



**ACMS PERSPECTIVE:**  
Pay for Performance: Physician Merit Pay

Page 3



**ELDERCARE:**  
Geriatric Needs Augur Shortages... and Opportunities

Page 14



**HEALTHCARE REAL ESTATE, CONSTRUCTION, DESIGN & FACILITY PLANNING:**  
UPMC Opens New Cancer Center in Dublin Ireland

Page 37

**DEPARTMENTS:**

LEGAL UPDATE Page 6  
MAKING ROUNDS Page 10  
AROUND THE REGION Page 12  
RESOURCE DIRECTORY Page 38  
DATEBOOK Page 40  
CAREER OPPORTUNITIES Page 41

PRSRT STD  
U.S. Postage  
PAID  
Permit #12  
Indiana, PA

JUNE 2007 • \$3.00

# Western Pennsylvania Hospital News<sup>TM</sup>

THE REGION'S MONTHLY HEALTHCARE NEWSPAPER



Timothy L. Powers

## Going Green

BY TIMOTHY L. POWERS, AIA

Sustainable design provides clean and efficient environments that promote healing: attributes that are no more important than at a pediatric hospital. Recognizing this, Children's Hospital of Pittsburgh of UPMC is working with the architectural firm Astorino to achieve a LEED®-certified (Leadership in Energy and Environmental Design) design that is sensitive to the environment and will contribute to the overall welfare of the patients, family and community it serves.

**Site: Responsible, Accessible, Considerate**

The new Children's Hospital of Pittsburgh of UPMC is under construction on the urban campus of a former hospital in the Lawrenceville neighborhood of the city of Pittsburgh. By opting to locate the new hospital on this existing campus, the hospital will benefit from many of the assets already in place while the increased economic activity it will generate will help to revitalize the immediate urban neighborhood.

The campus sits on multiple transportation routes, allowing ease of access for commuting families, visitors, physicians and staff. All on-site parking was structured to maximize the density of the site and to reduce heat island effects otherwise caused by exposed pavement.

Finally, the site design is considerate to the needs of the city and the neighborhood. Considerable green spaces are planned on and around the building, featuring plantings selected to minimize irrigation needs.

Continued on page 34

**FOCUS: ELDERCARE**

## Dr. Resnick Sees Bright Future for Treatment of Geriatric Patients

BY RON PAGLIA

Ask Neil M. Resnick, M.D., about what can be done in terms of research and development of new techniques for treating geriatric patients and he's quick to respond with a positive answer.

"The sky's the limit," Dr. Resnick, Chief of the Division of Geriatric Medicine at the University of Pittsburgh Medical Center, said.

"In just the last decade, implantable defibrillators, intracardiac devices and left ventricular assist devices have made a major impact in the treatment of heart disease," he said. "Minimally invasive surgery has brought the benefits of many procedures to older adults who could not tolerate larger operations. New prostheses and an ongoing revolution in rehabilitation technology and implantable chips offer major promise for those with stroke and disability."

Dr. Resnick, who previously was Chief of

Geriatrics at Harvard's Brigham and Women's Hospital and now serves as a professor of medicine at the University of Pittsburgh and director of its Institute on Aging, said that "cognitive coaching" technology "augers well for those with cognitive impairment," as do advances in technology that would allow older adults to continue driving more safely and much longer.

He also contends that RFID (radio frequency identification) technology "promises to make life easier" for those with visual impairment.

"New computerization of information will facilitate development of tools to help reduce medical errors as well as costs and duplication of tests," Dr. Resnick said. "Environmental monitors will enable older adults to remain independently and safely in their own homes. New technology to help manage and monitor chronic illness also



Dr. Neil M. Resnick

should prove invaluable. These are just a few of the many uses of technology now and in the near future, and the Institute on

Continued on page 23

SEE PAGES 14-20 FOR RELATED STORIES

## Thomas Timcho Applies a Lifetime of Learning to Jefferson Regional Medical Center

BY RON CICHOWICZ

South Vietnam may be a far cry from Jefferson Hills, but lessons learned more than four decades ago half way around the world continue to help Thomas P. Timcho improve the delivery of health care to people living in southwestern Pennsylvania.

According to Timcho, 61, who was named president and chief executive officer of Jefferson Regional Medical Center in 2003, his management style began to take shape during his time serving in the military.

"I was drafted in 1965 and went to OCS (Officer Candidate School)," he said. "I then spent a year in Vietnam. While there, I noticed that so many NCOs (noncommissioned officers) knew more than the young lieutenants. Anytime there was a



Thomas Timcho

question, you'd hear, 'Ask the first sergeant.' This taught me that a lot of people in lower levels know more than you, so it's important to find ways to solicit information from them.

"As I went through my career, I also found that young people in any phase of their careers think they should know everything. So they don't ask questions and they make mistakes."

So Timcho has made it a trademark of his management style to encourage those around him to communicate with each other, up and down the hierarchy, for the overall good of the organization.

"When you have a group of people who are motivated, self-actualized, and bright, they monitor themselves," he said. "So you have to encourage that, which is what I try to do. I enjoy work-

ing with our people."

Before being named president and CEO, Timcho served Jefferson Regional Medical Center as executive vice president and chief operating officer and, before that, as senior vice president and chief financial officer. Prior to that, he held numerous leadership roles, including executive positions at UPMC from 1994 to 1999, and executive vice president and chief financial officer at Children's Hospital of Pittsburgh.

A graduate of the University of Pittsburgh where he earned bachelor's and master's degrees in business administration, Timcho, who also is a licensed Certified Public Accountant in Pennsylvania, was the executive in charge of the Health Care Consulting Division at Ernst & Young.

"I guess I got into health care work through the back door," he said. "When I returned from my military service, I got a degree and went to work at U.S. Steel. I picked up my master's degree at night, and was offered a position at Ernst &

Continued on page 5

Now Open

# chick

contemporary clothing boutique

AKA New York  
Alice + Olivia  
J Brand  
Betsey Johnson  
T-Bags  
Genetic Denim  
Fluet  
Karen Zambos  
Bell  
Rory Beca  
Elijah  
Mara Hoffman  
GoldSign  
Tibi  
Julie Haus  
Bijoux Luck  
Jack Rabbit  
Sheila Fajl  
Pedro Garcia  
Notify



Theory  
Chaiken  
Lauren Moffatt  
Rich & Skinny  
Kitson  
Primp  
Sass & Bide  
Paul & Joe  
Foley  
CC Skye  
LaROK  
Paper Denim & Cloth  
Shoshanna  
Kooba  
King Baby  
Helen Wang  
Rachel Pally  
Blank  
Sweetees  
Trina Turk  
and many more...

Latest Designers from New York and LA as seen in:  
Vogue, Elle, Bazaar, Lucky,  
Us Weekly, Glamour, Seventeen, and Teen People

---

## Shop Downtown

717 Liberty Avenue Cultural District  
(one block from the Benedum Center)  
412.434.0100

Mon-Fri: 11am-7pm  
Saturday: 11am-6pm

# Pay for Performance: Physician Merit Pay

The “pay for performance” trend is sweeping over the practice of medicine. Pay for performance (PFP or P4P) is a method of linking a physician’s reimbursement from health insurers and Medicare to measure of individual, group or organizational performance, based on an appraisal system. It is an incentive program that provides monetary bonuses to participating physicians who achieve or attain specific quality or efficiency benchmarks or standards established by the program. This type of bonus incentive scheme is based on the context that work output, determined by a measuring system characterized by complex goals, varies according to effort and that the prospect of increased pay will motivate improved performance. The concept behind this trend is that as quality improves, healthcare costs will decrease.

Although PFP programs have the potential to improve quality of care, the lack of standardization and subjective criteria can disrupt the patient-physician relationship, cause healthcare quality to suffer and affect patient safety. PFP programs collect vast amounts of data about specific physician interactions with



BY KRISHNAN GOPAL, M.D.

patients and use that data to try to measure physician quality and cost of patient care with little standardization from one program to the next. Most programs focus on the use of process measures of quality, but lately there has been movement toward using outcome-based approaches. Process measures are indicators related to the methods and procedures used to provide healthcare. Outcome measures are used to assess the results of treatments for a particular disease or condition in terms

of mortality, morbidity, health status and quality of life. Outcome measures only assess a patient’s health status at a given point in time. Process measures differ from outcome measures because they describe interventions that are related to the delivery of care and not the results of treatment.

The goals of PFP are to reward quality by creating financial incentives large enough to motivate structural changes needed to reduce errors and improve quality, reduce costs and improve the efficiency of care by encouraging physicians to broaden their delivery of patient care beyond the office visit and placing greater responsibility on physicians’ practices to perform well administratively.

PFP sounds like a reasonable and logical methodology. But there are concerns as to the objectivity and practicality of the PFP model. For example, no standardization of PFP programs exists from one health insurer to another. Appraisal criteria are often subjective. Nationwide there are now more than 100 PFP programs, plus a voluntary PFP program with the Centers for Medicare and Medicaid Services. Because it is impossible to know

the details of all of these different programs, it is difficult for physicians to participate.

At its core, an ethical and objective pay-for-performance program must: ensure quality of care, foster the patient-physician relationship, offer voluntary physician participation, use accurate data and reporting mechanisms, provide equitable program incentives, impose no additional administrative burdens, provide incentives that are positive and not punitive, and foster quality improvement, not just competition.

As physicians and participants in organized medicine, the members of the Allegheny County Medical Society advocate for the best interest of our patients. While the provision of quality healthcare is our priority, pay-for-performance models, as they now exist, do not accurately promote that goal. Physicians are eager to work with insurers to create an equitable system that both increases healthcare quality and reduces cost.

*Krishnan Gopal, M.D., President, Allegheny County Medical Society, can be reached at gopal@acms.org.*

## PHYSICIAN PRACTICE MANAGEMENT

### A Personal Residence Trust Offers Physicians Many Tax Advantages

Physicians or other healthcare professionals who think that they may someday want to transfer their homes to their children or other relatives should consider a tax strategy called the personal residence trust instead of making an outright gift or including the property in the estate.

With this type of trust, the donors technically make a gift of the home now – it’s called a “remainder” interest – but they don’t actually transfer the home until years down the road. In the meantime, they continue to live in the home as before. Best of all, there’s no estate tax due on the transfer, and the gift tax is a mere fraction of what would normally be assessed.

Normally, if someone transfers a remainder interest in property to a trust with a beneficiary, the remainder interest’s value is set at zero for gift-tax purposes. In other words, the donor is treated as having made a current taxable gift equal to the fair-market value of the property, even though the beneficiary isn’t receiving the property until sometime in the future.

Fortunately, a special tax law exception applies to personal residence trusts. It says that the value of the taxable gift is reduced by the retained interest in your home. So the donor is entitled to a gift-tax discount when the home is transferred to the trust. Also, the beneficiary eventually receives the property without any additional tax cost.



BY PAUL RUDOY, CPA/PFS

And no estate tax or gift tax applies to any future appreciation in the home. That makes personal residence trusts especially handy in these days of appreciating housing prices. If the term of your retained interest is lengthened, the donor is able to establish a lower value for the remainder interest.

The trust works best for healthcare professionals in their mid-50s and up. To receive this benefit, you must out-

live the term for which you choose to use the residence. If you die before the end of the term, the full value of the home will be included in your taxable estate. It doesn’t matter what your original intentions were. So the best strategy is to set a retained interest that will provide a valuable gift-tax discount, but is still reasonable, given your life expectancy and personal circumstances. If you want to continue living in the house at the end of the term, you can rent it from the beneficiary.

During the time the trust is in existence, the physician continues to pay the mortgage interest, property taxes, insurance, etc. Because the physician is still the legal owner of the trust, he or she can generally claim the same deductions that would be allowed for an outright owner.

This arrangement can also be used for a vacation home. The tax rules apply to the owner’s main home and one other home such as a cottage or beach house used for

vacationing.

Physicians may question the relevance of these trusts after Congress raised the estate tax exemption to \$3.5 million in 2009 and then removed the estate tax entirely in 2010. But this tax relief expires in 2011, when the exemption returns to \$1 million and estate tax rates revert to 1997 levels unless Congress acts. No one knows what Congress will do about estate taxes by 2011, but physicians should not sit and hope for the best. They should contact a qualified financial planning to discuss the best options for their individual situation.

*Paul K. Rudoy is managing partner of the accounting firm Horovitz Rudoy & Roteman. He can be reached at (412) 391-2920.*

**MEDICAL ANSWERING SERVICE BY...**

**the Doctors' Exchange** “One Less Thing to Worry About”  
Established 1921  
[www.doctors-exchange.com](http://www.doctors-exchange.com)

*“I recommend Doctors’ Exchange because of their fair prices and reliability.”* – C. Williams, M.D.

*“In my 20 plus years with this practice we have had six answering services and you are by far the best overall service.”* – L. Jordan, medical practice manager

*“I endorse The Doctors’ Exchange as my answering service of choice for physicians.”* – J. Guillot, M.D.

*“I have been with The Doctors’ Exchange since 1955 and have enjoyed an excellent working relationship with you. Thanks for the many years.”* – D. Persich, M.D.

*“Not only is our after-hours service professional and efficient, we’ve saved 36% on this year’s costs for our 47 doctors, 8 offices, and 12 on-call groups.”* – IMG Healthcare, LLC.

*“Great job! We should have left our other answering service provider a year ago.”* – J. Mareta, medical director

**Call 1-866-388-0777 for details.**

**LeePerfect**  
TRANSCRIPTION CO.

- First In Verifiable Quality
- First In Turnaround
- First In Advanced Technology
- First In Competitive Pricing

Since 1987 Your Answer to Outsource Services.  
Lee Perfect’s original promise of  
**“Quality, Fast Turnaround Time, Customer Service, and Confidentiality. They are key to success.”**

**1-800-881-2468**  
[www.leeperfect.com](http://www.leeperfect.com)  
All Transcription Performed in the United States  
State Certified/Woman Owned Business

Providers of quality services to a diversified client base. Recognized for our on time delivery. Multiple solutions which include customized and budget pricing.

**BBB ONLINE RELIABILITY PROGRAM**



# Summer: A Time To Recharge Our Batteries

BY MARC CAMMARATA

Finally, we have been graced with the presence of summer. Although this past winter in general was not particularly onerous in terms of the amount of snow it dumped on us or the coldness of the temperatures, winter did seem rather long. Perhaps that is because winter felt like it dragged on well into what would normally have been the start of spring.

