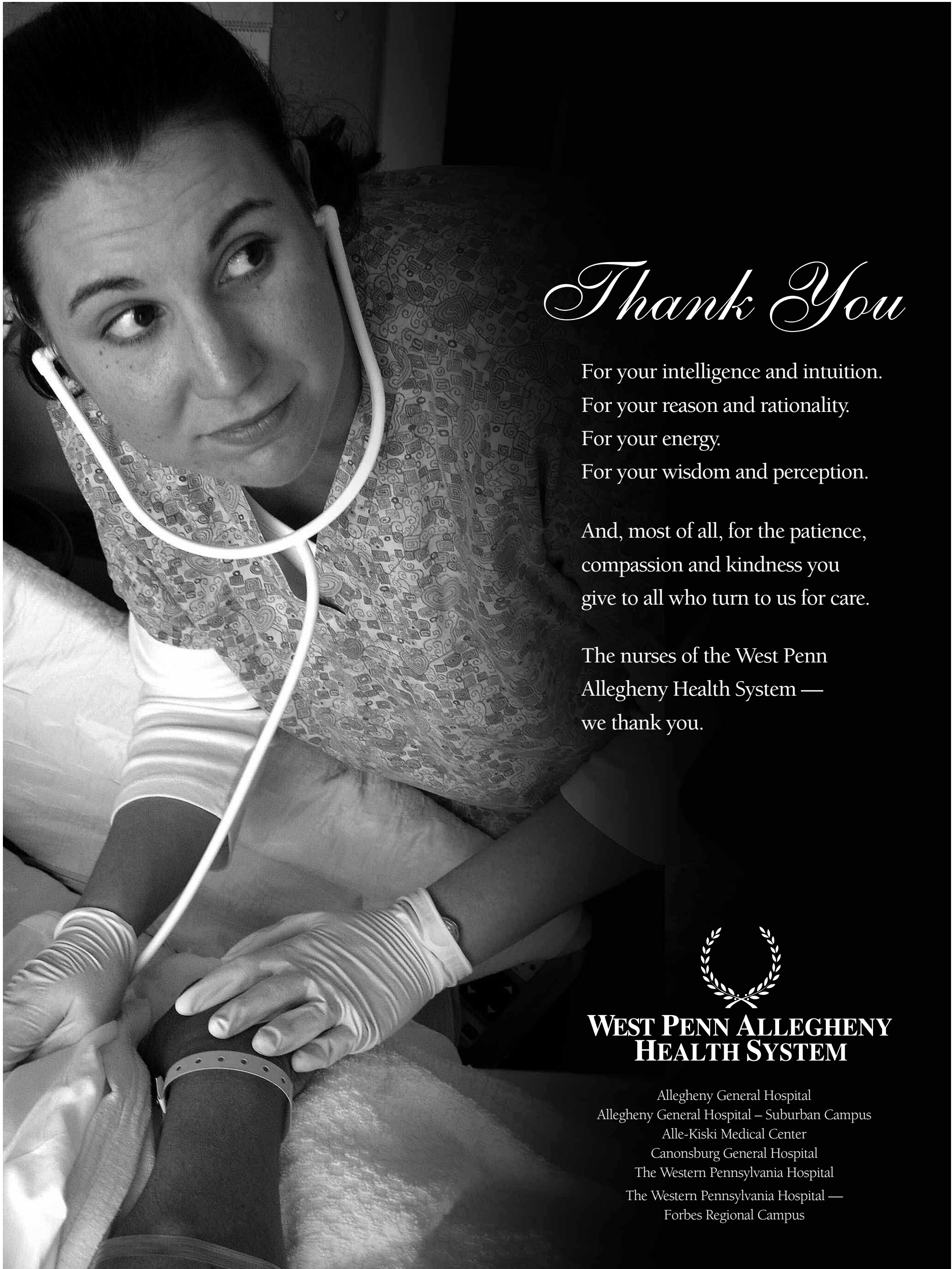
Corrine Azzari-Benyo has been a Licensed Practical Nurse at HCR ManorCare Monroeville since April 16, 2001. In our family and resident surveys, sent out after discharge, Corrine has been named as someone who continually exceeds expectations and provides the highest possible standard of caring. Corrine balances her daily responsibilities of admissions, transfers and discharges daily while maintaining a positive outlook and exemplary attention to detail. Additionally, Corrine acts as a nurse preceptor and orients newly hired nurses to the building and her unit. She is a team player and an essential piece to the success of our facility.



Barbara White, L.P.N.

Barbara White, Licensed Practical Nurse, joined our team at HCR ManorCare Monroeville on February 11, 2008. Barb puts her whole heart into caring for our residents, especially for our long term residents entrusted in her care on our first floor. Barb's commitment to her staff development can be seen by her willingness to give instruction on a new task and praise for a job well done. She makes caring for our residents her top priority. Barb's always the first to lend a helping hand to other staff members and is dedicated to making sure our residents' every need is met. In the dictionary next to the definition of teamwork should be a picture of Barb. We are proud to have this talented nurse on our staff.





Thank You

For your intelligence and intuition.
For your reason and rationality.
For your energy.
For your wisdom and perception.

And, most of all, for the patience,
compassion and kindness you
give to all who turn to us for care.

The nurses of the West Penn
Allegheny Health System —
we thank you.



WEST PENN ALLEGHENY HEALTH SYSTEM

Allegheny General Hospital
Allegheny General Hospital – Suburban Campus
Alle-Kiski Medical Center
Canonsburg General Hospital
The Western Pennsylvania Hospital
The Western Pennsylvania Hospital —
Forbes Regional Campus

★ CHILDREN'S HOSPITAL OF PITTSBURGH
OF UPMC ★

Jennifer Iagnemma

On Saturday, May 2, 2009, more than two years of planning led by Jennifer Iagnemma paid off when 152 patients at Children's Hospital of Pittsburgh of UPMC were successfully transferred to the hospital's new campus in Lawrenceville. Iagnemma orchestrated the complex move, which involved more than 250 nurses, physicians and other staff from Children's Hospital, as well as EMS personnel. The move began shortly after 7 a.m. and was completed by 1:30 p.m., a testament to Iagnemma's leadership and experience.

Iagnemma was named Children's Hospital's patient move coordinator in January 2007. Prior to that, she has been a nurse at Children's Hospital for more than 20 years, most of them as a professional staff nurse and administrator on duty (AOD). As patient move coordinator, Iagnemma led planning for every aspect of Children's Hospital's move, including the development of a computer simulation model and several mock patient moves.

"Leading a patient move for an entire pediatric hospital is a monumental, once-in-a-lifetime challenge and Jennifer exceeded our expectations. The success of the patient move is directly attributable to her decades of experience as a staff nurse where she learned to understand the needs of patients and families, as well as the staff, and to the leadership skills she developed as an AOD," said Diane Hupp, R.N., M.S.N., Vice President and Chief Nursing Officer at Children's Hospital.

Francine Hixenbaugh, R.N., MSOL, B.S.N.

Francine Hixenbaugh, R.N., MSOL, B.S.N., came to Children's Hospital of Pittsburgh of UPMC in 2004 to deal with one of the great challenges posed by building an entirely new pediatric campus: translate the needs of the nurses, physicians and other staff to the architects designing facility and then implement those designs.

In her nearly 25 years of nursing administration at several hospitals and long-term care facilities in Beaver County, Hixenbaugh, a Duquesne University graduate, helped implement many new services and programs. But nothing compared to the challenge of designing an entirely new campus, which she calls "the opportunity of a lifetime."

Hixenbaugh has helped implement many of the new state-of-the-art design features of the new Children's Hospital, including its cutting-edge nurse call system and medication administration process, all designed to improve family-centered care and put nurses closer to the bedside.

"In the new Children's Hospital, virtually all of our work processes have been improved and Francine has played a direct role in that, and her continued leadership has made the transition to the new campus as seamless as possible for our staff," said Diane Hupp, R.N., M.S.N., Vice President and Chief Nursing Officer at Children's Hospital. "Francine has truly served as my right hand through this entire process."



★ UPMC BRADDOCK ★

Chris Strueve, R.N.

Chris Strueve, R.N., a nurse in UPMC Braddock's Coronary Care Unit (CCU) was recently honored as the hospital's latest recipient of the coveted DAISY Award for Extraordinary Nurses.

Strueve was nominated by the granddaughter of one of her patients attesting to her commitment to being the kind of nurse that patients and family members recognize as an outstanding role model. The family member's nomination relates that: "My grandma was a patient in the UPMC Braddock CCU and had been in bed for several days. She was having great difficulty in finding a comfortable position to rest. Chris worked with grandma diligently and caringly to assist her into a comfortable position and bolstered her with pillows. Grandma was so appreciative of the care and patience that Chris exhibited in this and other instances of her stay. I know that she had other patients in the CCU, but Chris made me feel like Gram was her only patient. She exemplifies compassion. She is a blessing to your department and your hospital!"

As part of the award, Strueve received a certificate commending her for being an "Extraordinary Nurse." The certificate reads: "In deep appreciation of all you do, who you are, and the incredibly meaningful difference you make in the lives of so many people."



Cindy McGettigan, CRNA

The Pennsylvania Association of Nurse Anesthetists (PANA) presented Cindy McGettigan, CRNA, UPMC Braddock's chief nurse anesthetist, with the Association's prestigious "Outstanding Clinician of the Year" Award for 2009. She was nominated by her fellow UPMC Braddock Certified Registered Nurse Anesthetists, Sandy Sell, Alice Dozzi, Marie Devlin, Rich Madoni, and Jean Long for her "outstanding commitment to the profession in upholding and promoting the highest practice standards and exemplifying exceptional dedication to patient care and service."

McGettigan was previously honored as a recipient of the coveted UPMC Award for Commitment and Excellence in Service (ACES) in October, 2008. McGettigan's value as a Certified Registered Nurse Anesthetist (CRNA) and her intrinsic role in patient care and safety within the operating room is indisputable.

The UPMC Braddock family joins in recognizing the dedication, care, and excellence constantly demonstrated by Cindy McGettigan and joins in congratulating her on her well-deserved statewide recognition.



★ UPMC MERCY ★

UPMC Mercy Celebrates National Nurses Week with Spirit

UPMC Mercy nurses and staff took part in a blessing of the hands on Wednesday, May 6 in celebration of National Nurses Week. Participants gathered outside the UPMC Mercy Health Center, lit candles in honor of nurses who have been influential in their lives, and then processed to Holy Family Chapel for a blessing of the hands.

The procession was led by Mary Anne Foley, RN, MSN, Vice President, Patient Services and Sister Carolyn Schallenberger, RSM, RN, MSN, New Hire Support Coordinator. Blessing the hands were hospital chaplains Fr. Ed Stafford, TOR; Fr. Joe Markalonis, TOR; and Phyllis Grasser, Vice President, Mission Effectiveness and Spiritual Care.

The blessing of the hands was one of several events UPMC Mercy held during National Nurses Week, May 6-12. Other events included a continental breakfast sponsored by the UPMC Mercy medical staff, a social and healthy snack break sponsored by the UPMC Mercy senior management team, and educational programs.

A luncheon to honor the UPMC Mercy and UPMC South Side nurses nominated for the Cameos of Caring®, Novice of the Year, and Nurse Educator of the Year awards also was held. The luncheon opened with a welcome from UPMC Mercy President Will Cook and a blessing offered by Sister Carolyn Schallenberger.

The nursing award recipients are:

- **Patti Mikosky, RN, CRRN**, Field Services Liaison, UPMC Institute for Rehabilitation and Research, 2009 Cameo of Caring® Awardee
- **Marilyn Schuler, RN, MSN, CNE**, Faculty, Mercy Hospital School of Nursing, 2009 Cameo of Caring® Nurse Educator of the Year Awardee
- **Krista Kardos, RN, IOE**, Medical Progressive Care Unit, UPMC Mercy Novice of the Year Awardee

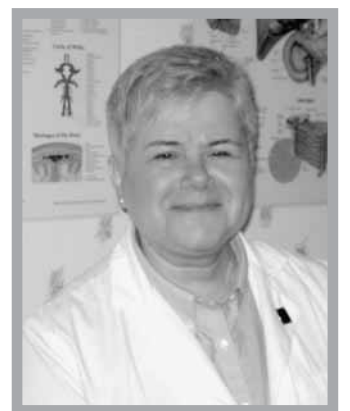
Mikosky and Schuler will represent UPMC Mercy at the eleventh annual Cameos of Caring® Awards gala in October, sponsored by the University of Pittsburgh School of Nursing.



Patti Mikosky



Krista Kardos



Marilyn Schuler



Building A Healthy America



Nurses — without you, we wouldn't be who we are.

We applaud and thank our team of diverse and outstanding nurses who are at the core of UPMC's world-class care. Your compassion and commitment to excellence touch patients, families, and all members of the health care team every moment of every day. To learn more about a nursing career at UPMC and the opportunities it offers, call 412-648-NURS or visit upmcnurses.com.

UPMC is the employer of choice for more than 50,000 of our region's residents. To explore the diverse range of professional career opportunities we offer, visit us at upmc.com/careers.

UPMC

★ HERITAGE VALLEY HEALTH SYSTEM ★

Mary Ann Storch, R.N.

Mary Ann Storch has been a nurse for 16 years and is an ADN graduate of Community College of Beaver County. She is employed full time on the Cardio Pulmonary Unit at Heritage Valley Beaver.

Clinically, Mary Ann cares for all patient populations on the Cardio Pulmonary Interventional unit, which is a complex, high paced environment. She serves as a role model for others in demonstrating bedside teaching skills, a high standard of patient care and support of teamwork and is available for other staff members in troubleshooting technical skills, problem solving patient care issues, and assisting with patients. She has served as a senior preceptor and participates in the Unit-based Preceptor Committee in the review and selection of new preceptors for the unit. Mary Ann is a strong patient advocate and takes pleasure in knowing that her patients and families have confidence in her ability to help them recover.



Becky Noyes, R.N.

Becky Noyes has been a nurse for 29 years and is a diploma graduate from the Heritage Valley Sewickley School of Nursing. She works in the Critical Care Unit at Heritage Valley Sewickley.

Becky treats patients and families as if they were her own family members. She enjoys the challenges of the nursing profession and the collegiality of being part of a larger team, and is very adept at establishing therapeutic relationships. As a role model for student nurses, peers and all members of the healthcare team, she is a strong advocate for outstanding nursing care and blends it with a warm and gentle heart and a respect for others.



★ VITAS INNOVATIVE HOSPICE CARE® ★

Jayne Clements, R.N.

Hospice nursing is about helping people “experience death the way they want to,” says Jayne Clements, R.N., admissions manager at VITAS Innovative Hospice Care® in Pittsburgh.

After having worked in every other area of nursing—from birthing babies to taking care of victims of Alzheimer’s disease—Jayne decided in 2001 to try hospice nursing.

“I was director of nursing at a long term care facility, and I had seen residents who didn’t have hospice care die alone,” she explains. “Some of our residents, however, had hospice care, so I saw the benefits of having someone by their side who understood end-of-life care. I wanted to provide that kind of care.

“I enjoy hospice nursing because helping patients and their families make the final journey of life is a very satisfying and rewarding experience,” says Jayne.

When it comes to witnessing a “good death,” Jayne speaks from personal experience. “When my father, who was on hospice care, was dying, my mother wanted to sit on his bed and hold him—so she did. And the rest of the family was there, praying and sending him love.

“It was the kind of end-of-life experience that you hope everyone can have—full of peaceful memories,” notes Jayne. “It’s possible to make that happen with hospice care.”

Jayne makes peaceful experiences happen every day for VITAS patients and their families, though she patiently waits until they’re ready before doing so.

“It’s sometimes difficult at the time of referral for patients and their families to have the hospice conversation, because they’re often not mentally or emotionally ready yet,” says Jayne. “If they’re not ready when we first see them, it’s okay. We give them some space and follow up later. We allow them to come to the decision on their own.”

Once patients and their families are ready, they often have many questions, so much of Jayne’s job is to educate them. “Many people fear that death is painful. That’s when we explain that hospice offers physical and clinical support—to manage patients’ pain—as well as emotional and spiritual support.”

Since switching to hospice nursing, Jayne has felt confident she made the right move. In fact, she’s certain of it because of something that her father once said.

“He said he could tell that I had found something that I loved,” says Jayne. “I thought, ‘Wow, it must really show that I’m happy.’ And I am.”



2008 Heritage Valley Health System Cameo Award Winners
Mary Ann Storch (left), Becky Noyes (right)

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THEY'RE ALWAYS RESPONSIVE AND NEVER SAY, "NO."
NO MATTER WHEREVER THEY'RE DESTINED TO GO.
THEIR SPIRIT IS WILLING, THEY HOPE FOR THE BEST
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JUST WHO ARE THESE PEOPLE AND WHAT ARE THEIR NAMES -
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★★ ... Profiles ... ★★



Front row (from left): Nikki Gilson, Mary Jane Peters, Gayle Matola, Julie Marshall, Mary Cunningham, Anita Carr, Pam McCann. Back row (from left): Donna Carl, Angela Trust, Aleshia Fuentes, Polly Lindey, Beth Slater, Sara Miller, Debbie Giardina, Robin Sweet-Cunningham

★ UPMC HORIZON ★

Fifteen UPMC Horizon nurses were recognized at the 11th annual Excellence in Practice Awards Ceremony as part of the hospital's observance of National Nurses Week. This year's awardees, nominated by UPMC Horizon employees and/or physicians, are:

Donna Carl, R.N., Infection Control
Anita Carr, R.N., Critical Care Unit, Greenville, and shift supervisor
Mary Cunningham, R.N., Ambulatory Services, Shenango Valley
Robin Sweet-Cunningham, R.N., Ambulatory Services/Same Day Services, Shenango Valley
Aleshia Fuentes, R.N., Transitional Care Center, Shenango Valley
Debbie Giardina, R.N., Operating Room, Greenville
Nikki Gilson, R.N., Transitional Care Center, Greenville
Sandy Lasure, R.N., Birth Place
Polly Lindey, R.N., Three West, Greenville
Julie Marshall, R.N., Ambulatory Services, Greenville
Gayle Matola, R.N., Three West, Greenville
Pam McCann, R.N., Same Day Services, Shenango Valley
Sara Miller, R.N., Critical Care Unit, Shenango Valley
Mary Jane Peters, R.N., Outpatient Oncology
Beth Slater, R.N., Operating Room, Greenville

In addition, Angela Trust, R.N., Three East, Greenville, was selected as the 2009 Rookie of the Year.

A panel of UPMC Horizon nursing staff and managers selected the recipients based on such traits as care delivery, quality of care and quality improvement, quality of nursing leadership and interdisciplinary relationships, teaching ability, and professional development.

★ UPMC BEDFORD HOSPITAL ★

Nina Wirick, R.N.

Nina Wirick, R.N., is a Professional Staff nurse in our Emergency Department. She joined our ED staff seven years ago. She is an excellent preceptor and mentor to new nurses. Patients and their families compliment her care and compassion. We salute Nina for the work that she does, the care she provides and for her work in Community Outreach activities.

Nina works well with the youth in our county and is involved in Reality Tours at the County Jail. This Reality Tour Drug Prevention Program educates parents and children together to form the foundation for meaningful discussion in the home. Nina, a mother of three connects very well with the children. She gives talks on Poison Control and presents on many topics for school age children. She helps to teach our Babysitting Course. This winter she worked with Ninth graders on a program, Pay It Forward – Doing Good for Others. Nina also can be found at the Senior Citizen Center giving a talk on stroke awareness. She has endless energy and uses it well to represent nurses and their commitment to their patients and community.



Tammie Payne, R.N., M.S.N.

Tammie Payne, R.N., M.S.N., is the Diabetic educator at UPMC Bedford Memorial. She counsels people one on one or during a monthly diabetes self-management class on the importance of managing your diabetes. Tammie is active in the Pittsburgh Regional Initiative for Diabetes Education (PRIDE) Advisory Committee and the Pennsylvania Diabetes Action Partnership (PDAP) to improve the steps to a healthier PA of diabetic patients towards prevention of long-term complications. Tammie has also been trained to initiate and maintain Medtronic insulin pumps.

Since Tammie has taken over the diabetic program at UPMC Bedford the referrals and participation in outpatient classes has shown a dramatic increase in volume. The classes include management of diabetes, ways to improve dietary intake, exercise, and how to prevent long-term complications. Tammie participates in many community events educating about diabetes. She has developed and expanded our program with her interest and passion for this work.

Tammie also works on our Outpatient Procedure Unit and as the education coordinator for our Medical/Surgical/Telemetry and ICU units. She is a BLS and ACLS instructor and leads many projects. We salute her for sharing her many talents with us, our patients and their families.



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

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★ KANE CENTER ROSS ★

Donna Hieber, R.N., RCC

Donna Hieber is a Resident Care Coordinator on the 11-to-7 shift at the Kane Ross Regional Center. She has worked in the Kane system since 1982. She is a loyal, dedicated employee with excellent clinical skills and is an asset to the facility.

Donna lives in Coraopolis with her husband, Bob. They have two married sons, two grandchildren and one expected in July.

Donna graduated from the Ohio Valley Hospital School of Nursing. She worked at Waynesburg Community Hospital in Virginia prior to Kane.



Marilyn Sample, R.N.

Marilyn Sample has worked at the John J. Kane Ross Regional Center since 1992. She started her career as a Certified Nursing Assistant and worked in that capacity for 11 years. She went on to become a Unit Secretary before attending classes at CCAC through the Kane Career Ladder Program and became an LPN. She continued on with her education and is now a Registered Nurse working in a Unit Charge Position. Marilyn is highly motivated and can be counted on to fulfill all job responsibilities. She and her husband, Kirby, reside in Blawnox. They have three children and several grandchildren.



Nurses



Building A Healthy America

★ KANE CENTER MCKEESPORT ★

Ruth Naylor, R.N.

Ruth Naylor has been at Kane Center McKeesport for 22 years. She is the Team Leader on Floor 4 B, where she makes assignments, monitors residents' charts and provides treatment and medication when necessary. Spending time with the residents is the most rewarding part of the job for Ruth, who said relieving a resident's pain or easing their anxiety is her goal. She joined Kane as a LPN and went back to school through the Kane program, attending CCAC. Ruth became a RN after participating in the Career Ladder Program and now is a floor leader.



James Juristy, R.N.

James Juristy joined Kane Center McKeesport in 1986 and during his 23 years has progressed through the Career Ladder Program. James spent approximately 15 years as a Certified Nursing Assistant. When Kane offered a LPN program through CCAC, James was accepted into the program, then spent two years earning his LPN license. After continuing his education, James became a RN and has held that title for three years. He said he enjoys interacting with the residents and said working in long-term care creates a bond between nurses and the residents. The 46-year-old from North Versailles said his goal is to enable residents to reach their optimal level of care.



★ KANE CENTER GLEN HAZEL ★

Becky Schaefer, R.N.

Becky Schaefer has been at Kane Glen Hazel for seven months. She is the Resident Care Coordinator of the Behavioral Unit. Becky previously spent 18 months at Allegheny General Hospital, where she worked in the Cardiovascular and Thoracic Unit. At Kane, she specializes in assisting residents coping with dementia. Becky said the most rewarding aspect of her job is taking care of the residents and seeing their smiling faces.

A Monroeville resident, Becky has been a RN for two years. She attended CCAC's North Hills campus. Her mother, Christina Schaefer, has worked in the admissions department at Kane Glen Hazel for six years.



Kelli Brown, R.N.

Kelli Brown has been at Kane Glen Hazel for nine years, working her way through the Career Ladder Program. She started as a Certified Nursing Assistant and through Kane's program Kelli advanced to LPN and finally RN after attending CCAC's Boyce campus. Kelli worked on the Alzheimer's Unit as an aide. Kelli praised the Career Ladder Program and the opportunities it presents. She also complimented her fellow nurses for their ability to handle cyclical shortages among the ranks. The West Mifflin resident formerly lived in Kentucky before moving to Pittsburgh in 1996.



★ GATEWAY HOSPICE ★



Gateway Hospice would like to salute our Nursing Staff for their hard work and dedication. Our Gateway nurses are exemplary. Their ability to give to our patients and families and to support one another truly sets them apart from other caregivers. They make a difference. We wish to thank them not only for their desire to provide end of life care, but the way in which they care and understand that they are treating people not diseases. Together we believe that dignity and control of symptoms for a disease process that is non reversible is a viable option. Together, we continue to make a difference!!!

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★ FAMILY HOSPICE AND PALLIATIVE CARE ★

Traci Berkhiser, R.N.

Soon after joining Family Hospice and Palliative Care, Traci Berkhiser did something that many people would consider unusual. She chose to leave her nurse supervisor role and return to being a case manager and providing direct care to patients. She missed being the one to hold the patient's hand and give a family member a reassuring hug. Guiding patients and families through this difficult time is the most rewarding work she could do. Berkhiser has helped patients and families even in the toughest situation. Once Berkhiser cared for a woman, whose husband was the caregiver and then he, himself, got sick and passed away on the hospice program. Berkhiser was there for the son during his mother's final weeks as well as when his father became terminally ill. Her work and compassion is an example for all nurses of how to personalize the care given to each patient and family. Berkhiser's dedication to her patients and families will often take her to the patient's bedside long after her work day is over. At times, Berkhiser covers as a triage nurse, helping to field patient and family concerns during the off hours and weekends. Her reassuring manner and knowledge gets to the heart of the issue and she provides comfort and support over the phone to patients and families. As the youngest member of the hospice team, Berkhiser's enthusiasm for her work shows in the care of each patient and is contagious to all who work with her. Berkhiser's warm smile, solid competency, and genuine commitment make her a gift to Family Hospice and Palliative Care patients and families.



Mary Jo McLaughlin, R.N.

If one could take Family Hospice and Palliative Care's mission of providing quality compassionate care to those who have a life-threatening illness and embody it in a person, this would be Mary Jo McLaughlin. After many years as an oncology nurse, McLaughlin found her calling at hospice. This nurse's dedication to the hospice philosophy of care comes across at each and every bedside everyday. She continually demonstrates an exceptional commitment by being involved in all aspects of hospice care for her patients and families - physical, emotional, and spiritual. Her unique ability to balance her professional role with her own humanity has allowed her to build many meaningful relationships with her patients and families. McLaughlin is truly the "angel" who, after a morning visit, returns to a patient's house late in the day to make sure that the patient is stable. For many patients and families, McLaughlin is the face of comfort and calmness. The pairing of her clinical expertise and compassion not only makes her an excellent nurse, but this also makes McLaughlin a wonderfully informed preceptor. Because of this, she is often asked to share her experience and knowledge with medical residents, students, and new nurses who want to shadow a hospice professional. McLaughlin's empathy and caring extends, not only to her patients, but also to her colleagues. When a fellow nurse was recovering from an illness, McLaughlin volunteered without any prompting to work a double shift so that that nurse could recover fully. McLaughlin's competency makes her to consummate professional, but her relationships with patients and families make her a true companion on this final journey.



★ FORBES HOSPICE ★

Dan Leger, R.N.

Even though a career in nursing ran in Dan Leger's family and stories about hospitals were an everyday part of his childhood, he never considered carrying on the tradition.



It wasn't until he was assigned as a civilian child care worker at The Home for Crippled Children in Pittsburgh during the Viet Nam War that he decided that this was the career path he was destined to take. More than 40 years later, Dan has continued to dedicate his career to taking care of children.

In 2002, Dan joined the Forbes Hospice staff as a Pediatric Nurse Specialist and Coordinator of Pediatric Services. On top of his every day duties of taking care of patients, Dan has also developed training curricula in pediatric hospice for Forbes Hospice staff as well as programming for Hospice volunteers. He co-facilitates a support group for bereaved parents and was a presenter at the National Hospice and Palliative Care Organization's First International Conference on Pediatric Hospice. He also serves on the Governor's Task Force on Pediatric Palliative and Hospice Care and was a founding member of the Pittsburgh Pediatric Palliative Care Coalition.

Prior to joining Forbes Hospice, Dan was a member of the Nursing department at The Children's Institute of Pittsburgh for almost 30 years. In that capacity, he contributed to two books and numerous publications and conferences on pediatric disability.

According to Dan, being a hospice nurse has taught him that the time at the end of one's life is precious and every day and hour is to be cherished. "To be a facilitator of comfort, care and support at such a time and for such special people is a profound honor," said Dan. "I am fortunate that each day I am taught the value of life from those who are deeply valuing it as it ebbs away."

★ MONONGAHELA VALLEY HOSPITAL ★

Kathy Clark, R.N.

Kathy Clark, R.N., is Monongahela Valley Hospital's Cameos of Caring® Award recipient for 2009.

Clark, a member of the medical/surgical team, was introduced as this year's Cameos of Caring® honoree as a highlight of the annual Nurses Appreciation Day program at Monongahela Valley Hospital.

Clark will be honored at the University of Pittsburgh School of Nursing's annual Cameos of Caring® Awards Gala in October 17.

According to Mary Lou Murt, R.N., Senior Vice President for Nursing at MVH, Clark was chosen for her commitment to the nursing profession and to her patients, as well as her exceptional compassion. Murt specifically cited Clark's participation in the Scouting for Food and Heart Walk programs and her leadership role in the transition to a women-focused medical/surgical unit on 4-East.



Mary Ann Fonzi, Clark's supervisor, praised her attentiveness to patients' families and noted she is "always giving emotional, spiritual and psychological support."

Clark is a graduate of Westmoreland Community College and Mercy School of Nursing. She joined the MVH Nursing Team five years ago with eight years of clinical experience.

She has mentored student nurses throughout her career at Monongahela Valley Hospital and has made herself available to pray with patients and families who request that service.

"I really do love nursing," a quietly emotional Clark told the audience of fellow nurses and hospital officials.

"I only am what I am because of you all."



HAPPY NURSES WEEK :)

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★ LUTHERAN SENIORLIFE'S
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Jennifer Osborne

Jennifer Osborne of Zelienople clearly remembers "bandaging make-believe boos boos" on her great grandmother's arms as a little girl.

Little wonder that she finds working as a nurse at Lutheran SeniorLife's St. John Specialty Care Center in Mars "A dream come true."

A 1991 graduate of Slippery Rock High School, Osborne knew immediately that nursing was the career drawing her, so she picked up a few part-time jobs while working on her degree at Butler County Community College.

When she graduated in 1997, St. John's was the first place that offered her an opportunity to utilize her special gifts, and she has never regretted her choice.



"I have always liked working with the elderly – I have always connected with seniors," she said, probably at least in part to that special relationship with her great-grandmother.

Most of the residents at St. John are elderly and, in addition to serving them, she said working with co-workers who are always willing to support you are the favorite parts of her job.

At her home she is kept busy. She and her husband, Eric, live in Zelienople and are parents of 7-year-old twin boys, Matthew and Tyler.



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★ PASSAVANT RETIREMENT COMMUNITY ★

Kristy Hindman, L.P.N.

Kristy Hindman's deceased mom, Sandy, was a paramedic, and her father, Robert, a great provider. "We had what I would call a wholesome childhood," she says.

"And since mom died, well, let's just say my dad is always there when I need him."

That's much the way the Hindman's colleagues at Passavant Retirement Community in Zelienople describe her today.

A single mother of two daughters, Abby, 16 and Allison, 12, Hindman drives 55 miles one-way from her Venango County home to work. Her reputation is that she arrives early, works hard and, like her father, "is always there when she's needed."

After attending school in Oil City and working as an agency staff nurse, she was hired by Passavant Retirement Community in Zelienople about five years ago.

"As an agency nurse, I have seen a lot of facilities, and Passavant absolutely offers the best care I've ever seen. My supervisors and co-workers are great. It makes the drive worth it," she said.