So, now everyone can kick back, relax, and take that long-awaited vacation, right? Well, that apparently is not the case for everyone. According to the Expedia.com – 2007 International Vacation Deprivation™ Survey results, more than one-third of employed U.S. adults (35%) usually do not take all of the vacation time they earn each year, an increase from 33% in 2006 and 31% in 2005. This trend is clearly going in the wrong and unhealthy direction. Furthermore, in both the 2007 and 2006 surveys, a sizable minority, 23% of employed adults, reported they check work email or voicemail while on “vacation”, up from only 16 percent in 2005, an equally distressing and unhealthy trend.

Who said technology would be a timesaving godsend? So, between the 35% that don't take their full vacation allotment and the 23% who work while on “vacation”, roughly 55% of Americans are shortchanging themselves when it comes to their much-needed time of rest and relaxation. As distressing is the report that 33% of respondents indicated having trouble coping with stress from work at some point during the vacation cycle (presumably the 23% who take work with them plus another 10% who don't even plan on obsessing over work while vacationing).

Now if you are an employer, a manager or a supervisor, you may think you are getting a bargain by not having to replace valuable people who don't take all of their vacation or by keeping the lines of communication open with staff while they are enjoying their time away from work. But face it, that is far from the truth. Many are familiar with the Pennsylvania Department of Transportation motto when it comes to road repairs, “Temporary Inconvenience For Permanent Improvement”. Or with the slogan: “Short-term pain, long-term gain”.

Well, employers and their managers who think they are getting a deal when employees don't take vacation or take work with them on vacation, are living the reverse of the PennDot motto. For them, it is: “Temporary Improvement but with Permanent Inconvenience”. And they actually experience “short-term gain but with long-term pain”.

What do I mean by that? Simply stated, you may gain in the short run by having employees at work instead of worrying about who will do the work while they are away. And you main gain in the short run by having employees available for every “crisis”, real or perceived, that comes along while they are on vacation. But in reality, those same employees' productivity, performance, job satisfaction and even loyalty may erode over the long haul because they will blame the employer for depriving them of the chance to take their well-earned time off without encumbrances. And by the way, don't think you assuage yourself of the guilt of denying employees vacation time off by having a program under which employees can sell unused vacation time back to the employer for cash rather than loose the time. The

temporal benefit of the additional money is hardly a fair trade for the psychological benefit that comes with taking the time off.

So as you ponder how you are going to spend the remainder of your summer, remember those who struggle to get time off away from work or believe they must take work with them. After all, if any one of us was hit by the proverbial bus when stepping off the curb on the way home from work today and ended up at the Pearly Gates, our work would still be there the next day, and they would find someone to pick up where we left off. Not one of us is indispensable and we are all subject to the wear and tear of the everyday grind.

Marc Cammarata is President of M.A. Cammarata & Associates, a consulting firm providing human resources and operations management solutions to healthcare organizations. If you would like more information on this or other Human Resources topics, you can contact him at (412) 364-0444, [macammarata@verizon.net](mailto:macammarata@verizon.net), or [www.macammarata.com](http://www.macammarata.com).

**SUBSCRIBE to Hospital News Today ...call 412-856-1954**

Helping People Live Life Better!



- Pharmacy Services
- Rehab/Durable Medical Equipment
- Medical Supplies
- Respiratory Services
- Bariatric DME
- Support Surfaces
- DME Service Center

**800-472-2440**

[www.blackburnsmed.com](http://www.blackburnsmed.com)



**BLACKBURN'S (Pittsburgh)**  
301 Corbet Street  
Tarentum, PA 15084

Phone: (724) 224-9100  
Fax: (724) 224-9124

**BLACKBURN'S (Erie)**  
308 East Sixth Street  
Erie, PA 16507

Phone: (814) 454-2863  
Fax: (814) 454-2706

**DIRECT INSURANCE BILLING**

**DELIVERY AVAILABLE**

We Support “Healthy Hearts”



**Health Care Visions, Ltd.**

“Consultants Specializing  
in Cardiovascular Programs”

**(412) 344-3770**

[www.hcvcconsult.com](http://www.hcvcconsult.com)

## A TRIBUTE TO Beverly A. Sahlaney



**B**everly A. Sahlaney, R.N., B.S.N., longtime nurse manager/unit director of the Neonatal Intensive Care Unit (NICU) at Children's Hospital of Pittsburgh of UPMC, unexpectedly passed away recently.

Bev was an important member of Children's team for nearly 35 years, joining the hospital as a staff nurse in 1973 to pursue her passion of caring for children.

"The Children's family is deeply saddened by the loss of Bev and our thoughts and prayers go out to all of her family and friends," said Roger A. Oxendale, Children's president and CEO. "She represents the heart and soul of Children's, having dedicated her entire career to caring for some of our most delicate patients and their families."

At Children's, Bev worked for many years in critical care nursing. For the last two decades, she has been the nurse manager/unit director of the NICU. Bev's leadership helped make Children's NICU one of the most innovative in the nation. She guided the unit through numerous advancements (such as the development of Extracorporeal Membrane Oxygenation) that improved the care of newborns in need of medical or surgical treatment.

Bev was instrumental in such innovations as video phones that enable parents and family members at home to view their babies in the unit. Another example was the introduction of snoedels, tiny flannel sleeping aids for the babies that have the smell of their mothers on them. She also has played a key role in the design of the 31-bed NICU that will be part of the new Children's Hospital in Lawrenceville.

"The NICU can be a challenging place to work," said Diane Hupp, R.N., M.S.N., Children's vice president and chief nursing officer. "The babies are very sick, the parents are very anxious and the nurses are challenged day in and day out. In the midst of all that, Bev did an exceptional job in keeping the unit running smoothly. She did her best to take care of the needs of not only the babies and families but of her nurses as well. She was an extraordinarily patient and compassionate individual with the babies, families and her staff. Above all, she poured her heart and her skill into caring for the babies who are our most delicate patients here at Children's. Bev exemplified caring and compassion at its best at Children's Hospital."

Bev earned her nursing degree from Duquesne University and graduated in 1968 from Hilltop High School in Cambria County. Her father, George, was a doctor and her mother, Betty Lou, also was a nurse. Bev is survived by three sisters, Jackie Casey, Nina Novak and Georgia Krastek, all of McCandless, as well as 12 nieces and nephews.

## COVER STORY: Thomas Timcho Applies a Lifetime of Learning to Jefferson Regional Medical Center

*Continued from front page*

Young as a consultant. Eventually I started doing capital financing for hospitals, then slid into healthcare management."

According to Timcho, when he arrived, the medical center had been losing money and he was charged with turning the facility around financially.

"But we didn't do this too aggressively," he said. "Rather, we focused on 'overhead' departments, not the nursing areas. We were committed to not putting any patients at risk. In fact, we looked to improve care. For example, we were one of the first facilities to use computers to ensure patients received the right medications. When we presented the idea to the board, we said we could develop a cost-benefit analysis. But they said go ahead, because it was simply the right thing to do."

Timcho says his biggest challenge remains trying to position the hospital for success over the long term. He adds that the main challenges faced by the medical center are replacing physicians and the high cost of technology.

"There are a number of related challenges we all face," he said. "The doctors coming out of medical school today are

different than in the past. They used to hang out a shingle, work 70 or 80 hours a week.

Now they want a controlled practice; they want a lifestyle. For some of the old doctors, their own kids grew up and never knew them."

Another challenge Timcho cites ironically is connected to the improvements UPMC has helped make in the quality of students entering the University of Pittsburgh medical school.

"They are so well known and prestigious that they've raised the bar," Timcho said. "This is good for society, but maybe not so good for western Pennsylvania. When these kids graduate - many of whom are not from this area - they go back home. This makes it difficult for us to replace retiring doctors."

As for the high cost of technology, Timcho says this has a related strain on a facility's finances. "If costs go up, there's a lot of finger pointing," he said. "But the main reason for this is that technology is expanding, saving more lives and helping lots of people. But this simply costs more."

For more information,  
call (412) 469-7061.

**Think of us as  
your PCP for  
marketing.**

Serving the healthcare industry since 1984.  
Schedule a free checkup today.

**CATALYST**  
*Advertising*

The whole idea is to sell something™

412-381-1100  
[www.CatalystAdvertising.com/PCP](http://www.CatalystAdvertising.com/PCP)

Branding • Advertising • Public Relations  
Sales Promotion • Multimedia

### Bored With Your Career? Want to Make a Difference?



With a Master of Public Policy and Management from the Graduate School of Public and International Affairs, you will:

- Join a global network of employees in all levels of government, nonprofit agencies, and the private sector
- Benefit from a flexible, accelerated 30-credit curriculum
- Gain an analytical skill set that will enhance your professional experience
- Choose from several specializations, including Nonprofit Management, Urban and Regional Affairs, and Policy Analysis and Evaluation

Let us help you design a master's that works for you.  
Visit [www.gupia.pitt.edu/mppm](http://www.gupia.pitt.edu/mppm).



**University of Pittsburgh**

Graduate School of Public and International Affairs

## Collecting from a Bankrupt Company Under the New Bankruptcy Law

Sooner or later, most hospitals, physician practices and other healthcare facilities will have to address the issue of collecting money from an individual or company in bankruptcy. Recent studies show that a large number of personal bankruptcies result from an inability to pay medical expenses. And other studies track a significant rise in the number of business bankruptcies so far in 2007.

What do you do if a company or individual is filing for bankruptcy and owes you money?

The first thing is to find out if you are on its list of creditors that is filed with the Court. If you are, you will receive a legal document from the Court titled the Notice of Bankruptcy Case Filing, also known as a 341 Notice. This form will give you important information about the company that filed bankruptcy so that you can protect your own rights: It will tell



BY JOEL M. HELMRICH, ESQ.

you the company's name and address, the location of the court and case number, the name and address of the company's attorney and the chapter of the Bankruptcy Code under which the case is filed, all important information if you hope to collect.

If your company does not receive a notice and you know that a business or person owing you money has gone into bankruptcy, you will have to get one from the court.

Notices can usually be accessed via the Internet at the website of the Bankruptcy Court where the case is filed.

The 341 Notice will also tell you the name of the trustee, if one has been appointed, who is the person or legal entity that will provide information about the case.

If the debtor has filed under certain chapters of the Bankruptcy Code, the notice will direct you to file a Proof of

Claim and give you a filing deadline, called the bar date. It will also give you the date and location of the creditors' meeting, also called the 341 meeting, at which time the company has to answer questions about the bankruptcy, including why it filed in the first place and whether assets and liabilities have been properly listed.

The filing of the case creates an automatic stay that prohibits you from taking steps to collect your debt or from taking any other action against the company or its property. Fortunately for creditors, the new bankruptcy law gives them some clout to seek relief from the automatic stay so that certain remedies can be enforced. Creditors are now able to seek relief from the automatic stay and pursue the company for its debts if the debtor hasn't filed a reorganization plan or hasn't started making monthly payments to secured creditors. In addition, a bankrupt company can't even get the benefit of an automatic stay – or its stay will be lifted – if it has abused the bankruptcy process or has been involved with two or more earlier bankruptcies that were dismissed.

The 341 Notice also might include information about objections to discharge that can be filed in the case. A discharge, if granted, gives the company a fresh start and a clean slate. You may have good reasons for objecting to a company receiving a discharge, and if you do, you'll be able to file a lawsuit to assert your claim.

The most important action a creditor can take at this point is to fill out the Proof of Claim form before the Bar Date deadline. You will have to provide the following information on the Proof of Claim:

- Basis for claim. For example, were goods sold, services performed, money loaned, or was there a personal injury or taxes due?
- The amount of the claim.
- Copies of supporting documents such as invoices and contracts, printouts of emails or other electronic records that state the terms of your agreement.

During the bankruptcy you will receive a number of documents that will update you on the proceedings.

In a Chapter 11 bankruptcy case, the debtor will file a plan of reorganization, which must be approved by the court for it to be effective. Sometimes creditors file their own plan.

Sometimes, if the Debtor qualifies, a Chapter 13 case will be filed. A Chapter 13 is also called a "Wage Earner's Plan" and it is very similar to a Chapter 11. In this type of case the debtor is an individual with a regular income who proposes a plan to pay its creditors over time.

Most bankruptcies, however, are Chapter 7 cases, for which no Plan is filed and the debtor asks for and routinely is given an order of discharge, which gives the debtor a fresh start. It is unusual for a court to refuse to let the debtor out of its obligations. To prevent the debtor from being relieved of its obligations, creditors must file a complaint or lawsuit within 60 days of the initial date of the creditor's meeting.

Other options to collect full or partial payment include:

- Filing a Complaint Objecting to Discharge, which will lead to a hearing in which interested parties (usually represented by attorneys) argue over whether a debtor should obtain a discharge of all debts?

- Another option is the Complaint to Determine Dischargeability, which will lead to a proceeding to determine if a particular debt is dischargeable.

The key for creditors is to follow the proceedings carefully from the first notice to safeguard whatever money they may possibly recover from the bankruptcy. If you don't assert your rights, you could be left out of the final distribution of the funds available from the bankrupt company's assets.

Joel M. Helmrich, Meyer, Unkovic, Scott LLP, is a bankruptcy attorney representing creditors' rights. He can be reached at [jmh@muslaw.com](mailto:jmh@muslaw.com).

### Prepare for Leadership in Health Policy & Management

## MASTER OF HEALTH ADMINISTRATION

Department of Health Policy & Management

This fully accredited, competitive graduate Program is designed to provide students a professionally oriented advanced degree to prepare them for positions of leadership in health care management and policy-making.

### THE MHA PROGRAM PROVIDES

- Experienced, accessible teaching faculty
- State-of-the-art curriculum balancing public health disciplines with managerial knowledge and skills
- Exposure to prominent scholars and leaders in healthcare management and policy
- Mentoring by healthcare executives and networking opportunities
- Supervised "hands on" management residency

### FOR MORE INFORMATION

Call Donna Schultz at (412) 624-3123

e-mail: [dschultz@pitt.edu](mailto:dschultz@pitt.edu)

or visit our webpage: <http://www.hpm.pitt.edu/>



University of Pittsburgh

Graduate School of Public Health




### SORENSEN & WILDER Associates

Specializing in Safety & Security Solutions

**Helping Hospitals Improve Security Since 1990**

**Specializing In:**

- Comprehensive Safety/Security Assessments • Life Safety Assessments & Compliance
- Statement of Conditions Assessments • Fire Prevention/Education • Infant/Child Protection
- Business Continuity • Homeland Security Preparedness • JCAHO Environment of Care
- Security Program Management • OSHA Compliance • Disaster Planning & Crisis Management
- Secure Building Design • System Integration Design • Case Reviews/Expert Witness Reviews
- Training Programs • Program Development

**A Client Base That Includes:**

- Hospitals • Healthcare Systems • Long Term Care Facilities • Ambulatory Surgery Centers
- Assisted/Living Nursing Centers • Public Health Agencies • Home Health Care Services
- Out-Patient Treatment Centers • Pre-Hospital Services

111 N. Michigan Ave. • Bradley, IL 60915 • 815-668-2091 • [www.swa.com](http://www.swa.com)

# Convenient Care Clinics: A New Alternative for Primary Care

As Robert Morris University launches its new Doctor of Nursing Practice (DNP) programs that will help to prepare advanced practice nurses at the doctoral level, the topic of Convenient Care Clinics (CCC) has been discussed. As a nurse practitioner and a faculty member at Robert Morris University, I am currently working in a CCC and have received many questions about the role of advanced practice nurses in these sites.