"It is a tough job, and you see people who are at their lowest point – sick or dying, and it is gratifying to offer them something. I love older people, and I like to make them laugh," Hindman said.



★ THREE RIVERS HOSPICE AND
PALLIATIVE CARE ★

Erica Swiencki, R.N.

I am often asked about the type of nursing I do and when I tell them that I am a hospice nurse they usually give me a sad look and say, "I don't know how you do that kind of work. It must be very difficult." I always answer the same way: "I love what I do. Hospice nursing is the Cadillac of nursing professions!"

Being a hospice nurse does require a special kind of person - and it's not for everyone. I, however, find it very rewarding. To be able to provide help and comfort to both the patient and family during such a difficult and personal time is an honor. The hospice nurse becomes a part of the family and we make wonderful friends and have such special memories. One particular memory that I have is of a very special young boy, Alex, who touched my heart in many ways. He suffered from a rare childhood cancer called Neuroblastoma. His strength and humor is something that will stay with me forever.

Becoming a hospice nurse isn't something I chose to do, it chose me, and I wouldn't trade what I do for anything in the world.



Erica Swiencki with Alex about a week before his death; he is wearing his favorite fishing hat.

Mary Hart, R.N., B.S.

Mary Hart has been the Clinical Director of Three Rivers Hospice for one and a half years, but has worked in the field of hospice for nine years as a Bereavement Counselor, Volunteer Coordinator, and as a Case Manager. The driving force for Mary's career in hospice began when her mother was diagnosed with stomach cancer. Mary accompanied her mother to her chemo-therapy treatments and met other families dealing with the same issues. This experience led Mary to the realization that hospice nursing was her calling. Mary is now able to use her understanding to help patients and their families cope with life-limiting illnesses. Mary's compassion is sincere when she describes how she is "guided by her heart" and is able to focus on the things that matter most. "Working in hospice is not for everyone", Mary says, "You can't teach the heart part." For Mary it is a humbling experience and an honor to work in hospice. She goes above and beyond what's expected of her every day, to ensure the welfare of her patients and their families.



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Anova Hospice Helps Ease End-of-Life Fears

It's never easy to accept the diagnosis of a terminal illness. Yet each day, hundreds of people are told by their doctors that nothing more can be done. While some patients may be prepared for this news, for others it may come as a shock. For this reason, Anova Hospice makes it a priority to be at a patient's side within one to two hours of receiving a call.

"We are here to ease people's fears about their final journey," explained Bonnie Holland, RN, Executive Director for Anova Hospice & Palliative Care Services, LLC. "We make it a point to meet with a patient within one to two hours of their receiving this type of devastating diagnosis, or after they've decided that they no longer want to continue aggressively treating their disease. We are there to support them every step of the way."

The staff of Anova Hospice, located in Belle Vernon, are seasoned professionals in helping people work through end-of-life issues. "Our experience in end-of-life care helps us to deal with people's top three fears," says Holland. "The first fear is that they will be in pain. Through our expertise in pain management and symptom control, we can help get patients' pain, nausea, vomiting or constipation under control. Though they may not have a quantity of days, we can provide them with quality of life."



"In my heart, I always wanted to spend more time with my patients, and to do more for them at this time of life. When I discovered hospice, I loved it. I truly believe it's my calling, and I'll do it until the day I retire."

— Bonnie Holland

"The second fear people have is that they will die alone," she continued. "Many elderly people have outlived their loved ones. We become their family, and they become ours. We become a part of these people's lives."

People with life-limiting illnesses also fear that they will become a burden on their family, loved ones or caregivers, whether financially or emotionally. "Because hospice is a free Medicare benefit, we pay for everything connected to their hospice diagnosis, which may include medications, specialized equipment such as hospital beds or oxygen, and medical supplies," said Holland. "They are entitled to receive all of these things under their hospice benefit."

When a patient or his or her family first calls Anova Hospice, they are able to meet with a member of the staff with one to two hours to set up services. Our services include the help of a nurse, nurse's aide, social worker, chaplain and our medical director, Dr. Sean Conley," said Holland. "Our interdisciplinary approach ensures that each patient is taken care of by a team of professionals as well as an awesome group of volunteers."

"Our staff and volunteers take care of hospice patients in the patients' homes, or in facilities such as nursing home and assisted living facilities. Most of our employees have been touched personally by hospice, whether hospice has taken care of one of their family members or one of their neighbors," said Holland. "They understand that end-of-life care is very different from other types of care, and they are willing to spend as long as it takes to educate patients and their fami-

lies on what to expect."

Anova Hospice also has a nurse on-call 24 hours a day to help caregivers with any concerns they may have. "It's scary to take care of a loved one at home when you've never given medications, or tried to turn a patient before," said Holland. "If the family needs us to visit every day, or to answer their phone call at 2 a.m., we'll be there."

Anova Hospice is also there for the family after a loved one dies. "We stay involved with the family, friends and significant others for 13 months after the person passes," said Holland. "Hard grieving really starts taking place after the first couple of months, when people are no longer stopping by the house and people's lives are returning to normal. That's when you realize that the person you've spent your life with is really gone."

Holland, a former ICU nurse, started in hospice because she wanted to be able to provide this type of support to patients and their families during a time of crisis. "In my heart, I always wanted to spend more time with my patients, and to do more for them at this time of life," she explained. "When I discovered hospice, I loved it. I truly believe it's my calling, and I'll do it until the day I retire."

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The Heart of a Great Nurse: Linda Vance Is Honored by American Heart Association

BY NANCY KENNEDY

Linda Vance is a woman with exceptional knowledge of the human heart. As nurse manager of the Coronary Care Unit at St. Clair Hospital, she can expertly interpret the erratic patterns of a cardiac arrhythmia. She can observe a patient and perform an immediate, accurate assessment of their clinical status; she can swiftly and effectively intervene to reverse a crisis, and more importantly, prevent one from happening in the first place through recognition of early signs of trouble and critical decision-making. She is a seasoned, knowledgeable and extraordinarily competent cardiac care nurse.

Over a career spanning four decades, Vance has placed her stethoscope against the chests of thousands of people in the Pittsburgh region, listening with great attention to the sounds of their injured, weakened hearts. Like all excellent nurses, when she leans over a patient and says, "Let me take a listen to your heart," she is interested in far more than heart sounds and heart rate; she is concerned with the whole person, with the clinical as well as the metaphorical heart that holds that person's fears, hopes and spirit. Linda Vance cares, deeply, with her own strong, generous and compassionate heart, and she has a mission: she wants to make people well. She wants to heal their hearts.

Vance shares that mission with her co-workers throughout the Heart Center at St. Clair Hospital, and with the Allegheny Chapter of the American Heart Association (AHA), which honored her earlier this year

with the inaugural Mary Ann Scully Excellence in Nursing Award. Vance was chosen from among her colleagues throughout the region for her lifetime commitment to cardiac nursing, her outstanding leadership in promoting quality care in cardiac nursing and her commitment to the AHA mission.

Heart disease is a critical and costly public health problem. It remains the number one killer in the U. S.; one third of Americans have some form of heart disease and the numbers are likely to increase. Cardiac professionals and national organizations, including the AHA and the American College of Cardiology, are committed to reducing deaths and disability due to heart disease through a national effort that promotes healthy living and enables the provision of the most rapid, state-of-the-art care available.

"Advances in cardiac care have transformed the field," says Vance, whose career in cardiac nursing began in 1969. "I've witnessed many amazing developments and the progress is exciting. Research and technology make new interventions and medications available so that more people can survive and recover. The AHA plays a key role by educating health care professionals about best practices, supporting the doctors and nurses and helping facilities acquire the latest technology. We strive to provide the very best care possible and the AHA facilitates that."



Linda Vance

Vance is proud of the quality of care offered at St. Clair, a community hospital that has garnered numerous awards for excellence. "Our door-to-balloon time, meaning the time from when a patient enters the ER with chest pain to when the patient is undergoing angioplasty, is excellent. We are opening up the coronary arteries with a balloon within 90 minutes. Patients who have heart attacks are well enough to go home in 72 hours. We do a lot of teaching and our patients go home knowing how to modify their lifestyles and improve their health. People often don't realize how bad they were feeling until they undergo an intervention and improve. Our cardiac rehab services are wonderful." As for her own heart health, Vance reports that her cholesterol level and other parameters are excellent, and she leads an active life. Between a job that entails a great deal of walking, and a longtime love of golf, Vance keeps physically active. She says she takes the steps at work as much as possible, but admits, "I am more likely to take the stairs when I am with others. When I'm alone, I might cheat and take the elevator!"

The Scully Award was conceived by Dr. William Follansbee, Director of Nuclear Cardiology at UPMC, to recognize outstanding cardiac nurses in the region. Mary Ann Scully was a nurse who devoted her 35 year career to cardiac nursing, working in various facets of the specialty at

Presbyterian University Hospital and serving as an enthusiastic AHA volunteer. The award was presented to Vance at the AHA's Heart Ball in February and she is immensely grateful. "It was wonderful simply to be nominated, and knowing that my own hospital felt that I was worthy of this meant so much to me. I feel a great sense of pride, not only for myself but for St. Clair Hospital. It's not just my award."

Trailblazer, innovator, clinical expert, educator, manager, mentor and volunteer, Linda Vance is a nurse first, and is humble about her achievements. "I love nursing; it's a great career. I have no plans to retire. I'm happy. Why quit? When I do leave, I hope I leave behind my expertise with my staff. I have great confidence in them. If I have done my job, all will be well when I'm gone."

"I believe with my whole heart that with interventional cardiology – with angiography, stents, and bypass surgery – we can not only extend but greatly improve life. We have so much to offer people with heart disease. It's not a death sentence and learning that you have heart disease can be a positive thing. We can help you make the modifications that will improve your quality of life. What we are doing here is changing lives and it's an honor to help people through that experience."

To contact Linda Vance, call (412) 942-2100. To learn more about the American Heart Association's Mary Ann Scully Excellence in Nursing Award, contact Desiree Wienand at desiree.wienand@heart.org.



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BY PAMELA KLAUER
TRIOLO, PHD, RN,
FAAN

Magnet designated hospitals is very small. Once a hospital decides to begin the journey to Magnet, it usually takes at least four years to create the infrastructure, develop capacity and achieve exemplary results.

The Magnet Recognition Program was founded in research conducted in the early 1980's by Fellows in the American Academy of Nursing. The research team questioned why in the middle of a tremendous nursing shortage, some hospitals had

no difficulty attracting and retaining nurses. They identified 41 hospitals that served as "magnets" for professional nurses and consistently provided high quality care.¹ The researchers began to create the conceptual framework based on the philosophy that the finest nurses provided the finest patient care.

The first three components of the original research focused on: nursing administration (including the value of nursing in the organization and the leadership practice), professional development, and an environment of professional practice. This empirical base launched the development of the 14 Forces of Magnetism, the essential building blocks for excellence. These Forces included leadership, the nurse as teacher, image of nursing, research and evidence based practice, and other key components. In 2004, following a series of recommenda-

tions approved by the Magnet Commission designed to re-invent the Magnet Recognition Program, a new model for excellence was germinated.²

In 2007, the Magnet Commission studied the evidence linking the Forces of Magnetism and began to create a dynamic model that integrated not only structure and process but importance of measuring outcomes.³ This new model depicts how a transformational leader sets priorities, creates a strategic plan and develops their leadership team and the workforce to achieve results. It is important to note that leadership in Magnet hospitals is at all levels, not just the Chief Nursing Officer. Magnet hospitals have strong, highly educated middle managers who are the pivotal force in creating unit based cultures where nurses thrive and research demonstrates that patients receive the finest care.

Staff nurses of Magnet hospitals are leaders at the point of care and expected to live the elements of Magnet. Shared leadership structures flourish in Magnet hospitals and staff nurses make decisions that range from peer review, interviewing new team members, to priorities for improvement. Turnover in Magnet hospitals is generally under 10%. Exemplary professional practice, the third element, means that nurses are involved in professional organizations, publish and present, launch projects for quality improvement, use evidence based practice in daily life. These infrastructures are driven by well developed career pathways for nurses with differentiated job descriptions and expectations around con-

tinuous learning and achievement of formal degrees. Staff nurses serve as preceptors and support environments of continuous learning for nursing students and new staff.

The fourth element of the new Magnet model is New Knowledge, Innovations and Improvements. Magnet environments leaders are constantly scanning the radar for improvements in practice and leading the nation in best practices. They conduct research and re-invent patient care delivery. These nurses disseminate their work and serve as consultants for other health care organizations supporting the proliferation of best practices. All of this work is done within the context of global issues in nursing and health care. Nurses at Magnet facilities tackle the contemporary issues in health care such as the aging workforce, health risks in nursing, safety, new models of care delivery, etc. The bottom line: culture of excellence involve all members of the health care team and achieve results.

Dr. Pamela Klauer Triolo, Chief Nursing Officer, UPMC, and Associate Dean, Academic-Service Partnerships, University of Pittsburgh School of Nursing, can be reached at triolopa@upmc.edu.

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National Healthcare Changes Impacting Nurses

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

What inspires a person to become a nurse? Salary, benefits, job stability – maybe. It's not because of the hours, the paperwork or the glamour of the job attracting dedicated people to the nursing field. Providing good patient care is why most of us went into healthcare. Some nurses feel they are losing the patient connection – busy with tasks, paperwork, validating need for medical care, etc. There is a bright light - a trend of cross-setting collaborative projects occurring nationally to improve patient care and patient outcomes that are dependent on nursing involvement.

Centers for Medicare and Medicaid Services (CMS) have several collaborative projects occurring nationally including western Pennsylvania. CMS's Care Transition project is a community-based, cross-setting project to help hospitals, skilled nursing facilities, home health agencies and physician offices improve coordination across the continuum of care. Improving transitions from one setting to another can assist in reducing avoidable acute care hospitalizations and readmissions that are not only harmful to the patient, but impact Medicare dollars. Pennsylvania is one of only 14 states included in this project working with their Quality Improvement Organization (QIO), Quality Insights of Pennsylvania. The project is located in the Mon Valley area, where

the collaboration is using patient-centered tools to improve the handoff of significant information from one setting to the next. Some of the care transition modules use a transition coach to assist with patient education and self-management support. Dr. Mary Naylor's Transitional Care Model (University of Pennsylvania) supports the use of advance practice nurses to initiate the coaching from the hospital starting prior to discharge through a few weeks home from the hospital (www.nursing.upenn.edu/centers/hcgne/TransitionalCare.htm).

Another quality improvement collaborative project with the state QIOs related to Patient Safety and Pressure Ulcers is also happening in western Pennsylvania. This CMS collaborative project is bringing hospitals and nursing homes together to reduce the number of patients with pressure ulcers. Evidence-based interventions and prevention measures are being used by nurses to impact patient care outcomes related to pressure ulcers.

Dr. Ed Wagner developed the Chronic Care Model over 20 years ago. The model was developed for physicians managing the care of chronically ill patients and has been taught in universities across the country. Almost 50 percent of all Americans (approximately 133 million people) live with chronic conditions. Chronic illness is growing at an exponential rate, increasing by one percent each year. 75 percent of healthcare spending occurs on chronic care

diseases (www.improvingchroniccare.org).

The Chronic Care Model is being integrated into cross-settings projects beyond physician offices. Nurses have a vital role in this model, educating and helping to motivate patients with self-management of their chronic diseases, assisting with coordination of services and teaching decision making. Nurses are letting go of the concept of the nurse or the physician managing the patient's care and putting the patient in the center of "patient-centered care."

The Chronic Care Model is now being used in several key projects in Pennsylvania. One project is the Governor's Chronic Care Management, Reimbursement and Cost Reduction Commission which identified the urgent need to transform Pennsylvania's health care system to contain health care costs and to reduce the burden for persons with

chronic diseases. Chronic diseases are the leading cause of illness, disability and death in the Commonwealth. Approximately 50% of all adult Pennsylvanians have at least one chronic disease. In addition, chronic disease accounts for 80% of all health care costs and hospitalizations; 76% of all physician visits; and 91% of all filled prescriptions.