The general public in the United States is in great need of affordable, accessible, quality healthcare. Not only is it difficult to seek out care due to tight physician schedules and restricted office hours, but many people lack adequate healthcare coverage. Due to these shortcomings, many people use the Emergency Room as their "medical home". To help ease these burdens, by providing access to episodic care, convenient care clinics are rapidly emerging throughout the country.

According to Wikipedia, there are currently over 250 CCCs throughout the United States. Most of them are open seven days/evenings a week, including holidays. CCCs are a relatively new concept that is seen as a "soon-to-be popular" healthcare delivery model. As public awareness develops, use of CCCs is projected to increase dramatically.

Local CCCs are staffed and run by family nurse practitioners (NPs). Nurse practitioners are registered nurses with advanced experience and education. Currently, nurse practitioners are educated at the Master's level; in Pennsylvania, they are required to



By Erin Romano, MSN, RN,  
CRNP, NP-C

pass a national certification exam through either the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP). Nurse practitioners are qualified to provide a broad scope of health care services including diagnosis and treatment, prescribing tests and medications, health promotion and disease prevention. Some may speculate that care provided by NPs is not as thorough, safe, or as high in quality as a traditional primary care physician; studies have shown, however, that patient outcomes are similar under the care of a nurse practitioner when compared to a primary care physician.

Convenient care clinics are located in popular retail stores and pharmacies. In Western Pennsylvania, a company called Take Care Health Systems has strategically

placed clinics in Eckerd Stores in Fox Chapel, Seven Fields, Rochester, Bridgeville, Crafton, Irwin, Greensburg, Lower Burrell and Kittanning.

In the CCCs, NPs diagnose and treat common health problems, refer patients to specialists or higher levels of care as needed, and encourage all patients to obtain a "medical home" by providing names, phone numbers and locations of local practices. It is hoped that access to CCCs will help reduce unnecessary, costly visits to Emergency Rooms and Urgent Care Clinics.

The services provided by CCCs are typically available to anyone 18 months and older. The NPs in these clinics treat many common illnesses, including:

- Common cold and influenza
  - Bronchitis
  - Uncomplicated urinary tract infection
  - Sinus infections
  - Seasonal allergies
  - Pharyngitis/laryngitis/strep throat
  - Ear infections
  - Pink eye
  - Minor injuries such as sprains, burns, and cuts
  - Dermatological problems such as impetigo, head lice, scabies, ringworm, poison ivy, and herpes zoster
- The NPs in the CCCs also provide pre-

## Good Health Perspective

from ROBERT MORRIS UNIVERSITY

participation sport, camp, and driver's physicals. Testing and immunization services are also offered and include Mantoux testing, rapid strep A and mononucleosis testing, and adult vaccinations and boosters such as Gardasil and travel vaccines.

The average patient visit to these clinics can be covered by insurance with the typical co-pay. If the patient does not have insurance or elects to pay cash, the cost typically ranges from \$59-\$74. Additional testing would add to the cost for the visit.

With the declining numbers of Family Practice Physicians and the overburdened healthcare system of the United States, the convenient hours, low cost, and safe, high-quality care provided by nurse practitioners at convenient care clinics provide another opportunity for quality primary health care.

*Erin Romano, MSN, RN, CRNP, NP-C, is a clinical assistant professor of nursing at Robert Morris University. She can be reached at [obrienromano@rmu.edu](mailto:obrienromano@rmu.edu).*



Health care providers know that for medically fragile and technology dependent children and their families, challenges await long after a child stabilizes.

The Children's Home's 28-bed **Pediatric Specialty Hospital** offers **Transitional Infant Care (T.I.C.®)** and **Transitional Pediatric Care** units, therapeutic environments providing complex sub-acute care with an emphasis on parent teaching. Pediatric hospice care also provided.

We also fill the need for specialized medical day care with **Child's Way®**, offering skilled nursing and therapeutic care in a fun, educational atmosphere.

Our facility also features dedicated family living areas and Austin's Playroom for siblings.

[www.childrenshomepgh.org](http://www.childrenshomepgh.org)



Creating Pathways to **Growth.**

5324 Penn Avenue  
Pittsburgh, PA 15224  
412-441-4884



BY JAN JENNINGS

# Virginia Tech: Thirty Three Preventable Deaths

In the early 1990s I served on a bank board of directors in Buffalo, New York. I was quite surprised at the enormous expense banks incur cooperating with one another to prevent credit card fraud and assuring quality service by ATMs. We had a senior bank executive who spent so much time in New York City working on one bank consortium or another; I thought he should move there. I was reminded of him recently.

Last month I was inside a gas station near my home buying a Diet Coke. A woman in front of me tried to buy two packs of cigarettes with three different credit cards. With unbelievable speed each of the credit cards was rejected by the issuing banks. The information encoded on the magnetic strip on the back of each credit card was transmitted to a computer somewhere and was rejected for one reason or another. The woman did not get her cigarettes and she angrily stormed out of the gas station. A \$9.00 theft was prevented by advance planning that would have made her head spin.

U.S. Banks are committed to prevent credit card theft, make their ATMs provide extraordinary service and prevent them from inadvertently spewing twenty dollar bills. Are these systems perfect? Of course they are not. On the other hand, when was the last time you got a twenty dollar bill from an ATM you did not deserve or get shorted a twenty dollar bill you did deserve?

Almost beyond belief, a similar level of human intelligence is not assembled on a regular basis to develop highly reliable systems to prevent tragic events like the massacre at Virginia Tech.

On April 16 Seung-Hui Cho strolled around the Campus of Virginia Tech and killed 32 faculty members and students, wounded more than 20 others and then shot himself. This incident could have been prevented.

In December of 2005, Seung-Hui Cho was declared by a Virginia special justice to be "mentally ill and in need of hospitalization, and presents an imminent (sic) danger to self or others as a result of mental illness." There are some reports that this information should have been reported to the National Instant Criminal Background Check System. There are other reports that the way the Virginia form for recording "mental defect" is published, there was no requirement to report Seung-Hui Cho to the National Instant Criminal Background Check System. In addition, only 22 states report individuals who are declared to be mentally ill and unsafe to themselves or others. State officials all across the country complain they do not have the resources or the computer technology to "efficiently or effectively" discharge their responsibility to report individuals that need reported to the National Background Check System.

Here we are weeks later and it is still unclear if Seung-Hui Cho should have been allowed to legally purchase weapons in Virginia. Purchase them he did. Roanoke Firearms owner John Markell said his shop sold the Glock, 9 mm hand gun and a box of practice ammo to Cho 36 days before the massacre for \$571. Cho had also purchased a Walther, .22-caliber weapon from an out-of-state dealer. Mr. Markell thought Cho

was a polite and nice young man. He was devastated to learn he had sold the more lethal of the two weapons. He will wake up every morning for the rest of his life and wonder why he was not informed that Mr. Cho was a ticking time bomb.

Prominent faculty members at Virginia Tech reported Mr. Cho to University officials and expressed in clear language their concerns that Mr. Cho had serious problems and was potentially dangerous. On the morning of Mr. Cho's rampage he lived in a dormitory suite with five other men who had their expressed concerns about Mr. Cho, but did not know that their reclusive roommate had been declared dangerous to himself or others and that responsible faculty members were seriously concerned that Mr. Cho might hurt himself or others.

I am no mental health professional, but these circumstances appear to be crazy.

I am not a gun control nut. Guns are so deeply ingrained in American culture that the notion that this could have been prevented by eliminating guns is naïve. But where was the consortium of mental health professionals, gun enthusiasts and academic leaders to assure that someone officially deemed "dangerous to himself or others" would not show up in a gun dealers shop and legally purchase a hand gun? No such consortium exists.

Mental health professionals worry about the "privacy rights" of patients. They should. Gun enthusiasts worry about having their guns taken away from them. That is not going to happen. University leaders, quite properly, have no interest in turning

their campuses into communities of unnecessary fear and alarm.

I do not see these groups working together on a basis that can truly make a difference.

President Bush appointed a commission to study the matter. The Governor of Virginia appointed a commission to study the matter. We did that after the massacre at Columbine High School.

Developing near flawless systems of any kind is hard work. It is tedious. People of honest endeavor frequently disagree during the process. So far, our society is more willing to prevent credit card fraud than it is to protect our youth and others from the occasional massacre. This simple truth almost takes your breath away.

When Seung-Hui Cho killed himself he did not eliminate the population of U.S. residents capable of committing the next school massacre. In my heart I know what you know. We could put together the right people to develop systems that prevent many of these incidents.

Despite all of the publicity surrounding identity theft, it is sad that the credit cards in my wallet are safer than the college students who live in my neighborhood.

Jan Jennings, President and Chief Executive Officer, American Healthcare Solutions can be reached at [Jjennings@americanhs.com](mailto:Jjennings@americanhs.com).

## Great News for PA HealthCare Workers

*who work in the Counties of Allegheny, Armstrong, Beaver, Butler, Fayette, Washington or Westmoreland, Pennsylvania!*

Why not offer the credit union difference as a benefit to your employees? It's absolutely FREE!

We continue to deliver the personal service you deserve, as we have for over 30 years. PA HealthCare Credit Union offers a full range of financial products and services designed with your needs in mind.

Set up your enrollment meeting today to learn about the benefits of credit union membership. Why not experience the credit union difference for yourself? Visit us today at PA HealthCare Credit Union!



[www.PAHealthCareCU.com](http://www.PAHealthCareCU.com)

SVH Branch 720 Blackburn Road | Sewickley, PA 15143 | P 412-749-7099 | F 412-749-7680

T&C Branch 1000 Dutch Ridge Road | Beaver, PA 15009 | P 724-773-8300 | F 724-773-8309



# What Ever Happened to Heart Surgery?

*The rise and fall of the Cardiac surgeon as the star around which the medical universe rotates has been an interesting phenomenon to observe. In fact, three years ago when I was approached by a physician placement agency to hire a newly graduated, Ivy League trained, cardio thoracic surgeon to fill a vascular surgery position at our acute care hospital, all of my "spidey senses" kicked into action.*



BY NICK JACOBS

Why would a multi-million dollar man, a top trained, cardiac surgeon want to come to a primary care hospital for a vascular surgery assignment? It was at that very instant that I dove into heart surgery research. As the age and acuity level of our patients had continued to climb almost exponentially, heart surgeries had dropped in our area from approximately 600 to 450 to 350 a year during the previous ten year period. Then I saw the national figures that revealed a decline from a high in 1997 of 350,000 to about 250,000 coronary artery bypass surgeries in 2004.

As the recipient of six coated stents over the same ten year period, it had always been clear to me that the new, multi-million dollar men were the invasive cardiologists. Having read the latest reports on coated stents, we Boomers with six packs in our chests are nervously taking our aspirin and Plavix and waiting for that potentially fatal clot to materialize during our next stress filled situation?

I personally was a member of that very small club of 1% that had an injury to my artery ensue during my first procedure and a near fatal misfortune take place after my last invasive procedure. So much for the 1% rule. For me it's been a 66% complication rate, two out of three procedures, but my physicians had thousands of otherwise successful procedures to their credit before and after me.

One autumn morning I overheard a conversation between a local cardiac surgeon and an Emergency Room physician. The surgeon said, "Yeah, he has 15 stents and finally wants a bypass. The problem is, it's going to take a giraffe's leg vein to

bypass all of that metal." That would be another potential complication from the "full metal jacket" rule of stent implantation.

So, as it turned out, our cardiac surgeon was looking for a medically under served area where he could work to get his Green card and eventually his American citizenship, but, in general, graduating residents are having a challenge just finding the job they want. In fact, according to a recent article in USA Today, 12% of the finishing 88 cardio thoracic residents received no job offers in 2004, and that was before the bottom nearly dropped out of the open heart surgery business.

So, what do you call a young, heart surgeon who finishes in the last quadrant of his program? You still call him Doctor, but, to find work, he may have to specialize in lung or heart valve surgeries instead of bypass.

Maybe someday we will discover, like Dr. Dean Ornish has professed, that diet, exercise, group support and stress management will completely reverse heart disease, or maybe, like the 1973 Woody Allen movie, "Sleeper," proclaimed, it will be determined that chocolate cake, deep fried foods and smoking will be the cure. Either way, changes continue to be a reality in the world of heart disease treatment, and, until we stop lounging on our couches, over eating inappropriate food, working too many hours a day, and not practicing regular stress management program; we will continue to add to those negative statistics.

Nick Jacobs, currently president of Windber Medical Center and Windber Research Institute is currently writing a book, *Who Put the Heal in Healthcare* and will be a regular contributor to this publication. Nick can be reached at [jacobsfn@aol.com](mailto:jacobsfn@aol.com) or visit [windbercare.com](http://windbercare.com).

**EXECUTIVE OFFICE SUITES**  
**CLASSROOM/TRAINING SPACE**  
**MEDICAL/DENTAL SUITES**  
**CLUB LEVEL SUITES**  
**STOREFRONT LOCATIONS**  
**LOFT SPACE**  
**DATA/CALL CENTER SPACE**  
**GENERAL OFFICE SUITES**

*Affordable rent, Turn-Key  
 Building Space Design, Included  
 Ask about our Free WiFi  
 web based space*

**Lon Finkay**  
**Marjorie Kennedy**  
**412-471-6868**

# PsyD

The Doctorate in Counseling Psychology at Carlow University

Carlow University is pleased to announce its first doctoral program. The Counseling Psychology curriculum will follow the practitioner-scholar model, placing emphasis on practitioner training. Applications are now being accepted for fall 2007. Carlow University is accredited by the Middle States Commission on Higher Education.