As our new White House administration takes on healthcare changes, we can see the vital role that nursing is taking with cutting-edge projects locally in Pennsylvania. Nursing's future is foundational in the success of managing chronic illness and reducing hospitalizations.

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

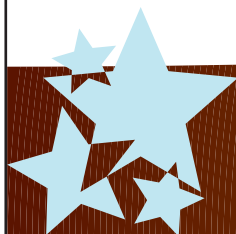


Cheri Smith, R.N., Clinical Liaison Coordinator at Celtic Healthcare, with a patient.

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CyberSense or CyberEthics: The Role and Responsibility of Nurses

A nurse's professional role and responsibility is an ever changing paradigm that is impacted by health policy, accrediting/regulatory agencies, national economic status and by insurance reimbursement initiatives such as Centers for Medicare and Medicaid's (CMS) 2009 Hospital Acquired Conditions (HACs). Combine these factors with the technological explosion transforming healthcare; one begins to wonder what is the true role and responsibility of nurses? How do nurses safely incorporate the world of cyber technology into their daily routines?

When a nurse is licensed they fall under the role and regulations of the State Licensing Department where they live. In addition, there are various standards and scope of practices outlined by formal nursing organizations that provide direction to which nurses are held responsible. For example, the American Nurses Association (ANA) has published numerous resources that outline critical factors nurses must be knowledgeable of. These include; a) Code of Ethics for Nurses with Interpretive Statements, b) Nursing: Scope & Standards of Practice, and c) Principles of documentation. In addition the ANA supports various nursing specialties, such as the Informatics Nurse Specialist and Nursing Professional Development Specialist of which each has clearly defined standards of practice.



BY DR. DEBRA M. WOLF

Unfortunately the questions that are being asked or more importantly should be asked by nurses are what is my role and responsibility regarding the technology I am being requested to use in order to care for patients. Technology such as electronic health records, bar code scanning for medication administration, and centralized wireless heart monitoring equipment? What is my legal, moral and ethical role/responsibility at point of

care when caring for patients using technology such as sequential compression devices, IV smart pumps, voice technology, wireless phone; or electronic temperature/blood pressure/pulse machines? Finally, what will be the nurse's role and responsibility when these devices are interfaced into one electronic medical record that supports interoperability within a Regional Health Information Organization (RHIO)?

Unfortunately, the answer is not clearly outlined or understood. Many clinicians and healthcare administrators are currently attempting to seek the answer to the questions posed by attending nursing seminars, WebEx's or conferences that are focused on answering these questions. Seminars are led by nurses with Masters, PhD and JD degrees or nurses who act as legal and healthcare consultants for law firms or vendors. Most of the seminars outline the existing laws that currently govern the healthcare profes-

sional - laws that most nurses are aware of and some of which they may not be. For example most nurses are aware of the Constitution and Federal laws that guide HIPAA, State laws and accrediting agencies such as CMS, Joint Commission or ANCC (American Nurses Credentialing Center) for Magnet designation. What nurses may not be aware of are the international, national, federal, state and local organizations that are attempting to assist nurses and other healthcare clinicians in guiding the integration of technology at point of care. These include The Office of the National Coordinator (ONC), the CCHIT (Certification Commission for Healthcare Information Technology), the ANIA (American Nursing Informatics Association), the CARING (Capital Area Roundtable on Informatics in Nursing - Connecting, Sharing and Advancing Healthcare Informatics) and the International Congress on Nursing Informatics. In addition, one major movement that strongly supports nursing education and practice is the TIGER (Technology Informatics Guiding Education Reform) initiative whose agenda is to ensure that nurses are knowledgeable in using informatics during formal education as well as within the practice setting. All of these organizations have well developed websites, one can explore to further understand how technology is impacting one's profession. Finally the Institute of Medicine (IOM) has acknowledged that healthcare clinicians must utilize informatics through information technology as a core competency (Institute of Medicine, 2003).

Fortunately the term ethics has not changed very much over the past 20 years. Merriam & Webster (2009) define ethics as dealing with what is good and bad and with moral duty and obligation. The ANA (2001) within their Code of Ethics for Nurses with Interpretive Statements, defines ethics as "reasons for decisions about how one ought to act" (pg5) using 3 approaches. The first approach is to adopt or subscribe to ethical theories, second is to adhere to ethical principles and finally cultivate virtues (ANA, 2001). How a nurse acts or performs her role has not changed in theory. In an age when technology is surrounding nurses, nurses are still responsible for: a) seeking clarity when a situation arises they may not understand; b) posing questions that address or support ethical situations that may not be clearly defined; c) requesting additional education or information that strengthens their knowledge base; and d) formulating policies/guidelines within various organization that guides other nurses or clinicians in utilizing technology when caring for patients.

Many administrators and healthcare clinicians look to technology as a means to address challenges nurses are being faced with today. One challenge consists of accurate and complete documentation. Documentation that supports Pay 4 Performance initiatives and CMS measures such as administration of pneumonia and influenza vaccines, medication reconciliation, or physical assessment upon admission clearly noting skin integrity. All of which may influence financial reimbursement and more importantly quality outcomes. Working 10 to 12 hour shifts, caring for a higher level of acutely ill patients, and at times having unbalanced patient nurse ratios, are additional challenges nurses are facing. The nurse must be able to juggle all of these challenges well maintaining the

proper care patients require and need to experience safe/quality outcomes. A level of care that reflects the attention, comfort, caring and tenderness patients and their families deserve. I truly believe nurses are accepting of the concept or idea that technology is here to stay and see the technology as a positive tool to assist them in caring for patient in a manner that supports the reasons they became a nurse. I believe nurses need to continue to pose questions to better understand the functional of which technology has to offer. Functionality such as rules, alerts, clinical decision support. Nurses need to communicate with analyst and other interdisciplinary colleagues to design electronic formats and processes that support everyone's needs and remember to keep the safety of the patient as the key focus to all final outcomes. A professional nurse is still required to continue using the commonsense, critical decision making processes, ethical or moral responsibilities he/she was educated on and has always followed but now needs to apply this knowledge and ability to the technical world which surrounds them in daily practice is ever changing.

Nurses can be the most influential professional in helping to design and integrate technology at point of care. Healthcare administrators, vendors and other formal agencies must incorporate nursing professionals in order to be successful in using technology to promote the highest level of positive/quality outcomes, and more importantly outcomes that reflect a decreased rate of medical errors. Today, nurses are seeking Master and PhD degrees that focus on informatics, in addition to certifications which specializes in informatics via HIMSS (Healthcare Information Management Systems Society) through their CPHIMS (Certified Professional in Healthcare Information and Management Systems) and via the ANCC's through their Informatics Nurse RN-BC.

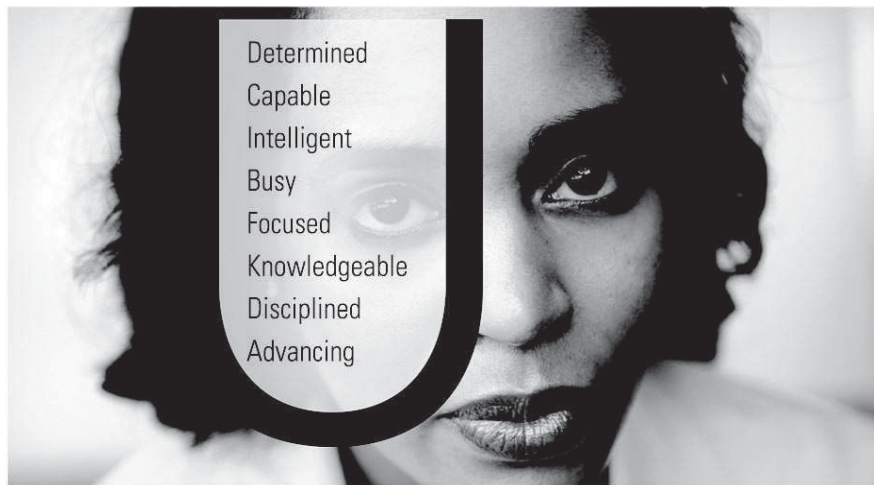
As the role and responsibility of nurses continue to grow and expand just as it has in the past 200 years, nurses will grow more confident in caring for patients with a level of CyberSense and CyberEthics that will guide their practice. A level of CyberSense and CyberEthics that will only develop by continuing to posing questions, seek clarity, request policy and guidelines that outline processes that strongly support best practice. Having nurses with various informatics degrees, certifications and experiences conducting evidence based research will ultimately guide and result in best practice supporting all, the patient, family and healthcare clinicians. Florence Nightingale once stated "What you want are facts, not opinions - for who can have any opinion of any value as to whether the patient is better or worse, excepting the constant medical attendant or the really overseeing nurse" (Nightingale, 1859).

Dr. Debra M. Wolf, Associate Professor,
Slippery Rock University & Informatics
Healthcare Consultant, can be reached at
debra.wolf@sru.edu.

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COVER STORY: *Nursing: The Art and Science for Building a Healthy America*

Continued from page 1

ence of nursing, the compassion and the knowledge, that makes us the nurses we are. As nurses today, it is critical to be strong mentors, visible leaders, and educators to the next generations of caregivers. It is critical that we continually seek innovative strategies to successfully overcome the challenges presented before us in today's healthcare arena.

As the Director of the Magnet Recognition Program at The Western Pennsylvania Hospital, Pittsburgh's first Magnet Hospital since 2006, I am eager to talk to students, nurses, other healthcare professionals and the community about how the Magnet program gives nurses a vehicle to assist with shaping changes and overcoming some of the challenges we as nurses face. We must continually raise the bar and remain dedicated to the continued enhancement of nursing professional practice. This is how excellent nurses assure quality outcomes for our patients. This is how excellent nurses will contribute to building a healthier America for our patients and the community.

You may not even realize it but nurses contribute everyday to a healthier America. Nursing allows individuals to find their strengths and their passion. Whether it is high-tech in the critical care or trauma center or high-touch in the pediatric unit or newborn nursery, nurses make a difference.

Nurses have the unique opportunity to "direct" the healing experience. On one hand they are the bridges between humanity and medical machines. On the other hand, a nurse may just sit quietly at a bedside. Sometimes saying nothing says

everything.

Anyone who has spent any time around nurses understands how seriously, how fiercely even, that nurses care about people and each other. Nursing is a gift. If it was given to you, walk with pride and know that you make a difference in the lives of others. I encourage you to take a moment and to reflect on how rewarding your nursing career has been, and to share your passion for nursing with others.

Looking into the future for building a healthier America, nurses must continue to delineate and articulate the exceptional elements of nursing. The art and science of nursing - the compassion and knowledge - will enable us to achieve this task.

Underpinned by research and evidence-based practice, the science of discovery will increase our nursing knowledge. Nurturing the art with the science that promotes the ability of nurses to think and act while remaining compassionate will continue to add credibility to nursing practice in years to come.

As a nurse, become involved in the multiple opportunities for community service. Take part in building a healthier America today.

If you know a nurse...employ a nurse...or are a nurse, celebrate and recognize them. Take pride in what you accomplish as nurses, and take the chance to inspire others to choose this challenging and gratifying profession.

Jacqueline Collavo is Director of the Magnet Recognition Program at The Western Pennsylvania Hospital. She may be reached at (412) 578-5205 or jcollavo@wpahs.org.

Thank You, Nurses, for All You Do

Frankly, nurses, who are on the front lines of patient care, deserve more than a month to be recognized for their dedicated service. Physicians and patients depend on these dedicated, caring individuals on a daily basis, 24/7, 365 days a year. Nursing professionals deserve our appreciation and recognition for the important role they play in treating the ill and injured.

Nurses work closely with physicians and other health professionals in providing continuity of care to patients. We depend on their good work in direct patient care. Patients see nurses much more frequently than they see their attending physician, and physicians count on nurses' close attention to a patient's status to help us provide the right care at the right time.

As physicians, nurses are our link to our patients and the care they receive. Without nurses, the high level of care patients expect from hospitals and physicians just could not happen. We would not be able to do our jobs without the support of nurses.

Nurses keep hospitals and physician offices running and working correctly, from the highest levels of administration to hands-on direct patient care. Many nurses have entered other areas, including administration, education and research, making nurses an integral element in all facets of the health care field.

Nurses are vital to our community. Many nurses volunteer their time to providing health care to the less fortunate. Others provide care to patients who are homebound. And many nurses serve their communities in countless other voluntary settings, often drawing upon their clinical skills and knowledge.

With gratitude, the Allegheny County Medical Society recognizes the care and support nurses provide to patients and the medical community everyday. We encourage everyone to take some time out of your schedule this month, and every month, to show the nurses in your life how much you appreciate everything they do.

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.



BY DOUGLAS F. CLOUGH, M.D.

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With the recent downturn in the economy, many financial aid opportunities across the country have been decreasing, and students in our region are not exempt.

At the Conemaugh School of Nursing, it's becoming more and more of a challenge for our students to receive grants, scholarships and loans due to the weakened economy, and I'm willing to bet, it's a trend that many area schools are noticing. At one time there were hundreds of lenders students could turn to for financial aid, but now there just aren't many lenders willing to take the risk, and many of our nursing students are older, non-traditional students, so they depend on these resources.

This is even more troubling, seeing that nursing is an area in which growth is needed. According to the Pennsylvania Department of Education, the state will be facing a shortage of 16,000 registered nurses by 2010, and nationally, The Bureau of Labor Statistics estimates that jobs for registered nurses will grow by 23 percent, or 587,000 positions, through 2016.

If the economy doesn't improve and students continue to find it difficult to secure funding, we could begin to feel the effects of



BY LOUISE PUGLIESE

a dangerous national shortage of nurses within the next few years.

One bright spot is the outreach we've witnessed in an effort to assist nursing students facing financial obstacles. For example, the Conemaugh School of Nursing Alumni Association recently established a \$1,000 Future of Nursing Scholarship, using funds from membership dues and fundraisers, for students

based on faculty recommendations, grade point average, an essay explaining why he or she chose nursing as their profession and financial need.

"We named this the Future of Nursing Scholarship, because these students truly are the future of this profession," says Nancy Kozuch, R.N., President of the Conemaugh School of Nursing Alumni Association and also an Intake/Discharge Planning nurse at Memorial. "As alumni, we realize that these students may one day be our caregivers, and we want to make sure that we keep nursing alive by providing them with opportunities for funding."

Conemaugh School of Nursing students, Carmen Letzo and Bernie Seth, were the first two recipients of the scholarship, each receiving \$500. "When you're going back to

school and raising three children, it can be difficult, and it's a sacrifice for the entire family," says 34-year-old Letzo. "I am honored to receive this scholarship, which will certainly help me do what I've always wanted to do—become a nurse."

We also look to Conemaugh's fundraising arm, the Conemaugh Health Foundation, for support. In FY2009, the Conemaugh Health Foundation (CHF) will provide the Conemaugh School of Nursing over \$21,000 in scholarships. While that is a considerable amount, it's down nearly \$3,000 from 2008. "We strive to contribute as much as we can," says Susan Mann, President, CHF. "But in this difficult economic time, the Foundation is being asked to support more initiatives, that's why donations are so critical."

In addition to Foundation scholarships, we're also anticipating that the scholarship funds we receive from the Pennsylvania Higher Education Foundation (PHEF) to be significantly reduced over the next few years. This, compounded by the stringent requirements that most of the private lenders now require, can amount to difficulties for students trying to acquire the funds needed for educational expenses.



Nancy Kozuch, R.N., President, Conemaugh Nursing Alumni Association (center), presents certificates for Future of Nursing Scholarship to freshman students, Bernard Seth and Carmen Letzo during a recent Alumni Dinner.

But even with all of these obstacles, the glass remains half-full. Many students searching for a secure career in these tough economic times may find that the significant investment of time and money is well worth the prospect of attaining a rewarding, high-paying and stable career, at a time when these kinds of jobs are becoming increasingly hard to come by.

Louise Pugliese, Director, Conemaugh School of Nursing, can be reached at lpuglie@conemaugh.org or (814) 534-9000.

A Rx for RNs: PA Center for Health Careers a Valuable Asset for Quantifying, Addressing Nursing Shortage

Profound challenges lie ahead for the delivery of health care services in Pennsylvania, particularly when it comes to the availability of registered nurses.

How we respond to this highly visible challenge is critical, not only for the implications it has for millions of people who need, and will need, the skill and quality of care nurses provide, but because nursing represents the front lines of care giving.

Without the expertise, hard work and dedication of nurses, the quality of health care in Pennsylvania would be substantially



BY SANDI VITO

diminished.

Pennsylvania needs more nurses now and in the future.

According to projections developed last year by the Pennsylvania Department of Labor & Industry's Center for Workforce Information & Analysis, or CWIA, the commonwealth will face a shortage of between 22,200 to 38,000 registered nurses, or RNs by 2016.

CWIA has projected an even greater percentage of workforce deficiency for licensed practical nurses, or LPNs. By

2016, between 32 and 39 percent of LPN positions in Pennsylvania could go unfilled.

Our situation is not unique; national studies reveal that almost every state faces a nursing shortage. Here, the ratio of RNs over age 35 to RNs under 35 has grown to 5 to 1.

To respond to these needs, Governor Edward G. Rendell in 2004 created the Pennsylvania Center for Health Careers, a public/private initiative led by a leadership council of employers, commonwealth agencies, industry associations, labor unions, professional associations and educational institutions. The Center brings these disparate entities together to develop specific proposals to address short- and long-term health care workforce shortages and related human resource issues.

The nursing shortage is the first issue the Center chose to address, understanding that the shortage is rooted in a combination of insufficient retention and recruitment; not enough new RNs are entering the workforce to keep pace with the number leaving, as well as the number of new nurses needed because of an aging population.

Upon conducting a detailed investigation, the Center revealed the supply of nurses has been limited by capacity constraints on education institutions including faculty capacity and clinical capacity. To address these challenges, the Leadership Council made specific recommendations to commonwealth agencies, including the formation of loaned faculty programs between employers and nursing programs, tuition forgiveness for masters prepared nurse educators, and the use of simulation technology to assist in skill development

throughout the education process.

Attracting bright young talent to nursing has also been a primary focus of the Center's annual statewide Health Careers Week. More than 600 school students attended last year's kickoff event in Harrisburg, where Student Health Care Hero Award winners – students who make early contact with health care careers via volunteering or paid part-time work – were honored. Health Careers Week is Nov. 9-13, 2009. During the last year, the local workforce investment boards have engaged over 15,000 school students at the local level to introduce them to health professions, with nursing always being the primary occupation of interest.

Since the creation of the Pennsylvania Center for Health Careers – which could be permanently established through legislation introduced in the state General Assembly this year – Pennsylvania's shortage of RNs for 2010 has eased from earlier projections. The number of graduates from Pennsylvania nursing programs has increased – from 3,464 in 2003 to an estimated 7,232 in 2008.

This month's Salute to Nurses is no perfunctory gesture. Our need and gratitude for nurses is as profound as their contribution to a high quality of life and quality health care for Pennsylvanians. There are few people in the commonwealth whose lives have not been touched and made better by a nurse.

Sandi Vito is Secretary, PA Department of Labor & Industry. For more information on the activities of the Center for Health Careers, visit www.paworkforce.state.pa.us click on "About PA's Workforce System," and choose "PA Center for Health Careers."



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The Challenges of Nursing Education

With most futurists agreeing that the nursing shortage will not disappear anytime soon, pre-licensure nursing education programs have garnered much attention as the best hope for getting more nurses to the patient's bedside. The attention has reaped benefits, with major corporate, government, and other organizations rallying to support nursing schools and current students and to increase applications to nursing schools.

Along with the attention and assistance, however, have come challenges for the schools, the faculty and the students.

The major challenge facing many nursing schools is hiring enough qualified and experienced nursing faculty, to maintain a safe student-to-faculty ratio for patient care.

Nursing school faculty must be masters' degree prepared, but many RNs who would like to teach cannot make the time commitment or afford the cost of graduate school. And many who do obtain graduate degrees and enter nursing education return to clinical nursing for financial reasons - faculty salaries are significantly lower than those for clinical nurses.

Those whose passion for teaching keeps them in the classroom also face challenges. One of the biggest is the age diversity of today's nursing students - from seventeen to the fifties - a span of three generations



BY NANCY E. COBB,
MSN, RN, CNE

differing greatly in learning styles. To engage each student's learning potential, faculty may use several teaching techniques, such as lecture, discussion, role playing and one of the newest - interactive responses to questions using "clickers" - in a single class period.

The new "clicker" technique, which involves students using a handheld wireless device to respond individually to an instructor's "yes/no" or multiple-choice questions, highlights another major challenge for nursing faculty - maximizing the benefits of the latest in classroom, nursing skills lab, and clinical technology.

In nursing skills labs such as the Simulation, Teaching, and Academic Research (STAR) Center located in the West Penn School of Nursing, today's nursing students practice clinical activities with lifelike mannequins that talk, breathe, have vital signs, become pale - and can "die" if not "treated" correctly. Nursing faculty are challenged to design realistic clinical scenarios to teach critical thinking skills and appropriate clinical actions in this virtual hospital.

Lastly, nursing faculty must stay abreast of technologic advances in every clinical setting - hospitals, occupational health settings, clinics, and home care - so they can teach students the principles and appli-

cations of evolving patient care technologies as they reach the marketplace.

Nursing students also face challenges. One of the toughest is the time commitment required for a nursing education. In addition to their college courses and nursing theory/classroom time, nursing students spend many hours a week on their clinical assignments, including researching each patient's diseases and treatments, providing patient care, and evaluating outcomes of care.

Another challenge for nursing students is building their skill base. Nursing care requires highly manipulative skills, including fine motor skills (such as inserting an IV needle) and gross motor skills (for example, chest compressions for CPR). Students learn to poke and prod with skill and compassion in ways and in areas they never imagined!

Nursing students must learn more subtle but equally vital skills such as the skill of critical thinking. Most clinical questions can't be answered by a simple fact. Instead, nurses must critically think through facts, patient data, and clinical impressions in the light of their nursing knowledge and experience to determine how best to care for that patient in that situation. Learning critical thinking is a challenge for many students.

Nancy Cobb, President of the Pennsylvania League for Nursing and Director of The Western Pennsylvania Hospital School of Nursing, can be reached at necobb@wpahs.org or (412) 578-5530.

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Continuing Education Programs for Registered Nurses in Pennsylvania

On June 29, 2006, Governor Rendell signed into law Act 58 of 2006 (SB 235), which requires 30 hours of Board approved mandatory continuing education during each two-year license period for individuals licensed as registered nurses in the Commonwealth of Pennsylvania.

This bill recognizes that registered nurses continue to practice in an environment that is increasingly complex and technical. Prior to Act 58, registered nurses were the only healthcare providers in PA without requirements for mandatory continuing education for license renewal. Faced with an aging population of patients who are sicker, and healthcare delivery systems that continue to develop and evolve, it has become increasingly important for nurses



BY HELEN K. BURNS,
PH.D., R.N., FAAN

to continue education to keep pace with advances in scientific knowledge, new technologies, and medical discoveries. Pennsylvania now joins the majority of states requiring continuing education for nurses.

The University of Pittsburgh School of Nursing provides a broad range of onsite and online activities tailored to nurses in clinical practice. To meet the new legislative requirements for annual continuing education, we offer a variety of online and onsite educational programs, including a preceptor training program that educates baccalaureate and/or masters prepared nurses in clinical and community agencies to work one on one with nursing students, and Fast Track Back, a refresher course for registered nurses with a current nursing license in the state of

Pennsylvania.

Preceptors bridge the gap between theory and practice in nursing education. In addition to clinical expertise, preceptors need to use a variety of skills to prepare nursing students at the bedside. Recognizing the importance of the preceptor role, the University of Pittsburgh School of Nursing introduced an online course to train preceptors how to role model professional interactions on the care unit, demonstrate nursing actions, and provide timely and appropriate feedback. The online format enables preceptors to take as many or few modules as they wish, at any time and in any order. Training more preceptors will increase the number of employable registered nurses in Pennsylvania and help address the nursing shortage.

More nurses are coming out of retirement because of the economy, but despite the current nursing shortage recent reports indicate that lack of current experience may make it harder to re-enter the workforce.

Nurse recruiters say even a short career hiatus can create a big obstacle to getting back into the rapidly changing world of healthcare. Nurses who have been out of the job market for as little as one year may find themselves left out in the cold when looking for a new job. Fast Track Back prepares registered nurses for re-entry into hospital-based nursing practice through 30 hours of classroom and simulated learning and 75 hours of hospital-based practice with an experienced registered nurse clinical coach.

To learn more about online and onsite educational programs at the University of Pittsburgh School of Nursing, call 412-624-3156, e-mail pjk14@pitt.edu, or visit www.nursing.pitt.edu.

Dr. Helen K. Burns, associate dean for clinical education and associate professor in the Department of Health and Community Systems at the University of Pittsburgh School of Nursing, can be reached at (412) 624-6616 or burnsh@pitt.edu.

Nursing Education is Top Priority in Profession How Advanced Degrees Help Nurses Gain the Career Edge

It's nice to be needed. Nurses out there know that that they're in a popular, stable profession that affords many great opportunities. Are there challenges? Sure there are. But the benefits of being a nurse still far outweigh the drawbacks, and it looks like the career will continue to be a good choice for men and women well into the future.

For example, we have all heard the consistent media reports: The nursing shortage is not going away. In fact, experts say the shortage is expected to continue well into the future, with the demand for nurses rising 29 percent by the year 2020. The supply of nurses, however, will rise by less than half that amount. So there's still a need to encourage qualified people to join the nursing profession. Because, truly, once there, the sky is the limit for nurses when it comes to career choices.



BY ROSEMARY
MCCARTHY, PH.D.

Moving up the ranks

Of course, each nurse's movement along the career ladder is dependent upon choice. What do you want to achieve? Where do you want to go? Do you want to remain at the bedside or do you want to be in a leadership role? Experience is one factor that helps determine a nurse's career path. Level of education plays a major role, too.

At La Roche, our commitment to nursing education is guided by our purpose in helping each student reach his or her goals. Recently, we've begun a special program to encourage LPNs to advance to the roles of registered nurse. We believe this group of health care professionals has the potential for rapid growth in their careers, and they'll gain the edge by furthering their education. What better group to tap into? They know what nursing is about and they have the experience. Our new LPN-to-RN Transition Course allows LPNs to enter our ASN pro-

gram at the beginning of the third semester in our five-semester program.

In other words, they are saving the cost of their first two semesters and joining the class as second-year students, all of whom are working toward their associate's degree. So, every spring, we will welcome LPNs into the program with 12 nursing credits earned toward their degree. It's a win-win for everyone involved. These students will earn an associate's degree, making them eligible to sit for the state board examination, moving them into a new nursing rank that allows them an expanded practice role.

With the need for nurses so great, the associate degree option provides qualified nurses to help meet this current and future need.

Online education

Beyond the new LPN transition course, La Roche focuses on other education programs that will assist nurses in advancing their role as a professional. For instance, once a nursing student has earned the associate's degree, he or she may decide to pursue a bachelor's degree. With advances in technology, we are now able to offer the RN-BSN program online, with an option to continue through the MSN program. Our online courses offer nurses the freedom to plan their education to fit their lifestyle.

If you get home from the 3 to 11 p.m. shift and need some time to wind down, jump online and do your weekly course work. If you have a free day, make it your "home schooling" day. That's what makes the program so great – you have the flexibility to learn when it works for you. Yet your faculty is just a phone call or e-mail away. There's no limit to your education when you become part of an online program.

Once a nurse has achieved a bachelor's degree, career options again expand. And when it's time, you may decide to earn your master's degree. At La Roche, our master's program provides two tracks of study: Nursing Administration or Nursing Education. Again, the programs are tailored to each student's interest. And, again, the ease of online learning that fits into a nurse's schedule makes earning this advanced degree obtainable for everyone.

Certificate programs

We often see nurses who are quite satisfied with the degree they have earned, but they want to earn special certificates to get a job in a specific department or industry. At La Roche, we found that many nurses wanted to become certified as school nurses or forensic nurses. We offer both certificate programs that allow this specialization that makes nurses more valuable and marketable in specialized roles.

Our Forensic Nurse Certificate has become quite popular, especially with the popularity of shows like "CSI" and its related spin-offs. In fall 2009, we'll offer the course as a package, whereby nurses take Criminology 101 their first eight weeks, Foundations of Forensic Nursing online for the second eight weeks, and a simultaneous 15-week course, Crime Scene Processing, that runs the whole semester. Earning this certificate in one semester makes it quite attractive to nurses, and it increases their chances of working in specific areas such as trauma or emergency, where it's critical to be able to distinguish patient characteristics that indicate criminal activity.

The School Nurse Certificate program is well-established and continues to be popular with nurses who already have a BSN. This certificate requires two courses: Foundations of Education and Field Experience, and Child Health for the School Nurse.

Certificate programs such as these at La Roche are just two ways that nurses expand their education and move into new careers.

As an educator, my goal is to educate and prepare nursing professionals to address the health care needs of our local and regional communities. I share that goal with other nurse educators. Together, we are preparing the next generation of nurses and helping them to develop their opportunities for personal and professional growth.

Dr. Rosemary McCarthy, associate professor and chair, Department of Nursing, La Roche College, can be reached at Rosemary.mccarthy@laroche.edu.



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Mount Nittany Medical Center Patients Benefit from Nurse Rounding Program

Mount Nittany Medical Center's nursing staff have begun a rounding program in an effort to enhance patient safety and satisfaction. The rounds lead to better care overall because the program builds more trust between patients and caregivers as patients' needs are anticipated.

Rounding is occurring daily on the hour and throughout the night, but patients aren't awakened unless absolutely necessary. During the rounds, nurses may check patient position, assist with bathroom use or ask if they are experiencing any pain. Nurses also check for environmental concerns, such as the need for tissues or a pitcher of water. Before the nurses leave, they ask whether the patient needs anything else and then tell the patient when to expect another round.

A recent study conducted by Studer Group shows that using hourly rounding improves patient safety. Performing hourly rounding has cut patient fall rates in half, based on results from the Studer Group study. Due to rounding, nurses can intervene before a fall occurs, since many patients fall trying to perform duties that can otherwise be tended to by a caregiver. Using the rounding system, patient safety is increased, communication is better and there is also freer flow of information from the patient. Rounding every one or two hours provides the nursing staff with a process to anticipate and meet the needs of patients in a proactive manner.



Building a Healthy America

With an uncertain future for America's health-care system, nurses everywhere are doing their part to insure a positive reform for all Americans. From helpful research to actively lobbying on the Capitol Hill, several nursing associations, with a profound influence in our nation's capital have been actively helping lawmakers build a better America. Nurses are now at the forefront in working with policy-makers and other leaders to achieve a more effective and efficient healthcare system.

One association is ensuring that uninsured Americans will receive the healthcare they deserve. A new study from the National Nurses Organizing Committee was presented to key congressional members that presented a plan to expand Medicare to everyone. This expansion would create 2.6 million new jobs and infuse \$317 billion in new business and public revenues and another \$100 billion in wages into the U.S. economy. This study was a key part in reintroducing the Medicare-for-all Bill.

One of the biggest challenges facing our health care system today is a shortage of nurses. The American Hospital Association in 2006 reported that approximately 118,000 registered nurses were



BY GAYE FALLETTA,
R.N., M.S.N.

needed to fill vacant positions nationwide. These numbers continue to rise and it is estimated by 2020, there will be a shortage of more than 1 million nurses. This shortage is not due to the lack of interested qualified candidates applying for nursing school but to the lack of funding for nursing schools, causing admissions to decrease and the number of graduates to decrease.

The American Nurses Association along with Senator Richard Durban (D-IL) are working for schools and students by supporting the NEED Act.