Contact Dr. Blay C. Budge | 412.578.6408

[www.carlow.edu](http://www.carlow.edu)



**PARIS**  
 HEALTHCARE LINEN SERVICES

*Partners in  
 Linen  
 Management*

Let Paris show you how our proven system will save you money and increase your efficiencies in Linen Management:

- Lower "Cost Per Pileout Day" Than In-house Laundry or Other Outsourcers
- Computerized Linen Tracking System
- Strict Quality Standards
- On-time, Day or Night Deliveries
- Personalized Customer Service and Support

For more information, and for a free evaluation of your present linen management system, please contact Randy Rosetti at  
 1-800-832-2306 or [info@parisco.com](mailto:info@parisco.com)

**PARIS**  
 HEALTHCARE LINEN SERVICES  
 Partners in Linen Management

**LOCATED IN:** DEBOK, PA • WILLIAMSPORT, PA • PITTSBURGH, PA • ROWENNA, OH

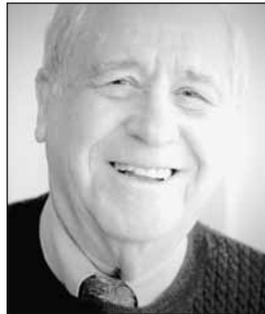
# MAKING ROUNDS

## PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

### Bernard Fisher, M.D., Honored by Friends of the National Library of Medicine

Bernard Fisher, M.D., Distinguished Service Professor of Surgery at the University of Pittsburgh School of Medicine, has received a Distinguished Medical Service Award from the Friends of the National Library of Medicine for his significant contributions to the treatment and understanding of breast cancer.

Dr. Fisher, a 1943 graduate of Pitt's medical school, is a renowned cancer investigator whose laboratory studies during the 1960s led him to formulate a new hypothesis regarding the biology of breast cancer. During the next three decades, he demonstrated in clinical trials that breast-conserving surgery was as effective as radical mastectomy for treating the disease. Realizing that breast cancer is a systemic disease, in subsequent trials he established the effectiveness of treatment using chemotherapy and/or tamoxifen. In more recent studies, he was the first to prove that tamoxifen could prevent breast cancer in high-risk women—one of his most important contributions. Millions of women have benefited from his research.



Dr. Bernard Fisher

### Internist is Newest Member of UPMC Northwest Staff

Board certified internist Roulay Thammavong, M.D., is the newest member of the UPMC Northwest medical staff.

Dr. Thammavong will practice with internists Stuart Shapiro, M.D., and Allison Dilks, M.D., at Venango Internal Medicine-UPMC.

Dr. Thammavong is a graduate of the University of Maryland, where he earned a degree in biology, and he has a degree in medicine from Ross University School of Medicine in the Caribbean island of Dominica.



Dr. Roulay Thammavong

### Richard F. Collins, Jr., M.D., Appointed Vice President of Medical Affairs for Jefferson Regional Medical Center

Richard F. Collins, Jr., M.D., has accepted the position of vice president of Medical Affairs for Jefferson Regional Medical Center.

He has served as a member of the board of directors for Jefferson Regional since 1996. He served in leadership roles on the medical staff at Jefferson Regional Medical Center.

Dr. Collins is a retired surgeon from Steel Valley Orthopedics. He served as Lieutenant Commander in the U.S. Navy Medical Corps at Quantico Naval Hospital in Virginia.



Dr. Richard F. Collins, Jr.

### Pain Medicine and Rehabilitation Specialists Join Tri Rivers Surgical Associates

The orthopedic surgeons of Tri Rivers Surgical Associates are pleased to announce the addition of James L. Cosgrove, M.D., Judith H. Esman, M.D., and Edward D. Reidy, M.D., three board-certified physical medicine and rehabilitation specialists, to their practice.

Dr. Cosgrove received his medical degree from George Washington University in Washington, D.C. He completed his internship and residency in physical medicine and rehabilitation at the University of Pittsburgh Health and Sciences Center.

Dr. Esman received her medical training from Cornell University Medical College. She completed her internship in internal medicine and her residency in physical medicine and rehabilitation at the University of Pittsburgh Health and Sciences Center.

Dr. Reidy received his medical degree from the State University of New York at Buffalo, where he also completed his internship in internal medicine. He completed his residency in physical medicine and rehabilitation at Tufts University School of Medicine in Boston.



Dr. James L. Cosgrove



Dr. Judith H. Esman



Dr. Edward D. Reidy

### Robert L. Waltrip, M.D., Named a Top Doctor Second Year in a Row

Tri Rivers Surgical Associates is pleased to announce that Robert L. Waltrip, M.D., has been named a top doctor in both the Pittsburgh region and the country for the second consecutive year. Dr. Waltrip is currently featured in *Pittsburgh Magazine's* Top Doctors listing and the *America's Top Doctors* guide.

Dr. Waltrip attended Johns Hopkins School of Medicine. He completed his internship and residency at the University of Pittsburgh. Dr. Waltrip then completed a sports medicine fellowship at the internationally renowned American Sports Medicine Institute in Alabama.



Dr. Robert L. Waltrip

### WVU Names Cancer Center Director

Scot C. Remick, M.D., a renowned cancer physician and researcher, has been named director of the Mary Babb Randolph Cancer Center at West Virginia University.

Dr. Remick, currently the associate director for clinical research at the Case Comprehensive Cancer Center, Cleveland, will join the WVU leadership team this summer. He currently holds the Dr. Lester E. Coleman Chair in Cancer Research and Therapeutics at Case Western Reserve University School of Medicine.



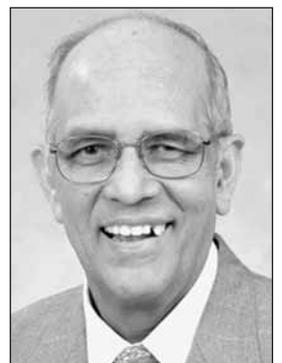
Dr. Scot C. Remick

### WVU Honors Heart Specialist

The West Virginia University School of Medicine has established a distinguished professorship to honor the work of Abnash C. Jain, M.D., section chief of cardiology from 1979 to 2006.

Dr. Jain serves as Professor of Medicine in the Section of Cardiology and Director of Cardiovascular and Interventional Fellowship Programs at the WVU School of Medicine.

Dr. Jain received his medical degree from Punjab University in Chandigarh, India in 1959. He then became a member and fellow of the Royal College of Physicians in Edinburgh, Scotland, where he earned a Diploma in Tropical Medicine and Hygiene. He did additional postgraduate work in England and Ireland followed by a residency and fellowship at the Albany Medical Center in New York and at the University of Illinois in Chicago. He joined the WVU School of Medicine in 1973.



Dr. Abnash C. Jain



**HOSPITAL INVENTORIES**  
SPECIALISTS, INC.

**Toll Free: 800-284-7690**  
Email: sales@hisi.com

*Offices Nationwide • You can always count on us!*

**The Leader in Inventory Services**

- FYE Reporting
- Acquisitions, Mergers, Sales
- Data Cleansing
- Sarbanes-Oxley Compliant
- Medical/Surgical Supplies
- Pharmaceutical Products
- Capital Assets
- Surgical Instruments and more . . .



**Subscribe to HOSPITAL NEWS today!**

**Call 412-856-1954**

# Investors' Lab

## 5 Risks in Planning Retirement INCOME

Whether you're accumulating assets for retirement or living off those assets now, you face the complex challenge of trying to make your assets last through your lifetime. The retirement industry has told us repeatedly that there are just two questions in retirement planning. "How much money do I need; and, how do I invest that money?"

Unfortunately, these are difficult questions to answer without recognizing, understanding and planning for five important risks:

- Living Longer
- Rising Prices
- Healthcare Costs
- Asset Allocation
- Inappropriate Withdrawal Rates

### Living Longer

Consider this: the longer we live, the longer we live! It sounds a bit silly, but from an actuarial point of view, there's hardly a truer statement. Today, a man aged 65 has a 50% chance of living until age 85 and a 25% chance of living until 92. For women the ages increase to 88 and 94! What does this mean to you? You might be in "retirement" longer than you were employed! So, you must plan on living beyond your average life expectancy and have an income plan designed to out-live you.

### Rising Prices

Stuff costs more! We all know it, yet we rarely consider it in our retirement planning. Many planners and retirees continue to minimize, if not ignore inflation. The only time that inflation went away or reversed course in our nation's history was called the Great Depression. Remember, the Federal Reserve has a mandate to con-



BY PAUL BRAHIM, CFP®  
AIFA®

trol, not eliminate inflation. As such, the average inflation rate from 1926 through 2005 was 3.04%. In just 25 years, that rate of inflation reduces the purchasing power of \$50,000 to the equivalent of just \$23,800.

### Healthcare Costs

Rising healthcare costs over longer life spans and rapidly declining retiree healthcare benefits present significant challenges to retirement security. Estimates vary, but many experts suggest that a 65 year old, living to normal life expectancy will require approximately \$200,000 to pay for out-of-pocket healthcare expenses. If this same couple lives 10 years longer, the total cost escalates to \$330,000. These figures do not include long term health care costs, like assisted living, home healthcare or nursing home care.

The statistics on nursing home care are sobering. Approximately half of Americans now turning 65 will require nursing home care and these costs can exceed \$50,000 annually. So, in addition to the out-of-pocket medical expenses of \$200,000, we can add approximately another \$150,000 for nursing home care. Your retirement plans should assess this risk and potentially include savings specifically for healthcare costs as well as long-term healthcare insurance.

### Asset Allocation

There are two asset allocation risks: rate of return and volatility of return. Often advisors and clients focus only on risk tolerance and attempt to design a portfolio around the "sleep factor". Instead, you should ask, "What's my required rate of return and how do I achieve it with the least risk possible?"

You should also consider volatility of

return. We know that both stock and bond markets fluctuate. Keeping this fluctuation as small as possible while achieving your long-term required rate of return is important. Compare 2 portfolios, both with \$1,000 invested. The first portfolio invests in the stock market. The second portfolio diversifies so that it returns just 85% of the first but has only 50% of its volatility. When the stock market declines 20%, the first portfolio drops in value to \$800 while the second declines to just \$900. When the market recovers all 20%, the first portfolio is worth only \$960 while the second is worth \$1,053. For the stock portfolio 20% down and 20% up equals -4%. For the diversified portfolio, the same market conditions result in +5.3% gain.

Advisors to defined benefit plans, endowments and foundations use portfolio optimization software in conjunction with Monte Carlo simulations to develop and test asset allocation assumptions. They use these tools regularly to adjust for economic and market changes as well as changes in distribution requirements. These same tools are available to individuals, and when used properly can significantly improve the probability of achieving your goals.

### Inappropriate Withdrawal Rates

For years, advisors and clients believed that an 8% withdrawal rate was sustainable. During the late 90's when stock market returns were twice their normal average, this may have been the case. Today, with returns closer to long-term averages, an 8% withdrawal rate is simply unsustainable.

What is a sustainable withdrawal rate? When planning for retirement, you should take a cue from endowment fund managers. They employ a simple formula known as the equilibrium spending rate or ESR.

$ESR = \text{Return} - \text{Inflation} - \text{Investment Costs}$

Based on long-term averages, a reasonable calculation might look like this:

$ESR = 8\% - 3\% - 1\% = 4\%$

*The five risks discussed in this article are significant. Understanding and planning for them will dramatically increase your ability to enjoy a secure and comfortable retirement.*

Paul Brahim, CFP® AIFA®, Managing Director, BPU Investment Management, Inc, can be reached at [pbrahim@bpuinvestments.com](mailto:pbrahim@bpuinvestments.com).

**Business Records Management, Inc.**  
is introducing a high speed digital solution that allows documents to be scanned and available for instant access within minutes. Scan on Demand makes it easy to meet the most demanding needs of your healthcare organization.

- Instant access to documents from your desk through authenticated authorization.
- Save time and reduce delivery costs.
- Reduce risk of exposing protected health information.

**Introducing Scan on Demand.™**

**Call Today**  
to learn more about Scan on Demand™

**412.321.0600**  
[www.businessrecords.com](http://www.businessrecords.com)

## PARKWAY CENTER EAST

**Prime Office Space Available!**

**Home to**  
**UPMC, REA Diagnostics**  
**Center of PAH,**  
**LifeLine Pulmonary Rehab,**  
**and many other prominent**  
**medical offices**

**Call NOW for attractive leasing rates and further information. Ask for Steve Weisbrod or Kelly McGuinness at (412) 921-6100**

**Other spaces available for immediate occupancy**

**Location:**  
2020 Ardmore Boulevard  
(Rt. 80) Forest Hills  
• 1/2 Mile from Parkway East, I-376  
• 10 Minutes to Downtown or PA Turnpike via Parkway East

**[www.kossman.com](http://www.kossman.com)**

**Kossman Development Company**  
Eleven Parkway Center / Suite 300 / Pittsburgh, PA 15220  
(412) 921-6100 • (800) 837-6101 • Fax: (412) 921-0913

**OFFICE BUILDING SPECIALISTS**

# Around the Region



## UPMC Northwest Announces Environmental Services Manager

UPMC Northwest has announced the appointment of T. Lee Kunselman as the hospital's new Environmental Services manager. Kunselman holds a bachelor's degree in management from Slippery Rock University and has been a UPMC Northwest staff member for 16 years, including eight years as an activities therapist in Behavioral Health and the past eight years as Environmental Services supervisor.



T. Lee Kunselman

## David E. Cowgill Appointed Public & Community Relations Manager for VA Healthcare – VISN 4

David E. Cowgill was recently appointed to serve as public and community relations manager for VA Healthcare – VISN 4, while continuing to serve as public and community relations manager for the VA Pittsburgh Healthcare System. Cowgill's service with the Department of Veterans Affairs began in January 1987.



David E. Cowgill

## Patricia Nealon Appointed as New Director of Butler VAMC

Patricia Nealon, MSW, has been appointed by the Secretary of the Department of Veterans Affairs to serve as the new Director of the Butler VA Medical Center (VAMC). Nealon has been the Associate Director of VA Pittsburgh Healthcare System (VAPHS) since December 2004. She began her career at Highland Drive VA Medical Center as a clinical social worker and has held numerous clinical and administrative positions at the VA Pittsburgh.



Patricia Nealon

## Jeff Chrobak named Vice President of Finance at Sharon Regional

Sharon Regional Health System has announced the appointment of Jeffrey Chrobak as vice president of finance and chief financial officer to succeed Raymond Schauer, who will retire from that position effective July 13, 2007. Chrobak, a native of Sharon, joined Sharon Regional in 1987 as a financial analyst and cost/budget accountant after serving as a senior staff accountant at Saint Vincent Health Center in Erie.