The Nurse Education, Expansion, and Development, or NEED, Act would provide nursing schools with grants to hire and retain new faculty, purchase educational equipment, enhance clinical laboratories, and repair and expand infrastructure, some of the very problems that keep nursing schools from enrolling additional students. By getting this Act passed we can teach and train a new generation of nurses and nurse educators and ensure our healthcare system is staying ahead of our growing needs.

Gaye Falletta, VP of Nursing Services, Ohio Valley General Hospital, can be reached at (412) 777-6502.

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Editorial Coordinator

ART/PRODUCTION
JMC Graphics
adsjmcgraphics@aol.com
412-835-5796

Contributing Writers
Lisa Bianco
Daniel Casciato
Ron Cichowicz
Barbara Fallon
John Fries
Nancy Kennedy
Ron Paglia
Vanessa Orr
Lois Thomson
Hank Walshak

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The Value of Nursing



**BY BRENDA NEVIDJON, RN, MSN, FAAN, AND
PAULA RIEGER, RN, MSN, AOCN®, FAAN**

The celebration of nursing begins on May 6, National Nurses Day, and continues through May 12, Florence Nightingale's birthday. The Oncology Nursing Society (ONS) has chosen "The Art of Cancer Care" to represent our celebration. We believe this compliments the American Nurses Association's theme of "Nurses: Building a Healthy America." ONS knows that nurses are the front line in keeping patients safe, preventing complications, and even saving lives. Oncology nurses do this through the art of their practice as much as the science. We know from Gallup surveys that nurses are the most trusted professionals. National Nurses Week is the perfect time for oncology nurses to educate their communities about the importance and value of nurses in the healthcare system.

The contributions oncology nurses make to the care of patients are invaluable. They are the healthcare professionals who spend the most time with patients and families. Our country is facing a critical shortage of nurses, particularly oncology nurses. The intersection of an increasing number of retiring nurses and an increase in the older population who are more likely to have a cancer diagnosis indicates an impending crisis in cancer care. Although recent news reveals that cancer will be the world's top killer by 2010, emerging trends in diagnosis and treatment mean that the majority of patients live at least five years beyond diagnosis and the number of cancer survivors—estimated at about 12 million in the United States alone—will continue to grow. This results in a long relationship with the cancer care team, especially the oncology nurses who are specially trained in the care of this special patient population.

ONS, a professional association with more than 37,000 members, is dedicated to excellence in cancer nursing and quality cancer care. We know that investing in continuing education and being part of a community of colleagues helps oncology nurses be the best that they can be. We applaud employers who continue to support their nursing staff with membership in professional associations or attendance at continuing-education activities

during these difficult economic times. They are investing in one of their most valuable assets—their nurses.

In today's economy, many of us are questioning the value of what we purchase or how we spend our time. As an organization, ONS continually looks for ways to make membership in the Society an exceptional value. ONS works to have oncology nurses attribute the value of their professional development to ONS learning experiences. As we work to offer quality educational experiences that are delivered in a variety of formats and learning environments, ONS will continue

to prepare the nursing workforce for the future.

In honor of Oncology Nursing Month and National Nurses Week, we have encouraged our members to speak about the value of their nursing in the healthcare system. They can be influential educators of their employers, community, and elected officials about the value of nursing. Many voices conveying the same message cannot be ignored.

Remember that nurses serve as patient advocates and recognize that patients are more than a set of symptoms that need to be treated. Nurses take the time to listen and answer their patients' questions honestly and completely. Nurses spend the most time with patients, interpret complex information, and help them to navigate the maze of the healthcare system. They use their analytic and decision-making skills to monitor patients and intervene to prevent complications and save lives. Nurses are leaders who speak up and say what they've done and what needs to be done to help shape a safe, cost-effective, and high-quality healthcare system. They are a most important asset in any healthcare organization.

As we celebrate Oncology Nursing Month, join ONS in celebrating the profession of oncology nursing and the value of what these special nurses do every day.

Brenda Nevidjon is President, ONS, and Paula Rieger is Chief Executive Officer, ONS. For more information, call (412) 859-6100 or visit www.ons.org.

A Salute to Nurse Managers



**BY SHELLY
MCGONIGAL, MSN**

The past year has been one of uncertainty in many healthcare organizations. Many of the acute care hospitals in Pennsylvania are struggling financially which has resulted in job insecurity and an increase in stress for the nursing unit manager. Nurse managers are pivotal to the success of health care organizations. The role of the nurse manager is multi-dimensional. Currently, to be successful, one must be able to be a mentor, coach, financial guru, operational specialist, performance improvement consultant, human resource advocate and retention expert, just to name a few. Although it is recognized as an important position in acute care hospitals, the support for those individuals may be lacking. Tensions are high within nursing units. Often the nurse manager is balancing conflict throughout their day with varying degrees of assistance.

One attempt to rescue the nursing manager would be to develop comprehensive educational programs that address current issues in nursing administration. Many individuals enter the management track with limited training. Clinical expertise may prevail, however, the basic management skills need to be explored and emphasized.

Often, managers feel frustrated and helpless in the turmoil of changing healthcare environments. They are being pulled in so many directions that the ability to attend educational offerings to enrich themselves may be unrealistic. Hospitals will need to be creative to retain and empower this precious commodity.

One way to salute the nursing manager is by giving them the

opportunity to network with their peers in the region. Southwestern Pennsylvania Organization for Nursing Leaders (SWPONL) is one such avenue to explore. This professional organization offers the nurse leader the ability to meet experts in the area and discuss current challenges and successes in each other's position. Having the ability to collaborate with others is precious. The group is committed to advancing the practice of the nursing administrator. In pursuing that goal, educational networking offerings are held throughout the year culminating with the annual conference which is being held on September 10-11 at Nemacolin. The education committee presents evidence-based leadership offerings devoted to the nurse manager, administrator and/or executive. The Policy and Legislation Committee keeps the membership aware of healthcare related concerns that may affect the nursing profession. In this way, the nursing manager can keep in tune to proposed legislation that may influence their unit, thus enabling the manager to be visionary towards future concerns. For more information about SWPONL, visit www.swponl.org.

Nursing managers are an extraordinary group. They are dedicated to the profession and are advocates for quality and safe patient care. To their employees, they are often the mentor and the coach that assists them to be successful. Many offer selfless devotion to the patients, employees, physicians and administrators that they work with. Celebrating their successes and accomplishments while recognizing their importance to organizations is a key element in saluting this valuable asset to the nursing profession. A special thank you goes out to all nursing administrators, managers and supervisors for their dedication to the nursing workforce.

Shelly McGonigal, Nursing Director of Quality, Allegheny General Hospital, and Secretary/Treasurer, SWPONL, can be reached at smcgonig@wpahs.org or (412) 359-3929.

“Angels of Allegheny” Recognizing Departed Nurses Throughout Western Pennsylvania

Nurses dedicate their careers to saving lives, relieving suffering and conserving health. They work long hours in sometimes very stressful environments, think quickly on their feet and offer comfort and support when needed. But all too often, many nurses don't get proper recognition for their many sacrifices and contributions when their own lives finally come to an end.

As a tribute to these professionals, Marcia Ferrero, B.S.N., M.S., Division Director of Nursing at Allegheny General Hospital, has founded “Angels of Allegheny.” Inspired by a similar program based in Tennessee, “Angels of Allegheny” aims to recognize “fallen nurses” for their accomplishments and commitment to the profession of nursing.

In the summer of 2007, Ferrero was reading an issue of RN Journal and became interested in an article titled “A Nurse's Final Farewell.” The article described a recognition program of the same name that was started at Henry County Medical Center in Paris, Tenn. Ferrero immediately called LuJan Meketi, RN, founder of the Final Farewell program, for more information about this initiative.

“LuJan was very passionate in relating her experiences with the Final Farewell program,” said Ferrero. “One of her objec-



MARCIA FERRERO,
RN, MS, BSN, NEA-BC

tives was to inspire other nurses across the country to follow suit and honor their departed colleagues. LuJan was kind in telling me how a similar program could be replicated in western Pennsylvania.”

The article affected Ferrero deeply because of her personal experience with losing a close friend and colleague in 2000.

“I have felt profoundly guilty all these years because

my friend's role as a nurse was never really acknowledged,” said Ferrero. “Her priest did not mention her nursing service and her employer never held any type of memorial service, but she was so deserving of it. We are nurses far beyond our work lives and the role of a nurse never leaves us. It is our life. Firefighters, police officers, soldiers and others provide a special service for fallen comrades. I asked myself, ‘Why don't nurses?’ I decided that I had to do something similar for our colleagues.”

Ferrero developed a plan for “Angels of Allegheny” and extended an invitation for volunteers to join in this effort. Before long, over 20 nurses contacted her and expressed an interest in participating in this program. During the group's first meeting, an outline and goals were established for “Angels of Allegheny.” The group:

- Approved “Angels of Allegheny” as the

official name of this program. The goal was to reach beyond Allegheny General Hospital and expand the program throughout Allegheny County and across western Pennsylvania.

- Pursued nonprofit, tax-exempt status for contributions.

- Identified items that would be utilized for a farewell ceremony (e.g., capes, white uniforms, caps, pins, a lantern for loved ones and a flag).

- Drafted content for informational material that would be disseminated to colleagues and funeral homes in the area.

- Determined the sequence of the ceremony and each pallbearer's duties.

Within a few weeks of the group's initial meeting, “Angels of Allegheny” was called to memorialize a fellow nurse who had just died. “We felt a little nervous at first, but we quickly learned the roles we would play in this ceremony,” Ferrero noted. “We cried and consoled each other, and we all felt immense pride.”

“Angels of Allegheny” follows a distinctive ceremony with several symbolic references to nursing. Upon the family's request, six “Angels of Allegheny” volunteers don traditional white nursing uniforms and black capes reminiscent of Florence Nightingale and serve as pallbearers at a funeral. During the ceremony, one of the “Angels” addresses the congregation to share memories of the departed nurse, recites several nursing prayers and explains the meaning of the flag they bear with St.

George's cross.

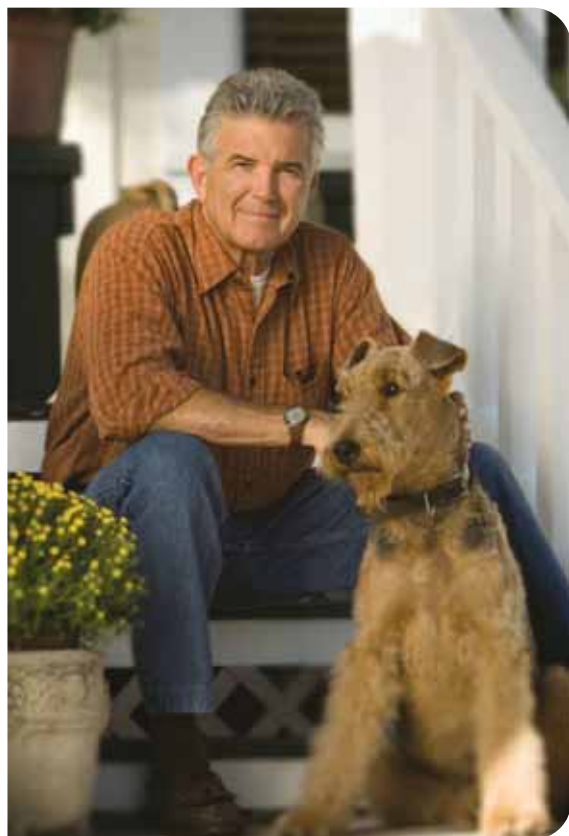
“At some point during the ceremony, a lantern is lit in the nurse's honor,” said Ferrero. “The nurse's name and license number are called out and he or she is asked to report to duty. When there is no response, the name and license number are called out twice more with the same request. After the third call, the nurse's license number is announced as being retired and the lantern flame is extinguished.”

Once this ceremony has been completed, the “Angels” drape their capes forward, covering their name tags, and walk silently away from the gravesite.

To date, “Angels of Allegheny” has paid tribute to six deceased colleagues. Ceremonies were held at a mausoleum, funeral home, church and hospital auditorium. At the conclusion of each ceremony, “Angels of Allegheny” presented family members with three white roses to signify the beauty of the nursing profession and appreciation of collegiality.

“The feedback from colleagues and family members has been extremely positive,” said Ferrero. “We received an outpouring of support for this program and we plan on expanding it throughout the region. It is a beautiful way to honor those who have given so much of their lives to help others.”

If you are a nurse who would like to volunteer with “Angels of Allegheny,” contact Marcia Ferrero at (412) 359-8349 or mferrero@wpahs.org.



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Nursing Profession Has Evolved, But Patients Still Come First

As a Registered Nurse who has been part of the Kane Center in McKeesport for approximately 45 years, I truly can appreciate the significance of National Nurses Week (May 6-12), National Nursing Home Week (May 10-16) and The Hospital News' Annual Salute to Nurses issue this month.

Ours is a field that has evolved over the years to adapt to changes in health care, advances in medicine and treatment, and the use of modern technology that many only could have dreamed of a few decades ago.

As nurses, first and foremost, we put the patients and residents, and their needs, as



BY JUSTINE COATES,
R.N.

the job's top priority. This is a practice that has not changed and will not change as the years pass. I am impressed by and extremely grateful for the nurses at Kane and their commitment to the residents and each other. I am quite certain this commitment and care is duplicated throughout our ranks, whether we serve in Allegheny County or somewhere else across the country.

We continue to face challenges, especially when it comes to cyclical shortages of nurses. It seems there are stretches when we have adequate numbers of nurses available for the work force. Then there are the cycles when we must adapt to

shortages among our ranks. We've learned to maintain our own staff here at Kane. It's called commitment, not only to the job and the residents, but also to each other on the staff.

Technology has had a dramatic affect on our profession. Computer and electronic systems have the potential to streamline the Minimum Data Set (MDS) assessment system developed by the federal government for long-term care. In the past, the necessary regulations often required nurses to sacrifice some of the valuable "bedside time" in order to process more detailed documentation. Upgraded computer systems and programs should enable staff to implement the documentation almost instantaneously as they deliver the care. This facilitates the procedure by eliminating the need to sit down at the end of a shift to fill out

documentation forms.

As for our future, I see nurses moving more into a role as "directors" who will have a significant role in planning and coordinating care while working hand-in-hand with a more highly-developed aide staff that will deliver much of the care.

In closing, I am proud to have served in the nursing profession for more than four decades. I see our ranks meeting the challenges of the future while embracing advances in technology and care. We will do all of this while upholding the age-old philosophy of putting the patient's needs first.

Justine Coates, Director of Nursing, Kane Center in McKeesport, can be reached at (412) 675-8623 or jcoates@allegheny.pa.us.

COVER STORY: Nursing's Future is Health Care's Future

Continued from page 1

includes funding proposals (such as the recently introduced federal Nurse Education, Expansion, and Development Act), regional collaboration and partnership between education and service, and increased media coverage of the opportunities and critical shortage in nursing. Of utmost importance is the partnership between clinical service settings and nursing education for the provision of clinical sites, preceptors, dedicated "best practice" units, continuing education programs,

and clinical research to evaluate outcomes.

A growing consensus agrees that quality of care and cost containment could both be improved by a coordinated team approach to health care, use of evidence-based strategies for health promotion/disease prevention, and implementation of new technology such as the electronic medical record. The American College of Physicians recently released a new policy monograph on the role of nurse practitioners in primary care which advocates a

national health care workforce policy to include nurse practitioners as part of a team-based model of collaborative health care. Randomized controlled trials using outcome measures have demonstrated that advanced practice nurses have been shown to provide high-quality care comparable to primary care physicians for patients with hypertension, diabetes mellitus, asthma and other health problems. Doctor of Nursing Practice (DNP) programs have been developed to teach experienced nurse clinicians how to practice in today's evidence-based environment and how to evaluate outcomes to improve patient care.

Integrating Treatment in Primary Care, a demonstration project by the Pittsburgh Regional Health Initiative, aims to provide evidence that standardized, proven, office-based interventions are therapeutically effective and cost-effective. This is precisely the kind of approach that we need as a region and as a nation to improve both the quality and the cost of our health care system. Nurses have an orientation to holistic care that is particularly well-suited to caring for patients in transition from home to office to hospital and back to home. Nurses are educated to provide education, health promotion screening and counseling and therapeutic care to

their patients. Nurses are educated to be part of a coordinated health care team.

The shortages of professional nurses in hospitals, advanced practice nurses in clinical practice, and nursing faculty in educational settings are not separate problems. Nursing education is a continuum; the best advanced practice nurses come from excellent professional nurses, and we need nursing faculty from excellent advanced practice nurses in clinical practice. The future of health care will depend upon how well we prepare the next generation of providers and how well we work together to coordinate our care delivery system.

Dr. Mary Cothran is an assistant professor of nursing at Robert Morris University. She can be reached at cothran@rmu.edu or (412) 397-5483.

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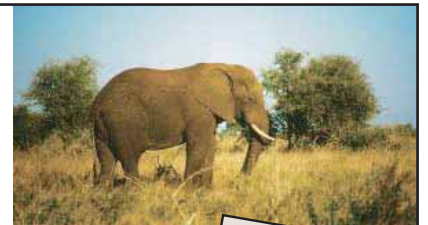
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The Journey to Magnet™ Through the Eyes of UPMC St. Margaret's CNO: Developing a Culture of Excellence

We are honored that UPMC St. Margaret has achieved Magnet™ designation. In December 2008, we completed a successful site visit by the Magnet Recognition Program® and on February 13, 2009 were notified of our official designation. A true Magnet environment provides leadership, voice, and infrastructure to its nurses, enabling them to work at their highest level of patient care. Achieving Magnet status means that we, as a health care team, live and breathe the 14 Forces of Magnetism every day.

Our journey began five years ago. We were faced with challenges, such as over 100 RN vacancies, high turnover rates, and broken processes and patient care concerns. To address these issues, we turned to the Magnet Recognition Program because true Magnet environments have higher patient satisfaction, improved patient outcomes, lower turnover rates, and increased levels of staff satisfaction.

Our Professional Practice Council's (PPC) voice has played a significant role in improving patient care and our practice environment by using the results of our



BY SUSAN
HOOLAHAN MSN, RN,
CNEA-BC

annual nurse satisfaction survey. The PPC has worked with nursing leadership and staff to develop a culture that supports the 14 Forces of Magnetism.

Our Magnet program director and I educated everyone from front line staff to the Board of Directors about our intent to use the Magnet Recognition Program as a framework to create and sustain a professional practice model with quality patient outcomes. This educational process is ongoing, for we

constantly provide updates and new information regarding the Magnet Recognition Program to all levels of the organization. Our Magnet staff champions serve as resources and educators to their departments.

The roadmap to developing the structures, processes, and outcomes necessary for a Magnet culture is described by the following Magnet building blocks:

- Strong visible leadership at all levels — Accessibility of leaders through “no-meeting days.”

- Active shared governance — Empower front line staff to engage in decision making to achieve improved clinical

outcomes, greater accountability for practice, and higher staff satisfaction.

- Accountable and autonomous nursing practice — Our professional staff nurses are leaders. Our participative management style fosters autonomy at the point of care.

- Teamwork with peer review — The peer review process is critical to the personal and professional growth of our team.

- High marks on clinical and operational scorecards — UPMC St. Margaret has been nationally recognized as a leader in programs such as Care Transitions and smart rules within our electronic medical record.

- Evidence-Based Practice (EBP) and Research — Gap analysis identified the need for the integration of EBP and Research. UPMC St. Margaret created the Evidence-Based Research Council and the EBP Council. We have nine IRB-approved nursing research studies, three IRB quality nursing studies, and two pending IRB submissions.

- Performance systems that support professional practice — Continuous learning has been key to our journey. We developed educational pathways including the LPN to RN and the RN to BSN and/or MSN through partnerships with local universities. BSN cohorts increased the number of BSN prepared nurses to 40 percent in three years, with our goal being 55 percent within the next two years.

- Consistent patient care delivery model — The Transformational Model for Professional Practice in Health Care Organizations provides a framework that supports professional practice, patient care, and the processes needed to adapt patient-centered care delivery models to unique unit levels.

- High customer satisfaction for patients, staff, and physicians — Nurses are positioned to lead the process of achieving high customer satisfaction. They understand that time is valuable, the work environment is challenging, and patient-centered care is important.

- Create national best practice — A Magnet culture shares best practices and lessons learned.

I wish that everyone could have experienced the ‘positive airflow’ throughout UPMC St. Margaret during our Magnet site visit. Our organization glowed with immense pride across all departments; the energy was contagious. The forces embraced us and we embraced the forces. The never ending journey of Magnet is nurses being excited about nursing and placing their patients at the center of everything they do.

Susan Hoolahan, Chief Nursing Officer/Vice President Patient Care UPMC St Margaret, and 2008 Robert Wood Johnson Executive Nurse Fellow, can be reached at hoolahanse@upmc.edu.

COVER STORY: In the Classroom and on the Floor, Nursing Shortage Must Be Addressed

Continued from page 1

to a million by 2025. The only way to be prepared for this great demand is to produce more nurses, an unlikely expectation given the faculty shortage. Over the last 10 years the nursing shortage has been front and center, with few in-depth assessments of the critical need to infuse our schools of nursing with an adequate number of well-prepared faculty. According to data published by the National League for Nursing, we have just a little over 30,000 full time equivalent faculty in nursing schools across the country. These men and women provide instruction in our 1,200-plus nursing programs—and they are stretched thin.

Of great importance to future planning for the creation of a strong nursing workforce is a strong faculty to teach them. Yet many issues are related to creating that academic faculty work group. For one thing, faculties in schools of nursing earn, on the average \$30,000 a year less than their clinical counterparts. The more senior the faculty member is, the greater the gap between the faculty and the clinician salary. While many faculty are motivated by altruistic goals and a genuine commitment to a career in higher education, that dedication does not buy the groceries or clothe their children.

Another issue relates to the overload that most faculty experience. From the perspective of the busy the clinician,

the role of the faculty member sometimes looks less stressful and more serene than the positions they occupy. Nothing could be further from the truth. In national studies that assess faculty workload, the average faculty member works 60-80 hours per week. The big difference between the clinical world and the academic world seems to me to lie in timing. Each group is overextended, but the impact of that is realized in different ways. For example, the clinician's work is more immediate and he/she has the “luxury” of speedy feedback. Knowledge of the outcome is immediate as well. Faculty, on the other hand, must plan sometimes months in advance and then may not know the outcomes of their instructional or research efforts for years! Feedback is slow in coming and demands are constant for this group.

We must find ways to unite the professionals who work so hard to produce quality care for patients through their direct care, through their leadership and support to direct care givers in the clinical setting, and through the professional development of new nurses and new advanced practice clinicians. We are all in it together and need to find ways to support each other more effectively.

Dean Eileen Zungolo of the Duquesne University School of Nursing can be contacted at zungolo@duq.edu or (412) 396-6554.

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Nursing Accolades



La Roche College Nursing Students Compete in Nurse Challenge

Six La Roche College nursing students who recently competed in the Second Annual Student Nurse Challenge in Western Pennsylvania in late March on the Penn State-New Kensington campus took home third place honors in the competition. The students competed against 12 other nursing schools. Competing in the Challenge (l-r) was: Victoria Andromalos-Dale of Hampton; Jennifer Popich of Highland Park; Christian Condrick of Johnstown; Michelle Plan of McKeesport; Nikki Vrahas of Shaler; and Sarah Lilly of Grove City. Photo by Terri Liberto.

Lee Ann Dobson, RN, MS, Receives Breast Care Nurse Certification



Lee Ann Dobson

Lee Ann Dobson, RN, MS, has been credentialed as a Certified Breast Care Nurse (CBCN) by the Oncology Nursing Certification Corporation, an affiliated organization of the Oncology Nursing Society. She is one of only two nurses from western Pennsylvania and the only nurse practicing in Washington County to hold this certification.

Dobson is the clinical coordinator for Donald Keenan, M.D., Ph.D., a board-certified breast surgeon.

Breast Care Center Nurse Navigator Earns Certification



Cindy Mastrian

Cindy Mastrian, RN, CBPN-C, breast care nurse navigator, recently earned Breast Patient Navigator Certification at the 9th Annual National Interdisciplinary Breast Center Conference. It is the initial national certification process and only 118 individuals nationwide received the certification of CBPN-C.

James E. Van Zandt VA Medical Center's Nominees for Excellence in Nursing Awards

The Veterans Health Administration Secretary's Award for Excellence in Nursing are given each year to VA nursing staff who are nominated from each VA medical center across the Nation. This year, the James E. Van Zandt VA Medical Center in Altoona, Pennsylvania, was pleased to nominate two exceptional nursing staff for this honor. Those nominees are Cheryl McIntosh, R.N., and Tammy Graffious, L.P.N.



Cheryl McIntosh

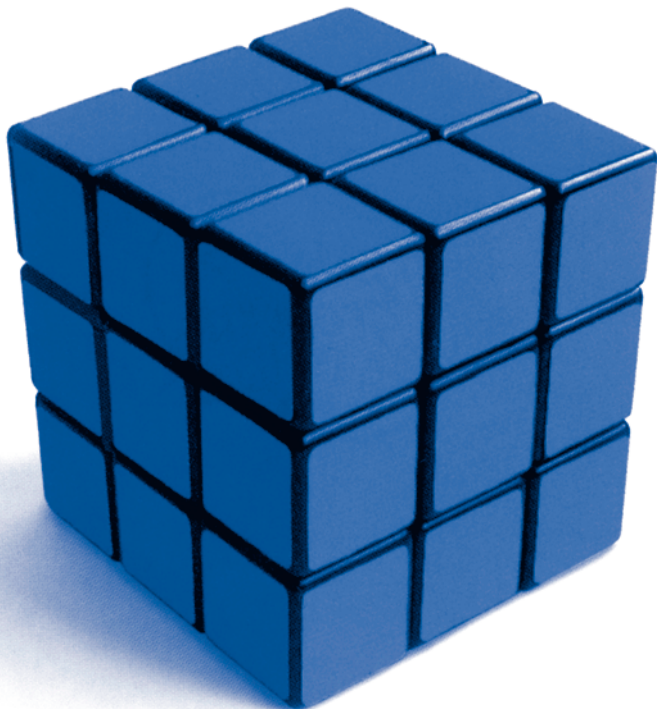
Cheryl McIntosh, is recognized in the category of Registered Nurse in a Staff Role. Cheryl is assigned to a busy community based outpatient clinic, located approximately 72 miles from the parent facility in Altoona. Cheryl's support extends beyond the walls of the clinic, as she has helped many Veterans who have called the clinic in either a physical or emotional health care need. She is aware of the needs of the Veteran and uses the resources available within the community and VA to provide assistance. Cheryl always puts the needs of Veterans first. She works aggressively to resolve any Veteran's issues that may arise, which contributes to the high level of Veteran satisfaction in that clinic. She is a valuable asset to the James E. Van Zandt VA Medical Center and the community based outpatient clinic in DuBois.



Tammy Graffious

Tammy Graffious, is recognized in the category of Licensed Practical Nurse/Nursing Assistant. Tammy works in the VA medical center's Specialty Clinics; specifically, in the Podiatry Clinic. Tammy has also assisted the VA team to establish a focused and productive wound care clinic and worked to prevent decubitus ulcers in our Community Living Center residents. Primarily due to her ability to quickly comprehend difficult tasks, and familiarity with the VA electronic health record, Tammy stands out as a unique individual with a positive attitude, who can accept responsibility to complete a project with little oversight or direction. She is, indeed, a valuable asset to the James E. Van Zandt VA Medical Center.

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President Obama Nominates UPMC's Tara O'Toole for Under Secretary for Science & Technology, Department of Homeland Security

President Barack Obama announced his intent to nominate Tara O'Toole, M.D., M.P.H., for Under Secretary for Science & Technology in the Department of Homeland Security.

Dr. O'Toole is the founding director and CEO of UPMC's Center for Biosecurity. Since the creation of the Center in 2003, Dr. O'Toole has been instrumental in making UPMC and the University of Pittsburgh an international leader in the critical field of biosecurity and public health preparedness.

"Bioterrorism is considered one of the greatest national security threats of the 21st century," said Jeffrey A. Romoff, president and chief executive officer of UPMC. "In this regard, Tara's expertise makes her uniquely qualified to step into this important role at a time when the dual threats of bioterrorism and pandemic disease are at the forefront, as we have seen in this past two weeks with H1N1. I have worked closely with Tara for the last five years. There are few people who can match her intelligence, leadership skills and her understanding of how government works. With her wealth of experience, knowledge and energy, she will be an extraordinary addition to the Obama Administration."

Throughout her career, Dr. O'Toole has worked in leadership positions both in government and the private sector. Prior to joining UPMC, Dr. O'Toole was one of the original members of the Johns Hopkins Center for Civilian Biodefense Strategies and served as its director from 2001 to 2003. She has written and lectured extensively on biosecurity and nuclear security issues, nationally and internationally. She has served on numerous government and expert advisory committees. She served as the Chairman of the Board of the Federation of American Scientists. Dr. O'Toole is co-editor-in-chief of the journal *Biosecurity and Bioterrorism: Biodefense Strategy, Practice and Science*.



Dr. Tara O'Toole

UPMC and the Army Reserve Join in Employer Partnership

The University of Pittsburgh Medical Center (UPMC) and the U.S. Army Reserve have joined together in an effort designed to strengthen the community, support Army Reserve Soldiers and their Families, and maintain a strong economy. This effort is part of the Army Reserve's groundbreaking Employer Partnership Initiative (EPI).

From this public-private employment partnership, both organizations will be able to recruit, train and employ talented Army Reserve Soldiers looking to serve both their nation and their community.

"I am pleased to have UPMC become a valued member of our Employer Partnership Initiative one year after launching this ground-breaking enterprise," said Lt. Gen. Jack C. Stultz, Chief, Army Reserve. "Our alliance with UPMC is a natural since health care is one of our core capabilities. I look forward to working closely with an industry leader like UPMC to develop our greatest shared asset, our people."

Through EPI, the Army Reserve is partnering with business leaders such as UPMC to develop staffing solutions to meet America's industry demands, tackle the issue of workforce preparedness, and reinvigorate America's human talent to remain competitive in the global economy.

"We are honored to be a part of this historic partnership," said G. Nicholas Beckwith III, chairman of the board, UPMC. "The Army Reserve employs some of the most dedicated and talented professionals in the country, and we are eager to utilize their unique knowledge and skills."

EPI establishes a process whereby employers and the Army Reserve secure and share the talents of trained professionals. Partner employers will benefit from the employment of men and women with Army values, experience and proven leadership skills.

Investors' Lab

2010 is the Year to Consider the Roth Rollover

2010 marks the first year that high net-worth individuals, such as physicians and executives at healthcare facilities, can take advantage of a major new tax break.

Buried in the Tax Increase Prevention and Reconciliation Act (TIPRA) passed by Congress in 2006 are new rules that for the first time enable high net-worth individuals to take advantage of Roth Individual Retirement Accounts (IRA). Investments in a Roth IRA grow tax free, but until now those with adjusted gross incomes above \$100,000 have been prohibited from opening Roth IRA accounts. The new rules will allow individuals, regardless of their income levels, to convert their traditional IRA and 401(k) accounts to Roth IRAs. As with any investment decision, there are potential advantages and disadvantages of conversion.

Roth IRAs offer real advantages to individuals in the areas of tax, retirement and estate planning.

The tax advantages are many: Roths are funded with after-tax dollars and when holders take qualified distributions from a Roth IRA, they don't pay federal taxes on the distributions received. Converting to a Roth IRA creates a tax-free vehicle from which one can derive retirement income. Federal law permits investors to make the change by paying the taxes on assets converted from the traditional IRA to a Roth IRA.