Jeffrey Chrobak

## VNA Names Private Duty Manager

Kenton Cornmesser, R.N., is the new manager of VNA Private Duty. He has a combined 23 years of experience in nursing and health care information systems including the past six years in Information Systems at UPMC Northwest and VNA, four years with Philadelphia area-based Siemens Medical Systems, and three years at Titusville Hospital.



Kenton Cornmesser

## Ultrasound Supervisor Retires from Altoona Regional

Mary Hoover, ultrasound supervisor at Altoona Regional Health System, recently retired with 33 years of service.

She began her career at Altoona Hospital in 1973 as a staff nuclear medicine technologist. In 1975, she obtained her board certification as a registered nuclear medicine technologist from the American Registry of Radiologic Technologists. She subsequently became a registered diagnostic medical sonographer with a specialty in obstetrics and gynecology from the American Registry of Diagnostic Medical Sonographers in 1983. In 1997, she accepted the position as supervisor of the Ultrasound department.

## Stursa Leads IT Team at Saint Vincent Health System

Saint Vincent Health System in Erie, PA, recently welcomed Ohio native Robin Stursa as the new vice president of Information Technology and chief information officer (CIO).

During the past 10 years, Robin served as CIO/director of Information and Process Services for Community Health Partners Regional Health System in Lorain, OH.

Robin received her bachelor's degree in business administration and master's degree in business administration/executive management from Ashland University in Ashland, Ohio.



Robin Stursa

## Marsha Frye Hartman Named New Director of J.C. Blair Memorial Hospital Foundation

Kevin Calhoun, president and CEO of J.C. Blair Health Systems, Inc., announced the appointment of Marsha Frye Hartman as the new executive director of the J.C. Blair Memorial Hospital Foundation. Hartman was most recently the assistant vice president of development at Wilson College.

In addition to her work at Wilson College, Hartman has a successful record of fundraising in the Huntingdon community.



Marsha Frye Hartman

## LECOM School of Pharmacy Faculty Members Accept Position Appointments



Dolores Kutzer



Timothy W. Zurn



Brian Chate

Three School of Pharmacy faculty members recently accepted position appointments at the Lake Erie College of Osteopathic Medicine.

Dolores Kutzer, Pharm.D., was recently appointed to Director of the Pharmacy Post Baccalaureate Program.

Timothy W. Zurn, R.Ph., was appointed as the residency Program Director of the Millcreek Community Hospital/LECOM Pharmacy Residency Program.

Brian Chatel, Pharm.D., accepted the position of the Pharmacy Residency/Clinical Coordinator of the MCH/LECOM Pharmacy Practice Residency and Clinical Pharmacy Programs at the Millcreek Community Hospital

## HCR Manor Care Announcements

HCR Manor Care is pleased to announce that Stephanie Faro was recently promoted to the Manager of Market Development for the nine Pittsburgh area HCR Manor Care facilities and Twinbrook Medical Center in Erie. Stephanie started her career with HCR Manor Care in 2001 as Director of Admissions for the Whitehall Borough facility. She served for four years in this capacity. In June 2005, she assumed the role as Business Development Specialist for the South Hills facilities.

HCR Manor Care is also pleased to announce that Bob Seybold, R.N., has accepted the position of clinical nurse liaison for the Pittsburgh area. Most recently, Bob was a clinical nurse liaison with a long-term acute care hospital in Ohio.



Stephanie Faro



Bob Seybold

## University of Pittsburgh School of Medicine Researcher Elected to National Academy of Sciences

Angela M. Gronenborn, Ph.D., chair of the department of structural biology, University of Pittsburgh School of Medicine, has been elected a member of the prestigious National Academy of Sciences (NAS).

Prior to coming to the University of Pittsburgh in 2004, Dr. Gronenborn was chief of the structural biology section in the Laboratory of Chemical Physics at the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the National Institutes of Health. She is considered one of the world's leading experts in NMR spectroscopy.



Dr. Angela M. Gronenborn

## Augustine Lopez Named Vice President, CFO at West Penn Hospital

Augustine Lopez has been appointed to the position of vice president and chief financial officer for The Western Pennsylvania Hospital.

Lopez has 23 years of healthcare finance experience. Prior to joining Alvarado, Lopez worked for RHS Corp. in Redlands, CA, serving as vice president and chief financial officer of Redlands Community Hospital for over six years.



Augustine Lopez

## Corazon Director David Fuller Joins ACHE-WP Board of Directors

David Fuller, Director of Business Services at Corazon, has been named to the Board of Directors for ACHE-WP, the Western Pennsylvania Chapter of the American College of Healthcare Executives.

In his role on the Board, Fuller will have input into discussions and decisions about membership and programming, and also contribute to the organization's mission to help members advance their careers, their respective healthcare organizations, and the overall health of the communities they serve.



David Fuller

## Charles R. Modispacher Elected Chairman of the Board of Directors

Jefferson Regional Medical Center recently announced that Charles R. Modispacher has been elected as chairman of its board of directors.

Following nearly 10 years of service to the medical center's board, the most recent two as vice chairman, Modispacher succeeds Richard F. Collins, Jr., M.D., who resigned from the board of directors with five years of service as chairman.



Charles R. Modispacher

## WVU Professor Inducted to Johns Hopkins University's Society of Scholars

A West Virginia University professor joined the ranks of some of the world's most prominent research and medical leaders when he was recently inducted into the Johns Hopkins University's Society of Scholars.

George Spirou, Ph.D., is WVU's director of the Center for Neuroscience and director of research in otolaryngology. The Center's faculty conduct a range of studies on normal brain function and disease states such as congenital blindness and stroke.



Dr. George Spirou

## Naomi Pennington Promoted to Facility Director of Center for Rehab Services

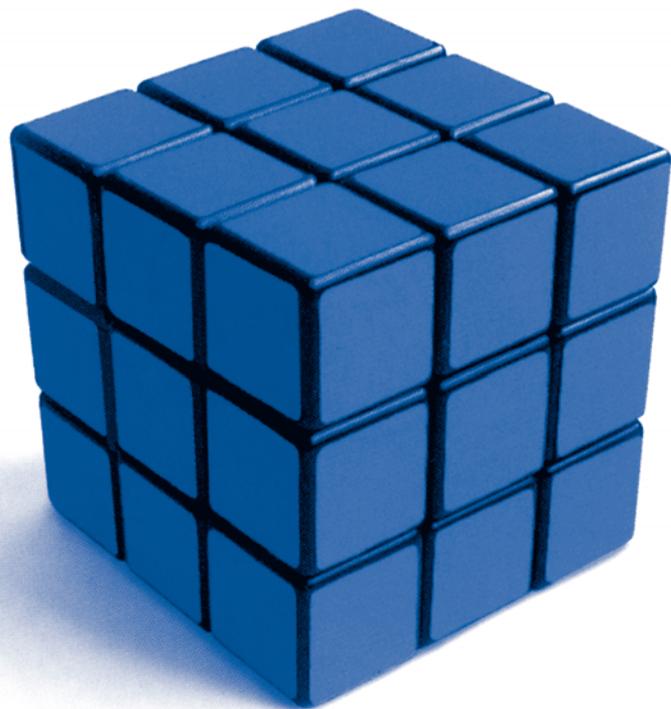
Centers for Rehab Services is pleased to announce that Naomi Pennington, DPT has been promoted to facility director of the Wexford location.

Naomi has focused on orthopedic and sports medicine through continuing education and work experience. She is a member of the APTA and the PPTA.



Naomi Pennington

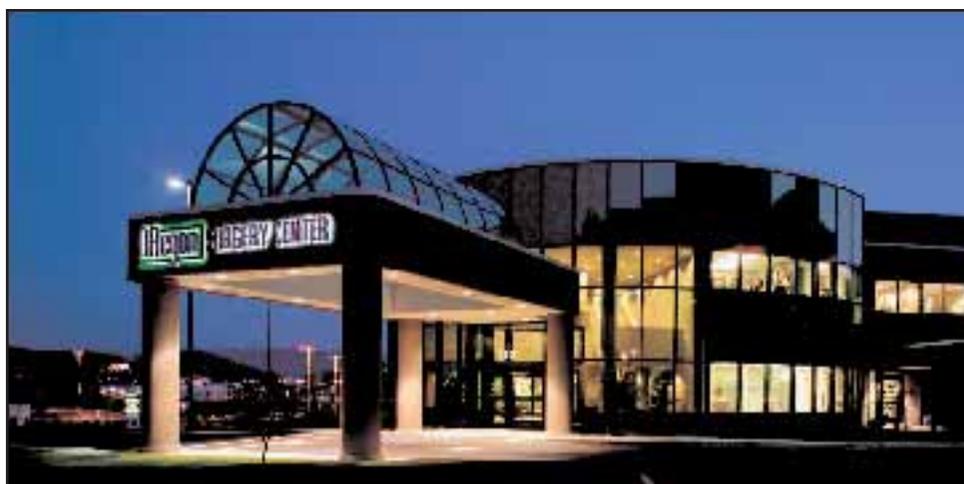
**If you think  
linen service should be  
easy... you're right**



**With our SmartLinen service, CleanCare makes linen easy again**

If you think all linen services are the same, think again. You don't need to live with frustration or tolerate screwups month after month. SmartLinen combines the finest products with cutting-edge inventory management to make your linen service as easy as it should be. With just one phone call, your linen hassles disappear forever.

800.222.7600 | [www.clnicare.com](http://www.clnicare.com)



**FOR THE MOST EFFICIENT SOLUTION,  
CALL HBE FOR YOUR NEXT MEDICAL BUILDING PROJECT.**

Since 1960, HBE is a leader in improving operational efficiency, maximizing usable space in relation to gross space, properly planning for future growth, and optimizing a balance between design, functionality and cost benefit.

The HBE team is made up of the top architectural, engineering, interior design, and construction professionals in the United States — specializing in the healthcare industry.

In addition, HBE offers a Guaranteed Lump Sum Price (including all architecture, engineering, interior design, and construction) on all of its projects.

Unlike other delivery approaches where errors and omissions by architects result in costly general contractor change orders, HBE's drawings are guaranteed or they are corrected at no cost to our clients.

Call Lincoln Boschat, HBE Medical Buildings VP at 814-567-9000 to start discussing, planning, and designing your medical building project. Or visit us at [www.hbecorp.com](http://www.hbecorp.com).





# ElderCare

## Geriatric Needs Augur Shortages... and Opportunities

If the ticket to career opportunity in the 1970s was “plastics,” as Mr. McGuire so famously told Benjamin in *The Graduate*, the analog for our time might well be “geriatrics.”

Health care is facing an exodus of its aging workforce just as an aging population is stepping up the demand for health services. From physicians who specialize in geriatrics, to bedside caregivers in assisted living facilities and nursing homes, we're facing shortages.

The number of certified geriatricians has fallen nearly 20 percent in the past decade and only 67 percent of the available geriatric fellowships in the U.S. were taken last year, according to a newly published study from the University of Cincinnati's Institute for the Study of Health.

Reimbursement inequities are the main driver of the decline. Our current health-care payment system favors specialists who perform procedures, or deliver much of their care to hospitalized patients. By contrast, the work of geriatricians is time-intensive, not procedure-oriented. Their elderly patients often suffer from multiple chronic conditions whose treatment requires vigilant management that isn't well compensated. As one geriatric specialist joked, “if only there were a ‘geriscope,’ reimbursement and recruitment wouldn't be such problems.” Geriatric care reimbursement must be restructured to cover the intensity of care many elderly patients require and fairly reimburse diligent providers. The Jewish Healthcare Foundation and the Pittsburgh Regional Health Initiative, a Foundation operating arm that serves as a catalyst for improving regional healthcare quality and safety, are working to develop and test payment methods that could revive interest in geriatric medicine. Along with the



BY KAREN WOLK FEINSTEIN, PHD

California Healthcare Foundation and the Commonwealth Fund, the Jewish Healthcare Foundation earlier this year provided support for the Network for Healthcare Improvement's (NHRI) summit on healthcare reimbursement reform in Pittsburgh. The Pittsburgh Regional Health Initiative is a founding member of NHRI, a network of regional health-care coalitions.

The looming shortage of geriatricians is not the only health workforce concern that an aging population raises. Healthcare institutions are having difficulty attracting enough qualified applicants across the spectrum of frontline positions. Staff vacancy rates locally have averaged five percent or more for 22 out of 25 frontline job categories.

Nowhere are shortages more acute than among direct care workers, such as nurses' aides and orderlies. Statewide, vacancy rates in those jobs have been averaging 11 percent and a significant number of providers report shortages as high as 20 percent, according to the National Clearinghouse on the Direct Care Workforce. The Bureau of Labor Statistics projects that the number of direct care jobs in Pennsylvania will increase 36 percent by 2014, to roughly 160,000 from about 118,000 in 2005.

Already plagued with high turnover, assisted living facilities and nursing homes will feel even greater pressure as the population ages to stabilize their existing workforces and attract new applicants.

One way healthcare institutions can potentially improve retention rates is to avail themselves of incumbent worker training programs offered through the state Workforce Investment Board (WIB). In Western Pennsylvania, Health Careers Futures, an operating arm of the Jewish



Healthcare Foundation that offers programs to stabilize the healthcare workforce, provides much of the WIB training. The learning modules enhance skills such as communication, team building and problem solving. In turn, enhanced skills bring about improvements in working environments that promote job satisfaction and retention.

Recruitment of direct care workers is no less of a challenge than retention. One place to begin is in our secondary schools, because direct care jobs can represent the first rung on a solid career ladder for students seeking opportunities that don't necessarily require four-year degrees. Too often these students aren't aware of the doors that entry level jobs can open; nor do they know how to prepare themselves academically to unlock those doors. That's why the Jewish Healthcare Foundation late last year announced plans to launch a Center for Complementary Learning in Health Care through Health Careers Futures. The Center will foster partnerships between schools, employers and community organizations to give students the complementary, hands-on learning opportunities they need to better understand healthcare occupations and to find out about the educational requirements for pursuing these jobs. Complementary learning opportunities for students would include speakers, open houses, field trips, job shadowing, mentoring and paid internships. By acquainting

students with direct care occupations, the Center also can help them understand how to map out a career progression by obtaining certifications and advanced training, possibly while working at the entry level.

In addition to introducing students with little career direction to jobs that might expand their opportunities, the Center also aims to help college-bound students get exposure to healthcare professions while still in high school.

The attention we pay now to these impending problems could help minimize negative impacts in the years ahead. Moreover, if there is a silver lining in all of this, perhaps it is the fact that Southwestern Pennsylvania, with a population that is aging faster than the nation's as a whole, will see demand for healthcare workers increase sooner than other regions. These jobs, which pay well or can lead to ones that do, might help stop the exodus of young people that economic developers have bemoaned since the steel industry collapsed in the early 1980s.

So, the next time you meet a recent graduate, you might just want to whisper the watchword of the 21st century: “geriatrics”.

Karen Wolk Feinstein, PhD, President and Chief Executive Officer of the Jewish Healthcare Foundation and the Pittsburgh Regional Health Initiative, can be reached at [Feinstein@jhf.org](mailto:Feinstein@jhf.org).

**CELTIC HEALTHCARE**

*Because You Deserve the Absolute Best Care*

- Geriatric Care Management
- Living Assistance Services
- Medical/Surgical Nursing
- Mental Health Planning
- Critical Wound Care Specialists
- Registered Dietitians
- Medical Social Services
- Home Health Aides
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology
- Hospice & Palliative Care Services

1-800-355-8894 [www.celtichealthcare.com](http://www.celtichealthcare.com)

*A professional company offering the following services for your patients:*

- Geriatric Care Management
- Personal Assistance
- Housekeeping Services
- Meal Preparation
- A few hours per day up to 24 hour services provided — 7 days a week
- Companion Services
- Medication Management (RN Supervised)
- Hospice Care (non-medical)
- Transportation (Dr's Appx, Holiday Shopping)

Allegheny County: 412-606-6174  
 Washington County: 724-225-8905  
 Westmoreland County: 724-627-9157  
 Fayette County: 724-628-8226  
 TOLL FREE: 1-800-922-7454  
[www.thecaringmission.com](http://www.thecaringmission.com)

**THE CARING MISSION SENIOR CARE**  
 Your Solution to In-Home Services

# Senior Helpers Offers Solution for Caregiver Burnout

BY VANESSA ORR

Parents are naturally expected to take care of their children, but as these children grow into adulthood, they often find that the role of caregiver has shifted and that they have become responsible for their parents' well being. And while this role reversal can allow parents and children to become even closer as a family, it can also put a great amount of stress on everyone involved.

"For many caregivers, it's a matter of trying to balance it all – caring for their own spouses and children, holding a full-time job, and trying to take care of an elderly parent," explained Carol Trent of Senior Helpers. "Often these caregivers, who primarily tend to be middle-aged women, feel caught between the needs of older parents and their own families."

While these caregivers may not recognize that they need help, there are often signs that a person is trying to do too much. The caregiver's productivity at work may decrease, and they often find themselves missing work to take parents to doctors' appointments or to deal with emergencies. A caregiver's own health may also begin to fail as a result of the added responsibility.

"Family caregivers often show symptoms that are similar to depression," said Trent. "They may have a continual sense of exhaustion, and feel hopeless, helpless, or out of control. Many cut themselves off from everything that they used to enjoy, as well as lose contact with family or friends. And if the caregiver isn't taking care of herself, she's not going to be able to take care of anyone else."

Trent adds that there are several red flags that may warn when a caregiver is susceptible to burn out. "One of the things to look for is if the caregiver lives with the person they are caring for," she explained. "Being in this situation 24 hours a day, seven days a week is likely to produce burnout and to make the person feel like they are the only one in the family doing anything, which is often true. Also, if the caregiver and the person being cared for didn't have a good relationship before their roles were reversed, this will make the situation even more difficult."

To help people care for elderly or ill family members, Senior Helpers provides both com-



"Our goal is to enable senior citizens to age gracefully, socialize frequently and live confidently. We hold elders in high esteem."

- Carol Trent

"It's important for families to realize that we are not replacing them; we provide respite care so that they can take a break," she added. "Our job is to reduce stress, which in the long run, makes the whole family healthier."

panion and personal care services. Companion care includes providing social stimulation, such as playing cards and games with the person as well as watching TV together or reading a newspaper to them. Companions may also help with light housekeeping, as well as make meals or provide transportation to the grocery store or appointments. Personal care, most often provided by certified nursing assistants, includes bathing, dressing, grooming and toiletry help.

"We choose to make a positive difference in the aging experience," said Trent, who owns Senior Helpers with her husband, Tom. "Our goal is to enable senior citizens to age gracefully, socialize frequently and live confidently. We hold elders in high esteem."

This philosophy is shared among Senior Helpers' staff members. "We don't take just anyone who wants the job—all of our staff is experienced and trained in dealing with seniors," said Trent. "It takes a special kind of person to do this job. Everyone on our staff has great respect for the elderly."

Senior Helpers' staff undergoes a rigorous screening process, which includes employer and personal references and a criminal background check. "We do not hire anyone on the spot, no matter how good their interview," said Trent. "Our philosophy is that if we would not put them in the home of one of our own relatives, we certainly won't put them in someone else's home."

Family caregivers who do take advantage of Senior Helpers often find that they don't feel as exhausted or as burned out as they did before they had help. "The biggest benefit that we provide is that we take stress off of the family," said Trent. "Seniors are also sometimes more receptive to a professional caregiver because there are no family dynamics involved; there's no history between the caregiver and the person receiving care."

For more information on Senior Helpers, call (724) 834-5720 or visit [www.seniorhelpers.com](http://www.seniorhelpers.com).



- Patients and families come first.
- We take care of each other.
- I'll do my best today and do even better tomorrow.
- I am proud to make a difference.

## Advocacy

As a pioneer in the hospice movement, as an advocate for the rights of the terminally ill, VITAS has been a leader in expanding hospice access to population groups historically underserved by healthcare providers.

- VITAS cares for all hospice-appropriate patients referred to us, regardless of their ability to pay. Charity care company-wide averaged 1.2 percent of gross revenues during 2006—approximately \$8.5 million—reportedly a higher percentage than the majority of hospice programs operating in the United States.
- VITAS often admits patients that many smaller hospices will not or cannot take under care: Patients whose treatment plan may require expensive palliative chemotherapy or radiation; patients with complicated diagnoses; patients without a primary caregiver in their home; patients who are not willing to sign a DNR order.
- VITAS and the Rainbow/PUSH Coalition launched a national partnership in June, 2003, to improve the accessibility to and quality of end-of-life care available to African Americans across the nation. We aim to inspire the leaders of *One Thousand Churches Connected* to educate their members about the benefits, availability and affordability of hospice care.

**VITAS**<sup>®</sup>  
Innovative  
Hospice Care<sup>®</sup>

For information, please call 412.799.2101 or toll-free 1.800.620.8482

[www.VITAS.com](http://www.VITAS.com)



# ElderCare

## Older Adults Are Well Served by Allegheny County Agency on Aging

BY NANCY KENNEDY

The face of aging in America is changing, and Allegheny County is in the forefront of the demographic and sociologic trends that promise significant shifts in the way that older adults of the future will experience their senior years.

“Allegheny County is well ahead of the rest of the nation,” says Mildred Morrison, Administrator of the Allegheny County Department of Human Services Area Agency on Aging (AAA). “Right now, we are where the rest of the nation will be in the future. Our senior population is 18-20% of the total, while the national average is 13%.” The county AAA is an exceptional and experienced provider of services to aging adults, offering a comprehensive array of programs and referrals to help them live their lives with health, safety, independence and dignity.

Currently, the county has 283,000 residents who are age 60 and over, and the AAA supports them with easily accessible services that are primarily community-based. The department acts in partnership with the regions’ wealth of service providers, plus



Mildred Morrison

state and federal agencies, to identify needs and develop resources to meet the needs of older residents and plan for future generations. “We believe that serving older adults means serving their caregivers as well,” says Morrison, “and we offer many supports for caregivers. People don’t necessarily know about all the help that is available.”

One of Morrison’s goals is to change that, increasing utilization of programs that help

keep seniors living at home in familiar, cherished surroundings. Often, she says, relatively small services can mean the difference between “aging in place” – in one’s own home or that of a relative – and living in a long term care facility. This is reflective of a national trend towards short rehabilitative admissions to nursing homes. “One of the challenges for nursing homes is that they will no longer have the mix of patients that they’ve had in the past,” she says. “They are likely to have more of the very frail, higher acuity patients. Aging in place will be the norm, and caregivers will make that possible.”

Morrison views caregivers as “everyday heroes” and urges them to take advantage of AAA’s supportive programs. “Mostly, it’s daughters who are caring for elderly parents. They are often mothers too, so they are squeezed by two generations. Our adult day care programs have phenomenal benefits. They’re undervalued but make a huge difference in quality of life for the older adult and the caregiver. It’s an option that gives a caregiver peace of mind, knowing that their loved one is safe and monitored. Day care, even used occasionally, reduces stress for caregivers.”

While day care targets the frail elderly, many AAA programs are aimed at active, healthy seniors. The 62 senior centers offer socialization, educational opportunities, discounted meals, exercise, day trips and volunteer opportunities. “There are huge misperceptions about senior centers. Bingo is only about 1% of what takes place there. One of our challenges now is to transform the centers to attract the baby boomers, the seniors of the future, who are better educated, with more interests and higher expectations,” Morrison adds.

Nationally, experts in elder care have been sounding an alarm, warning of an impending crisis as the 78 million baby boomers reach their senior years. With increased longevity and massive numbers, they will place an unprecedented demand

on resources, particularly in health care. But Morrison feels that there is reason for optimism, especially in this region. “Allegheny County won’t have explosive growth in the senior population. On a percentage basis, we have a high number of seniors, but this is offset by a drop in the 60-65 year olds, due to the exodus from the region twenty years ago, when the steel mills closed.”

In Allegheny County, older adults mostly reside at home and are an economically secure group, according to Morrison. “There is high home ownership and low poverty among our senior population. The majority gets along well; only about 10% need help and they are usually those without family here.” For those who do need help, the AAA can provide information and match seniors to appropriate partner agencies through whom the department provides contracted services. In-home services, transportation, cleaning, care planning, social services, assistance with taxes, counseling, flu shots, nursing home transition services and meals-on-wheels are among the many services available.

Morrison, who left a career in banking to work with older adults, feels personally blessed by her work. “The seniors are a joy; they are gracious people and so appreciative. We receive thank you letters every day. “We’re blessed in Pennsylvania,” Morrison says. “Our lottery generates funding for programs for older adults and is unique in the nation. It’s a different world in other states.”

In addition to plans for increased caregiver support and transformation of the senior centers, the AAA is developing strategic plans to address additional demographic trends with effective and creative solutions that will maintain and enhance quality of life for the current seniors and future generations of Allegheny County residents.

For information, call the Senior Line at (412) 350-5460 or email [seniorline@dhs.county.allegheny.pa.us](mailto:seniorline@dhs.county.allegheny.pa.us).

*My*  
**Home Sweet Home**

Thank You Community LIFE for keeping me from going to a nursing home. I can remain independent with all the services you offer to me at My home and at the centers like ...

- Prescriptions & Medication (at no additional cost)
- Transportation
- Specialist Services
- Primary Medical Care
- Podiatry
- Audiology/Hearing
- Lab Test/Radiology
- Dentistry/Optomety
- Physical and Occupational Therapy

Call - you'll be glad you did!

Contact us **1-866-419-1693**  
[www.commlife.org](http://www.commlife.org)



All coordinated healthcare is paid for by Community LIFE. Participants are responsible for care not coordinated by Community LIFE.




**FAMILY HOSPICE**  
**and Palliative Care**  
*Your Comfort... Our Caring Since 1980*

**REFERRALS: 1-800-513-2148**  
[www.familyhospice.com](http://www.familyhospice.com)

Serving families in Allegheny, Washington, Beaver, Westmoreland, Fayette, Mercer, Venango, Crawford, Lawrence, Butler, and Greene counties.

# Caregivers Provide Comfort and Joy

“It’s easy to smile when you have a Comfort Keeper.” That was the response of one elderly lady who had been reluctant to accept a caregiver into her home.

For many senior adults, the prospect of asking for in-home, non-medical care can prove to be a challenge. But not asking for help can become more difficult. That is especially true for people who have lived in their homes for many years and aren’t quite ready to give it up and relocate, but also can’t manage to do everything that they need to do to remain independent. Finding the right caregiver can mean the difference between accepting help in the home or having to make the inevitable move to an institution.

Caregivers such as Dotti Rossi of Ross Township, Lori Stroebel of Sarver, and Tootie Stetter of Swissvale, have responded to a special calling to become caregivers even with a busy schedule. The hours, travel, and work can sometimes be a challenge, but each caregiver has demonstrated a special quality to connect and interact with a variety of different clients.

In Dotti Rossi’s case, she provided help for an elderly lady a few afternoons each week. “Little by little, I gained her trust and she asked me to help her to do more. We became friends and she didn’t want any other caregiver,”



Dotti Rossi



Lori Stroebel

Rossi explained.

Lori Stroebel of Sarver, Butler County, has traveled to Monroeville and Wexford to provide overnight and 24/7 care. Both of her clients were older hospice clients who needed a higher level of care along with reassurance that someone would be there for them. “There were times when I stayed up with them, held their hand, and even prayed with them. In essence, I felt that I was placed in the right place at the right time to provide care and calm

their fears,” Stroebel added.

As a full time employee of a financial institution, Tootie Stetter looked to channel her desire and energy during her off-peak hours to provide care for senior adults. One of her most challenging assignments was caring for a 62 year old former RN who was recovering from a stroke. The client was depressed and angry about the stroke and the recovery process. Instead of trying to thrive, she was hoping just to survive and lost the joy from many of the little pleasures in life.

One day Tootie put aside the prepackaged sandwiches and the frozen dinners and asked her client if she would like a home-cooked meal. Freshly prepared chicken was baked along with home-made mashed potatoes made from scratch not a box. “My client was very surprised when I offered to prepare a home-cooked meal. As she was having dinner, she smiled and said thank you,” Tootie said.

Each caregiver brings with her /him some very unique experiences and personalities. The one common factor is the sincerity of their care and compassion.

For more information, contact Comfort Keepers Pittsburgh North and East and the Community at Holy Family Manor, Inc. at 1-800-931-5866.

## Jameson Hospice Provides Personalized, Comfort-Focused End of Life Care

BY JUDITH DOUGLASS, R.N., B.S.N.

Hospice is for the living. It does not hasten nor does it prolong death. Hospice is a philosophy of care for people with a life-limiting illness. It provides supportive and palliative (comfort) care for people who have a life expectancy of six months or less, if the disease progress runs its normal course. This supportive care extends to the family and significant others, husband, wife, children, parents and friends.