Depending on the individual circumstances, there could be distinct advantages in planning for a Roth conversion in 2010. The taxable income that results from a



BY NADAV BAUM

conversion in 2010 can be spread out over the succeeding two-year period of 2011 and 2012. Conversions after 2010 will be fully taxable in the year the conversion is made.

An advantage of the Roth IRA of particular interest to high net-worth individuals is that Roth IRA investors are not subject to mandatory minimum distribution requirements at age 70 ½. High net-worth individuals

are more likely to be able to pay for retirement expenses with funds from taxable accounts or tax-free municipal bonds, and can benefit from keeping the funds in the Roth IRA as long as possible, so they can keep growing tax-free.

Another benefit of the Roth is in estate planning. Roth IRAs provide an excellent source of asset transfer since the account grows tax-free without any requirement to make distributions during your lifetime. Roth IRAs are not considered income to the decedent, and consequently the beneficiaries will not pay income tax on their distributions from a Roth IRA.

Before making any planning decision regarding converting to a Roth IRA, one should consult with a qualified tax advisor in conjunction with a financial planner. An appropriate recommendation can only be made after professional consultation to determine if any of the strategies made possible by TIPRA's 2010 provisions are right for you.

Nadav Baum, The Nadav Baum Group, Managing Director of Investments, BPU Investment Management, Inc., can be reached at nbaum@bpuinvestments.com.

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Technology at the Forefront of Assisting Residents at Lutheran SeniorLife Facilities

The landscape of how long term care providers are creating opportunities for their residents and patients live more independently is changing at a rapid pace.

That's evident in how progressive systems, such as Lutheran SeniorLife, are approaching technological advances designed to improve the quality of life for health care professionals and those whom they serve.

In fact, Lutheran SeniorLife may be the only long-term care provider in western Pennsylvania with an employee solely dedicated to exploring the many ways in which technology can be utilized to improve every-day living for residents.

Sharon Whalen, Lutheran SeniorLife's technology associate, has been working with residents and staff system wide, reviewing how technology can assist or enhance a specific need or improve quality of life issue.

"The difficult tasks of daily living become easier and safer through the use of technology and it also gives our residents new opportunities to learn and grow," she said. "Technology is proving to be a perfect complement to our mission of creating Abundant Life™ opportunities."

One of the most recent technologies to be added to Lutheran SeniorLife's repertoire is AccuNurse, an unobtrusive headset worn by nurses and nurse aides to record important medical information, update care plans and page fellow staff members more easily, safely and effectively.

"In the past, our nurses have spent as much as 70 percent of their time on paperwork, time that could have been spent at bedside with our patients," said Tom Prickett, executive director of St. John Specialty Care Center in Mars. "With AccuNurse, much of the paperwork is totally eliminated. It allows our nurses to get back to the bedside, which results in more detailed care plans because more information can be observed and recorded."

Lutheran SeniorLife also recognizes that the brain is one of the least exercised - yet most depended upon - muscles in the body, especially as we age. Two new brain



Kim Groves (center) looks on as Passavant resident Janet Pfaff (left) and Betty Gee move to the beat of Dancetown.

programs – Posit Science, being used at Passavant Retirement Community in Zelienople, and Dakim BrainFitness, introduced at St. John Specialty Care Center in Mars- were developed by some of the world's leading researchers in the long-term care field and are the result of decades of neurological research. Both of

these exciting programs are done through the use of a computer.

PositScience programs, designed to stimulate very specific chemical reactions in the brain, pushing the brain into new territory, making information transmit more freely, that helps enable the brain's ability to record and retain information.

Dakim BrainFitness focuses more on consistent, long-term mental stimulation, which is essential to reducing the risk of memory loss and/or dementia. The system provides a very user-friendly, brain-building activity that is presented on a touch-screen computer in a colorful, visually stimulating TV game show-type format.

"This program has helped me quite a bit and it's fun," said St. John resident Lee Kummer. "It all seems like a game while you are going through it but then you realize you are remembering more things and forgetting less."

Another innovative program added recently is Dancetown, a revolutionary fitness system that combines technology with some good old fashioned "move to the beat" music to increase senior vitality and wellness. Participants step on to a colorful electronic floorboard and tap their feet on squares of light that pulsate in tune with music.

"Dancetown is a perfect way for our residents to enhance not only their body strength and cardiovascular health but their cognitive skills as well," said Kim Groves, coordinator of Passavant's Fitness & Wellness Center. "Research has shown that familiar music makes seniors feel young again and helps put their bodies in motion."

"I truly believe we have only scratched the surface when it comes to exploring all of the technology options out there," said David Fenoglio, president & CEO of Lutheran SeniorLife. "Anything that could benefit our staff and residents is a positive step forward."

For more information about Lutheran SeniorLife, visit www.lutheranseniorlife.org.

WHAT'S NEW...

Butler Health System Secures Funding for Expansion Project

In the midst of one of the most challenging credit markets in U.S. history, the Butler Health System is pleased to announce that it successfully closed on \$126 million of tax exempt debt to fund the completion of its system expansion.

The financing included \$76 million in fixed rate bonds and \$50 million in variable rate demand notes.

The funds will be utilized primarily for a new inpatient tower at the health system's main campus located on East Brady Street in Butler.

The tower is part of an overall system modernization and expansion that includes the tower, an investment in information technology, and a broader array of outpatient services.

Years of planning the system expansion culminated with construction that began in early 2008. The Butler Hospital emergency department was expanded and opened in May of last year and the new BHS Heart & Vascular Center was opened on the health system's East Campus in October. Groundbreaking and construction began on the new patient tower last June. To date, the steel infrastructure of the 7-story structure is more than halfway complete.

The new inpatient tower will house a 24-bed critical care unit, a 10-room surgical suite and 52 additional medical-surgical beds. Also in the facility are education and conference facilities and retail space. Scheduled to open mid 2010, the project is on time and on budget.

Total cost of the entire system expansion is \$152 million.

UPMC Formalizes Existing Relationship with Tricare

In an agreement formalizing UPMC's existing practice of treating military personnel and their families throughout its system, UPMC signed a contract with Health Net Federal Services, LLC, adding hospitals and physicians that were not officially part of the Tricare Network of providers.

Previously, UPMC Horizon, UPMC Mercy and Children's Hospital of Pittsburgh of UPMC were Tricare Network providers. Although considered out-of-network, all other UPMC hospitals and physicians have always accepted and treated Tricare patients. The action to formalize UPMC's existing practice of providing high quality medical care to active military, their families and retirees was taken following media stories last month that caused confusion within the military community regarding UPMC's historical and ongoing acceptance of those covered by Tricare.

The Marketplace

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

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

BAPTIST HOMES SOCIETY

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

COMMUNITY LIFE

Living Independently For Elders

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

The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, 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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412-828-5600
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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
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DATEBOOK:

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 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 kharter@liverfoundation.org.

June 8 OVGH Golf Fundrive

The Ohio Valley General Hospital (OVGH) Foundation will host its 24th annual Golf Fundrive on June 8 at Allegheny Country Club. Event proceeds will support the hospital's acquisition of automated laboratory equipment. For more information or to register, call (412) 777-6359.

June 15 Passavant Hospital Foundation 22nd Annual Golf Benefit

The Passavant Hospital Foundation 22nd Annual Pro-Am Invitational Golf Benefit will be held on Monday, June 15 at Wildwood Golf Club in Allison Park. All proceeds benefit UPMC Passavant. To register or sponsor, call (412) 367-6644.

June 19-20 Bridging the Gap: Surgical Topics for the Primary Care Physician

Memorial Medical Center presents this symposium designed to provide a comprehensive review of important topics in the primary care of patients including peripheral vascular disease, anorectal disease, anticoagulation management, diabetes mellitus, morbid obesity and back pain. The event, which qualifies for 7 CEUs and 7 AMA PRA Category 1 Credits, will be held June 19-20 at Seven Springs Resort. Call (814) 534-1654 or lpattson@conemaugh.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 Nemacon Woodlands, Farmington, PA. To register online, visit <http://cchehs.upmc.edu>. For more information, contact Shauna Brown at (412) 647-9541 or cchehsconfmgmt201@upmc.edu.

June 22 Golf Invitational

The John G. Rangos, Sr. School of Health Sciences (RSHS) will hold its 15th Annual Golf Invitational at Diamond Run Golf Club in Sewickley on Monday, June 22. All proceeds benefit RSHS student scholarships. For more information, call (412) 396-5551 or durica@duq.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.

June 26 Happy Hour and Pirate Game

Western PA HFMA and Emdeon business services are hosting Happy Hour and a Pirates baseball game on June 26 at 5:00 p.m. at McFadden's. Registration required. Contact Debbie at (724) 457-2222 or debbie1141@hotmail.com or visit our website www.wphfma.org.

June 27 Nurses Night at PNC Park

The Pittsburgh Pirates would like to welcome all regional nurses, medical assistants, aides, and home care attendants to join us for Nurses Night on Saturday, June 27 at 7:05 vs. Kansas City Royals. All those participating are eligible to receive a special discount. For more information, call (412) 325-4964 or e-mail Brandon.Lawrence@pirates.com.

July 13 Golf Outing

The sixth annual Concordia Lutheran Ministries Golf Outing is scheduled for Monday, July 13 at Pittsburgh National Golf Club (formerly Deer Run Golf Club) in Gibsonia. All proceeds from the event will benefit Concordia's Good Samaritan Endowment Fund, which provides Concordia with additional funds to support residents with depleted resources. For more information, call (724) 352-1571 ext. 8266.

July 13-16 PPC University

The Perfecting Patient CareSM (PPC) University, developed by The Pittsburgh Regional Health Initiative, is a powerful, proven healthcare education and training program, based upon Lean concepts and principles of The Toyota Production System, which aims to eliminate errors, inefficiency and waste in complex systems through continuous improvement and standardization of work practices. Instructors teach PPC methods during an intensive four-day program. Attendees learn the basic values and principles of Lean and Toyota-based process improvement, participate in complex simulation activities, conduct real-life observations and develop skills that can immediately be implemented in their own workplaces. The University will be held at the Marriot Courtyard, Monroeville. Mandatory registration can be completed online using the form available at www.prhi.org/ppc_reg_list.php. For more information, contact Barbara Jennion at bjennion@prhi.org or (412) 586-6711.

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://cchehs.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.pbgghpa.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.hcarefacilities.com for complete details and to register.

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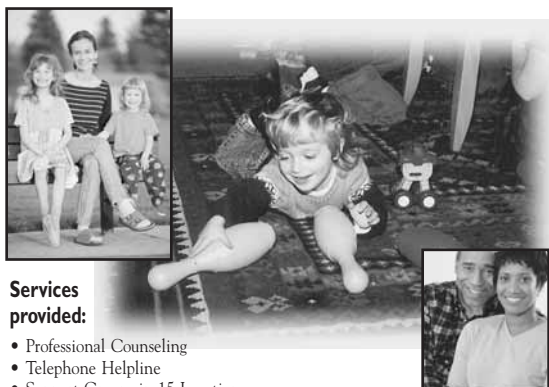
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Did you hear about the scientist who thinks he's found a way to turn alcohol into gas and they're calling him a genius? Big deal. My old man has been doing that for years and my mom calls him disgusting.

That original piece of humor was written by yours truly many years ago.

If it made you laugh, smile, or even groan a little, it did its job—it took your mind off of more serious matters, if only briefly.

We live in an increasingly bizarre world. The guy running the Internal Revenue Service cheats on his income taxes. We vote celebrities off "Dancing with the Stars" each week, but we still haven't picked a Senator in Minnesota. Our two biggest worries are: 1) the world will end (pollution, disease, nuclear weapons, asteroid—take your pick) ... and 2) that we won't save enough money to retire.

Our society needs help and some say laughter is the best medicine. (Problem is, when you prescribe it, you can't charge for it. Those greedy health insurance companies!)

So America is left with a serious health issue – dangerously low amounts of humor in our system.

Of course, we all know that the main problem is the economy. When the Dow is up, blood pressures come down. So, in an effort to do my part, I offer the following few



BY RON CICHOWICZ

suggestions just to get you thinking. Use any you like, free of charge. (And when was the last time you heard that phrase in a healthcare facility?)

- Save time and money by combining liposuction and colonoscopies. You already have a long tube and an unconscious patient. Really, how hard could it be to put a sucking mechanism on the end (of the tube, not the patient.) Need a partner? Two words: Roto Rooter.

- For those first-time visitors to the region being flown by helicopter to your facility, if they're conscious and keep hang on for a few extra minutes, why not offer aerial tours of the city?

- Or what about installing tanning lights in the MRI, selling ads on surgical masks worn during the pandemic ("Eat a Joe's—Just don't order the pork this month"), or offering X-ray screenings at the airport for busy patients needing a check up but with a plane to catch?

I hope these help. I also hope that, in the coming months, In Stitches will provide you with something to laugh about. Which is a good segue

to the photo accompanying this column. A special shout out to Kevin Cooke, of Graule Studios in Rochester, PA., who obviously is more than a fine photographer. He's a freaking miracle worker. (To see what Kevin can do when he has something to work with, visit www.graule.com.)

That's it for now. I'm prescribing at least two laughs a day ... and I want to see you again next month.

Ron Cichowicz is an award-winning, Pittsburgh-based author and lecturer, whose presentation topics include the benefits of humor (for individuals and organizations), motivation and leadership, and public relations and fund raising for nonprofits.

Ron can be reached via email at roncichowicz27@comcast.net.

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MLS# 747130

The artistry of this graciously styled 5 bedroom, 5 full and 2 half bath design is unique, the space abundant. This Villa of North Park masterpiece features governor's drive, grand foyer with marble flooring, columns and lofty ceiling, butler's pantry, paneled study, two-story family room with marble fireplace, 1st floor master suite, private bath for each bedroom, expansive lower level, WOW!!



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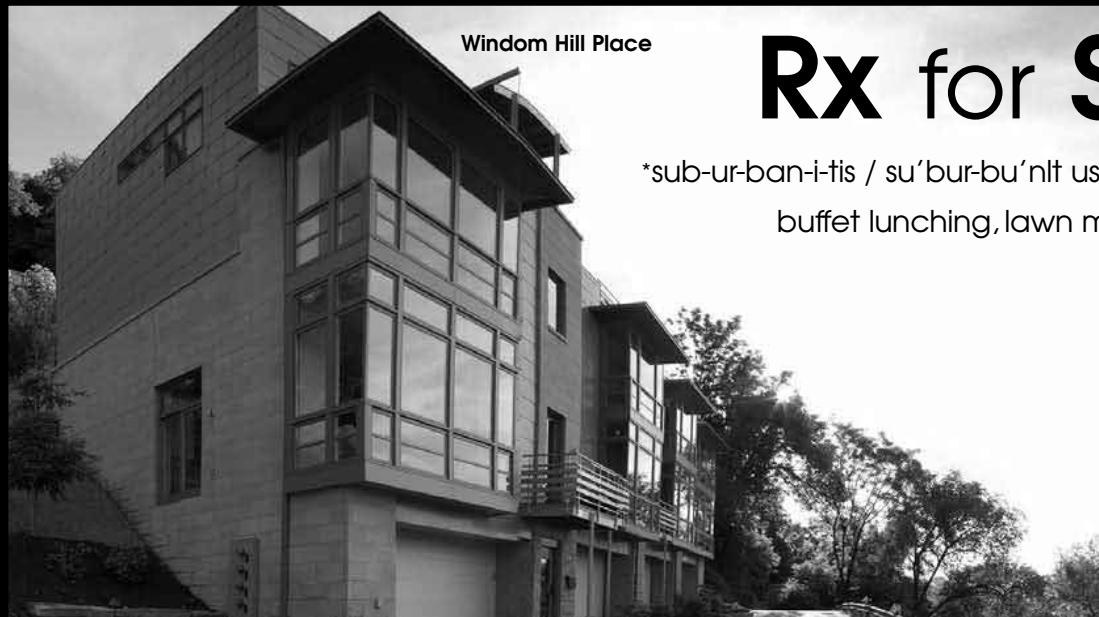
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