Hospice is not curative care but it does help people come to terms with the notion that they are going to die and supports the patient and family towards a peaceful life closure.

Symptom management is a hallmark of hospice care. The program is designed according to the individual needs to management symptoms of the terminal illness, particularly pain, anxiety, nausea and vomiting.

The hospice program helps people live to the fullest during the dying process. It provides information about what to expect, facilitates closure and coming to terms about no longer being with the ones we love, dealing with what comes next, making amends and making peace with family members and friends. It also lets people know that is OK to feel the way they do, to say goodbye, and then to let go.

Hospice uses a team approach to care for the sick and dying. Nursing, medical oversight, home health aide, social worker, physical therapy, occupational therapy, speech therapy, nutritional counseling, spiritual support, bereavement coordination and volunteer services are offered through Hospice. Each discipline is concerned about the welfare of each patient and offers suggestions for care, from each of their perspectives. All of these services may be offered to the patient and family/significant others, depending on the patient’s requirements, and some services may be refused by the patient or family. An individualized plan of care is designed by the patient, family and the Hospice team follows the patient’s wishes and arranges care as they desire.

Hospice comprehensive services also include pain medication and other medications related to the life limiting condition, home medical equipment and medical supplies.

Often patients want to die at home where they find the greatest comfort and control surrounded by their favorite things, pets and people. Although difficult, a family feels that they are very much a part of providing last wishes for their loved one. It is indeed a magnificent gift that one offers and affords another. Hospice care may be delivered in nursing homes and hospitals.

The Hospice program follows up with the family for 13 months after the death. Jameson offers bereavement coordination, a support group and spiritual counseling to stay connected and support families through the most difficult journey of all.

We are all going to die but it matters how we die that concerns us the most. How we live until we die is the matter. Hospice provides a humane and dignified way of dealing with the end of life.

Judith Douglass, R.N., B.S.N., Director, Jameson Hospice of Lawrence County, can be reached at [jdouglass@jamesonhealth.org](mailto:jdouglass@jamesonhealth.org) or (724) 656-4250.



Judith Douglass

**A band aid on your knee, sealed with a kiss. Now it's your turn.**

We can help with dependable and affordable in-home care for seniors.

- Services tailored to your needs
- Companionship
- Bathing & grooming assistance
- Meal prep and clean up
- Medication reminders
- Laundry and linen changing
- Alzheimer's and dementia care
- Errands and transportation
- Up to 24-hour care provided, bonded and RN supervised

CALL US TODAY FOR YOUR FREE ASSESSMENT  
**(724) 834-8720**  
[www.SeniorHelpers.com](http://www.SeniorHelpers.com)

**Senior Helpers**  
Caring for Home Companions



**B**ecause you care...  
**HomeWell is there.**

**Proudly serving all of Westmoreland County**  
**Hourly and Live-In Companionship Available**

- ♥ Meal Preparation
- ♥ Personal Care & Hygiene
- ♥ Errands
- ♥ Shopping
- ♥ Light Housekeeping
- ♥ Much More

**HomeWell**  
SENIOR CARE

116 East Pittsburgh St., Greensburg, PA

**724-837-6590**

[homewellcare@yahoo.com](mailto:homewellcare@yahoo.com)

National Background and abuse checks • Bonded and Insured



# ElderCare

## Sudden Home Care Needs

*“Recently my mother had a stroke and we suddenly found ourselves trying to figure out how she would manage back at home on her own. She was determined that home was where she wanted to be, but it was clear she wouldn’t be able to get around or keep up with things the way she used to ... at least not right away. None of us had ever been in this situation before, so we had no idea where to start. We spent hours on the phone and the internet looking into everything from home delivered meals to home care services. The worst part was that we didn’t have much time to pull it all together. Isn’t there an easier way for people in our situation?”*

This scenario is becoming more common as growing numbers of people are choosing to stay longer in their own homes. In-home options, services, and products are also increasingly available. For those who have never been involved with in-home care, it can be confusing, stressful, and time consuming to research and set up. When it has to be accomplished in a few short days, it can be overwhelming.

There is an endless amount of information on a vast array of products and services to be found in the phone book and on the internet. In-home care, personal emergency response systems, medical equipment and supplies, adult day care, transportation services, overnight care, meal delivery, housekeeping, companionship, and handicap accessibility renovations are some of the typical in-home options. Many of the terms can be confusing and most products and services are listed individually, and so must be investigated one at a time.

The truth is that most people seeking home care information for the first time are in a position to have to move very quickly. Sudden illness or injury is the most obvious reason, but not the only one. Some changes happen gradually and

loved ones may not notice until the need becomes more urgent. Others may see some changes but aren’t sure what is needed, when to intervene, or how to begin, so they wait. No one likes the idea that a loved one is declining so a little denial isn’t uncommon. On the flip side, the loved one may attempt to hide their problems from others, or insist that they don’t need any help. For many reasons “the conversation” is often procrastinated until the issue is forced.

There is some help out there for folks in this situation, but more is needed. A few referral centers do exist, but many are limited to specific types of services. For instance the local Department of Aging is always a good place to start. Their information is mainly on programs and services that they offer if your loved one qualifies. Other referral sources include; local senior publications that list and advertise products and services, Care Managers who can be hired to assess what is needed, locate, set up and monitor services, and some home care services who offer free assessments and may also help with referrals to other products and services.

The best advice is to plan ahead. Begin to investigate options early and include



your loved one in decision making as much as possible. When in doubt, your loved one’s safety is the first priority.

*Liken Health Care, Inc., is a private duty nursing service and has been in the Pittsburgh area since 1974. If you have a question, Liken can be reached by phone at (412) 816-0113, by email at info@likenservices.com, or visit the website at www.likenservices.com.*

### The Region’s Most Trusted Source For Care In The Home



Liken Health Care’s goal is to provide superior service while enhancing the independence, comfort, and dignity of our clients. Our Companions, Aides, LPNs, and RNs have been helping folks at home for over 30 years in Western Pennsylvania with:

**Liken**  
Health Care

412 816-0113

www.likenservices.com

- ▶ Bathing
- ▶ Personal care
- ▶ Overnight care
- ▶ Mobility
- ▶ Meals
- ▶ Light housekeeping
- ▶ Medication, and more



**Comfort Keepers,**

Each Office Is Independently Owned And Operated

**It’s easy to smile when you have a Comfort Keeper**

**Non-Medical Services**

- ◆ In-Home Companionship
- ◆ Meal Preparation
- ◆ Light Housekeeping
- ◆ Grocery Shopping
- ◆ Errand Services
- ◆ Laundry & Linen Washing
- ◆ Medication Reminders
- ◆ And Much More!

**Personal Care Services**

- ◆ Bathing
- ◆ Mobility
- ◆ Incontinence Care
- ◆ Oral Hygiene
- ◆ Feeding



**CALL TO SCHEDULE A FREE IN-HOME CONSULTATION**

**Airport West – 412-787-0709 • South Hills – 412-653-6100  
North – 412-931-5866 • East – 412-271-0682**

**www.comfortkeepers.com**

ALL COMFORT KEEPERS AND STAFF ARE FULLY SCREENED, BONDED AND INSURED.

Our family is here for your family.  
Comfort Keepers is dedicated to quality care, changing lives and building relationships.

# Geriatric Care Management Sometimes a Career Chooses You

**H**ow does one become a Geriatric Care Manager? For Kathy Seeman, Certified Geriatric Care Manager for Celtic Healthcare, the career path was something that she didn't set out to do - not something she chose - but rather something that chose her. For many others, this is also the case. Geriatric Care Management isn't just a job; it is a way of life.

Geriatric Care Managers (GCMs) are basically health and human services specialists who help families care for older relatives, while also encouraging them to be as independent as possible. GCMs may be trained in one or more fields related to long-term care, including nursing, gerontology, social work, or psychology, with a specialized focus on issues related to aging and elder care. GCMs act as a guide and advocate identifying problems and offering solutions.

Seeman found herself at a point in life where she was working full time as a nurse in a doctor's office while also needing to care for her ailing mother-in-law and her own father who were both sick at the same time. In caring for them, she began to see a need for services many others wouldn't be able to provide or handle without the specialized training she had. Seeman began her Geriatric Care Management career by forming the company, Geriatric Care Management Services and Personal Care Home Placement.

In the beginning, Seeman started out on blind faith. She just did it. A woman with strong faith, Seeman says, "It was God, it wasn't me. This came to me at the right time. I went with what was presented to me. I thought about it. I prayed about it. Affirmations came from people I didn't even know. It grew and succeeded because I never forgot who I was taking care of, and I treated every patient like family. It really is a 24/7 job."

Seeman joined the Celtic Healthcare family a year ago in May, 2006, joining forces to form Celtic Geriatric Care Management Services. She knew CEO and Owner Arnie Burchianti through mutual business relationships and ran into him and COO Kurt Baumgartel on the tram at the Pittsburgh International airport at midnight one evening when her and her husband were coming home from vacation and Burchianti and Baumgartel were returning from a healthcare conference. They were the only four people on the tram, and they began to talk. Through



Kathy Seeman

their conversation, Seeman found that Celtic Healthcare could offer her clients more than she had to offer. Often times, her clients needed additional services including Medicare - supported physical therapy, occupational therapy, mental health nursing, wound care specialists or private-duty living assistance services. Celtic Healthcare offers that full continuum of care. It was the perfect complement to her services.

Seeman recently received her Certification in Care Management (CMC) from the National Association of Professional Geriatric Care Managers. This certification was something Seeman worked hard for and is very proud to have achieved. Recertification is required every three years in addition to obtaining 45 Certified Education Units (CEUs). Seeman is also certified in Gerontology from the University of Pittsburgh. She is a past President and Treasurer for the local chapter of the Pittsburgh Chapter of Geriatric Care Managers and a member of the National Association of Professional Geriatric Care Managers.

Geriatric Care Managers perform duties that include assessments, placement assistance, education, counseling, advocacy, consultation, information/referral of additional services, crisis intervention, care management, homecare, insurance advisement, and guardianship. Geriatric Care Managers could be likened to life coaches or even substitute family members.

For more information about Geriatric Care Management and/or Celtic Healthcare, visit [www.celtichealthcare.com](http://www.celtichealthcare.com) or call (800) 355-8894.



The Wound Healing Center staff at Memorial Medical Center knows that even the little things, such as turning out lights in unoccupied rooms, can help reduce costs.

## Cost Savings in Wound Care

BY MARION DIMAURO RN, CWS

**T**he cost of health care is growing well beyond our financial means. This financial burden increases for the elderly who are on fixed incomes and have limited financial means with increasing medical needs.

In an attempt to help offset these financial burdens, The Wound Healing Center of Memorial Medical Center has instituted definitive cost saving measures.

The goal of our care of course is fast, effective wound healing. Advanced techniques and treatments are utilized to achieve this goal and ultimately, reduce costs of long term wound care.

Additional measures are also used to address increasing costs as well. Some of these measures include: registration process revisions to decrease patient wait time, thereby providing increased patient comfort and satisfaction and more efficient use of nursing time; frequent product reviews for appropriate and cost effective care; computerized documentation to decrease paper and printing costs; and even small measures such as turning lights off in exam rooms when not in use. These are only a few measures used to address rising health care costs for all patients, and in particular, our elderly population.

On the acute care side, an evaluation and coordination of skin care products including moisturizers, barriers and protective creams has significantly decreased

costs. Along with this simple measure, extensive staff education has been given to Nurse Aides and Nursing staff. When the appropriate product is used at the appropriate time and place, our costs decrease.

Another simple step has been the use of padded oxygen tubing on high-risk patients for break down, which has significantly decreased pressure ulcers, thereby decreasing hospital costs and patient pain and discomfort.

An effective way to achieve cost savings in health care is to encourage your staff to share their ideas. Many of our staff members have made many successful contributions and suggestions. Using ideas that originate with your staff also promotes buy-in from other staff members and helps insure more successful outcomes and savings.

Quite simply, cost savings in health care is necessary, and it is the responsibility of everyone to do his or her part. The Wound Healing Center staff takes this initiative seriously and makes valuable contributions in making every effort to keep patient and hospital costs down, while providing excellent care to our patients.

Marion DiMauro RN, CWS, is Nurse Manager, Wound Healing Center, Memorial Medical Center.

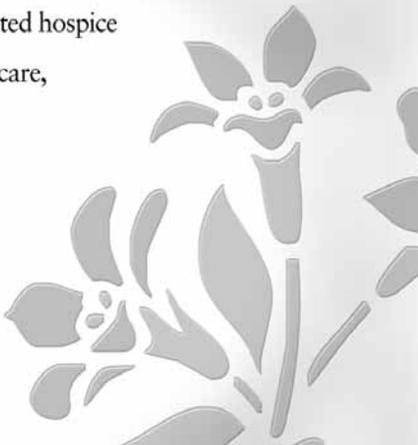
For more information, visit [www.conemaugh.org](http://www.conemaugh.org) or call (814) 534-9000.

*As life comes to a close,  
we open our hearts.*

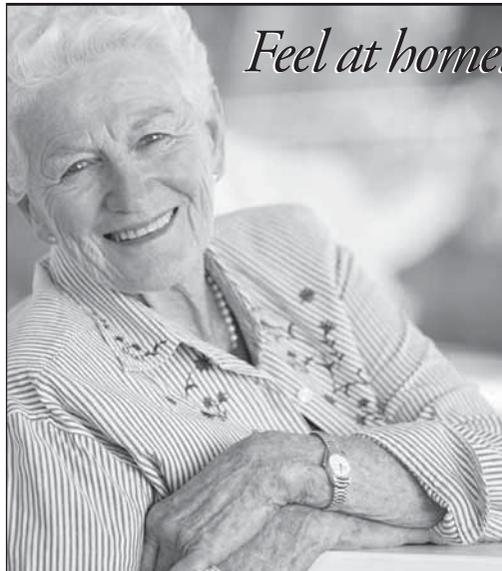
Western Pennsylvania's oldest and most trusted hospice and palliative care program. Providing home care, caregiver respite, grief counseling and a dedicated inpatient setting since 1970.

For information, call 1-800-381-3080.

**FORBES HOSPICE**  
WEST PENN ALLEGHENY HEALTH SYSTEM  
[www.wpahs.org](http://www.wpahs.org)



*Feel at home.*



**Y**ou'll feel right at home at Arrowood's independent living community. Decorate your apartment any way you like. And don't worry about cleaning, dinner or getting around; we take care of those details. Whether it's Arrowood's independent living or the onsite assisted living and skilled nursing care, Southwestern Group's Continuum of Care provides ongoing care in one location - a picturesque, 40-acre wooded campus.



Lewis Run Road,  
Pleasant Hills

Call for a personal tour, 412-469-3330,  
or visit [southwesternhealthcare.com](http://southwesternhealthcare.com).

# ElderCare

— PROFILES —

## Local Caregiver Honored for Service

Home Instead Senior Care would like to recognize employee Cynthia McDonald who has been selected as a finalist for The William and Frances Dreher Caring Touch award. The award is presented by the Alzheimer's Association and recognizes outstanding performance in dementia care.



Cynthia McDonald

## A Portrait of Compassion

Nobody paid her to do it or made her do it, but that didn't stop Mary Semler from putting her own safety aside to face treacherous roads on a frigid February day for the sake of helping someone in need of a comforting word and a gentle hand to hold. As a volunteer for VNA Hospice, Western Pennsylvania, Mary heard about a patient at the local nursing home who was close to death and family members were all in another state. As soon as Mary heard about the patient's situation, she gave no second thought before getting into her car and making the trek to the nursing home through the ice and snow.

This poignant example of Mary Semler's level of caring and selflessness is what VNA Volunteer Coordinator Suzanne Grove says exemplifies the kind of dedication Mary has demonstrated to patients of the VNA Hospice during her past four years as a volunteer.

"Whatever we need she just does," says Grove. "You can always count on her commitment and loyalty."

If you ask Mary why she does it the answer is simple: caregivers need someone to lean on in the difficult times brought on by life threatening illness among family members. "In many cases they become so exhausted, both physically and emotionally because they feel they don't have anyone to turn to and don't fully know what's going to happen to their loved one," says Mary. "Just having the presence of a trained individual who can provide compassion, understanding and support can make all the difference in the world."

At the VNA Hospice, volunteers are categorized into three types of support: family support, office support and bereavement support. During her four years as a VNA Hospice volunteer, Mary has served in each of these support capacities. Most often, however, she spends her time in a family support role where she may sit with an ill patient while family members run errands or do household chores.

During the holidays, she packaged cookies for deliveries to patients. She also prepares lunches at Camp Connections, a bereavement camp for children dealing with the grief of losing a loved one.

"At the end of the day, Mary is just a warm, loving, faithful person who would do anything to help someone," said Grove. "We are fortunate to have volunteers like her as part of our outreach to the Western Pennsylvania communities we serve."



Mary Semler

## Pat Goetz "The Mayor" Committed to Life-Long Learning

Her official title at Passavant Retirement Community is director of the Main Street Community Life program but to most of the residents on this picturesque campus in Zelienople, Pat Goetz is known simply as "The Mayor."

"I'm not sure how the name got started or who started it but it has just kind of stuck," said Pat. "Maybe it's because I'm always out in the community talking to residents to see how they are doing and if I can be of service to them, like any good neighbor would. I believe that as a community we strive to be the kind of neighbors who look out for each other."

For nearly 22 years Pat has coordinated and managed the life-long learning programming at Passavant with a certain zest and enthusiasm that is obvious when she talks about the campus, its residents and staff.

"Our programs ultimately help residents find or maintain their physical, emotional and spiritual strength and those are important qualities for all of us to have if we are to lead an abundant life," said Pat. "I love doing what I do."

The list of programs offered on a daily basis at Passavant is almost overwhelming, with anywhere from 15-30 being scheduled. In addition there are special projects Pat coordinates, such as the trip she put together for veteran residents to the dedication ceremony of the WW II monument in Washington, DC. She was instrumental in visioning and creating The Center for Creative Expression for residents to unleash or rekindle their creative abilities. Three years after its inception, The Center offers a multitude of classes, from painting to sculpting to journal writing, cooking classes and music appreciation. Pat coordinates Passavant's Annual Fall Festival that raises more than \$10,000 each year for the benevolent care fund. She was also a driving force for Passavant to become involved with the Second Wind Dreams, a program for seniors patterned after Make-A-Wish. A unique "Caring Clown Program" is also evolving under her leadership.

"Under Pat's leadership, our programs have blossomed into comprehensive life-long learning programs designed to enrich resident's lives through education, physical,

"Our programs ultimately help residents find or maintain their physical, emotional and spiritual strength and those are important qualities for all of us to have if we are to lead an abundant life. I love doing what I do."

— Pat Goetz

spiritual, recreational and creative expressive opportunities. She is someone our residents look up to and who challenges them to explore new ideas and to do things the never thought they could do," said Laura Roy, executive director of Passavant Retirement Community. "She is truly one of the exceptional leaders in our profession."

"Much of the credit for their success of our programming goes to the administration of Lutheran SeniorLife and Passavant," said Pat. "There is a strong financial and philosophical support behind these programs because our administration understands how vital the programs are to helping our residents lead an abundant life."

Pat is also putting the finishing touches on a book entitled, *How to be a Good Neighbor in a Senior Care Setting* that details some of the life lessons she has gained over the years, lessons that she said she could not have experienced had it not been for her work with the elderly.

"I would not be the person that I am today without the guidance and wisdom that I've gained from this special population," she said. "I want to leave a footprint for others to perhaps learn from but most of all, to help other people understand that seniors are walking, talking treasures of real-life history for us to learn from. When they pass, that valuable history, experience and wisdom goes with them."

### EXPERIENCE. LEADERSHIP. FLEXIBILITY.

Recognized nationally Quantum Search is committed to the highest level of satisfaction. By forming a unique partnership with our clients and applying our relentless desire to exceed expectations our results are sure. Excellence in people. Excellence in service. Excellence... period. We guarantee it.

Quantum Search - Nationwide Retained Healthcare Executive Search

QUANTUM SEARCH  
www.quantumsearch.com  
770.495.8150



### RN/LPN Independent Contractors Needed

Health Hope Network (formerly Visiting Nurse Foundation) a non-profit organization that assists the community at large by helping to keep people healthy, is looking for short-term independent contractor RNs and LPNs to administer flu and pneumonia vaccinations at community-based and corporate sites beginning late September 2007 through December 2007. Various morning, afternoon, evening and weekend hours are available. Must be currently licensed in PA and have current CPR certification. If hired, you must attend a two-hour orientation session. Clinic pay is \$20/hr.

Earn extra money for the holidays and partner with Health Hope Network to provide a great community service!

Mail hard copy resume and legible copies of current PA license and CPR certification and to:

Health Hope Network, RN/LPN Coordinator,  
Two Parkway Center, Suite 101, Pgh., PA 15220  
No phone calls please.



HEALTH HOPE NETWORK®  
A Commitment to Health & Legacy of Care



# Building a Resource for the Community.

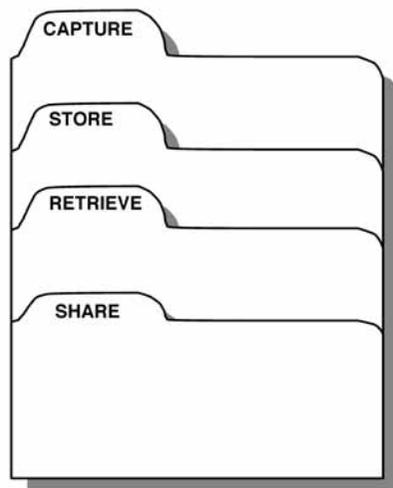
Part of what makes The Commons at Squirrel Hill Nursing and Rehabilitation Center unique is our dedication to providing vital community resources. It's part of who we are as a nonprofit organization. As such, we continue to develop educational outreach as well as specific clinical programs to meet the needs of our community. From providing experienced ventilator and respiratory programs, to in-house hospice, extensive wound care, rehabilitation and long-term care, The Commons at Squirrel Hill is committed to providing vital services, now and in the future. We invite you to learn more by calling or scheduling a tour with Suzanne Machek at 412-287-8408.

**The Commons  
at Squirrel Hill**  
  
SKILLED NURSING & REHABILITATION

2025 Wightman Street, Pittsburgh, PA 15217 • [thecommonatsquirrelhill.org](http://thecommonatsquirrelhill.org)

**Your Community Resource for Skilled Nursing and Rehabilitation Healthcare.**

## FILE MANAGEMENT



### Manage Office Costs

Control expenses and save money with Document Management.

### Meet Compliance Requirements

Regulatory issues can be solved with simple yet effective tools.

### Ensure File Security

Integrated files and electronic backup insure against lost documents.

Work with a company who is specially suited to meet your needs

**COMPUCOM Inc** has been providing Services and Solutions since 1978.

We'll show you how Document Imaging from COMPUCOM Inc. can help.



1401 West Carson St  
Pittsburgh, PA 15219  
412-562-0296  
1-800-270-8702  
www.compucum-inc.com

# Healthcare Pioneers Acknowledge History- Making Efforts

During 1982, seven Chicagoans died from poisoned Tylenol, the first artificial heart was implanted in Barney Clark and end-of-life care was little more than a volunteer movement in America.

Hospice was barely a blip on the healthcare radar screen. In America, hospice got its start in the '70s in response to the work of Dame Cicely Saunders in England and Elisabeth Kubler-Ross' theory on death and dying. Virtually a cottage industry, hospice in the United States had no heroes, no resources, no model of care, no reimbursement mechanism.

But in 1979 in Florida, hospice had a small band of allies led by Hugh Westbrook, a United Methodist minister dissatisfied with the way the terminally ill were cared for and committed to changing it. Westbrook had already established a hospice organization he would one day call VITAS.

A handful of enlightened state politicians joined his pioneering legislative efforts; they brought together other small Florida hospices to draft a bill that defined hospice as these idealists thought it should be. Although it didn't provide funding, it was an unusually specific document, establishing the interdisciplinary hospice team; inpatient, respite and continuous care as needed; bereavement support for survivors; a volunteer support requirement; and more.

Despite political maneuvering, the bill passed as written, becoming the first law anywhere in the nation to define hospice care. It also became the model for other states and, eventually, federal hospice legislation and regulations.

Political connections introduced Westbrook to Don Gaetz, a hospital administrator who had far-reaching ideas of his own about how healthcare was provided and paid for in America. Westbrook convinced Gaetz that the hospice model of care represented the best of what healthcare could be, and Gaetz joined the nascent hospice effort. The two became friends as well as lobbying partners. Over the next few years, they would change the way U.S. healthcare addresses death and dying.

### Honoring Healthcare Historians

In April of 2007, in honor of the 25th anniversary of the passage of the Medicare Hospice Benefit, these two hospice pioneers, Hugh Westbrook and Don Gaetz, received the Healthcare Architect Award from the National Hospice Foundation. The black-tie gala in Washington, D.C., recognized their history-making efforts to influence legislation and shape hospice programs nationwide.

Westbrook and Gaetz didn't do it alone, of course. With others they founded the National Hospice Education Project, a grassroots effort to encourage Medicare coverage of hospice. With others they participated in the Medicare National Hospice Demonstration Project to show how hospice should work, how it could make a difference in people's lives and how much it would cost.

And it took a bipartisan group of legislators – Congressmen Leon Panetta and Bill Gradison and Senators Bob Dole and John Heinz – to get the "Hospice Care Reimbursement Act" passed in 1982. Those four leaders also were honored as Silver Anniversary Honorees by the National Hospice Foundation in April.

Their early and impassioned commitment helped the movement, but the deal sealer was the conclusion by the Congressional Budget Office that a Medicare Hospice Benefit would save taxpayers \$110 million. It was passed by the full Congress and signed into law by President Ronald Reagan in September 1982.

It is estimated that in the ensuing 25 years, 10 million Medicare beneficiaries at the end of life have received the compassionate care Hugh Westbrook had in mind when he decided to change the way we care for the dying. Every day, approximately 200,000 people benefit from hospice care in the United States. In 2005, 1.2 million patients received hospice services nationally; 1.6 million families were helped by federally legislated bereavement services following the death of a loved one.

Esther Colliflower, R.N., is another hospice pioneer and co-founder with Westbrook and Gaetz of VITAS Innovative Hospice Care®. In 1982, while Westbrook and Gaetz were in Washington making history, Colliflower was in Florida making sure the growing VITAS team reflected the company's founding principles and values.

"VITAS was a two-pronged accomplishment," she once said of those early days. "First, there's the immediate and personal level. We worked every day to preserve and improve the quality of life for those with a limited time to live. Second, on the state and national levels, we've helped define, institute and set the standards for hospice care in the United States."

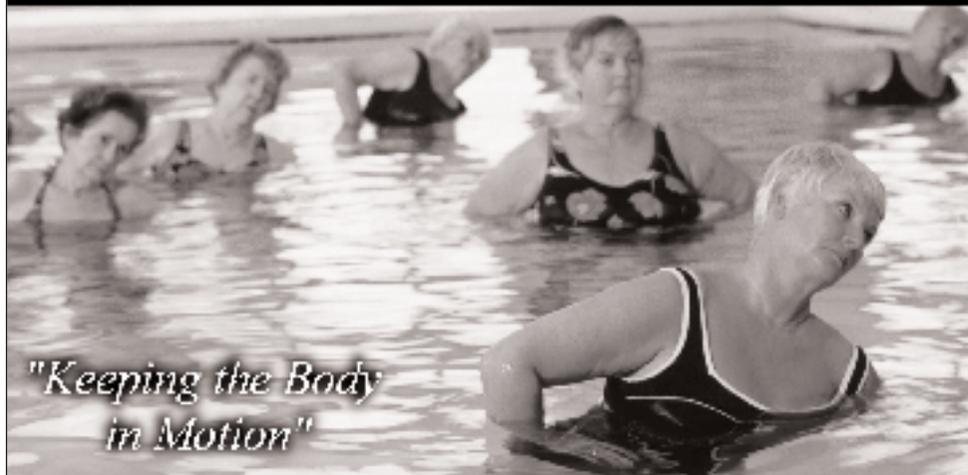
All in a day's work for these visionary healthcare pioneers.

*VITAS Innovative Hospice Care® is the nation's largest provider of end-of-life care. A pioneer and leader in the hospice movement since 1978, VITAS has been caring for the terminally ill and their families in Greater Pittsburgh since 2005. For more information, visit [www.vitas.com](http://www.vitas.com).*



(l-r) Rev. Hugh A. Westbrook; Esther T. Colliflower, R.N.; and Florida State Senator Don Gaetz at National Hospice and Palliative Care Organization's 2007 Washington, DC, gala in April.

## Focus Your Energy On Healing



"Keeping the Body  
in Motion"

## SCHENLEY GARDENS

Comprehensive Outpatient  
Rehabilitation Facility

Let the Comprehensive Outpatient Rehabilitation Facility at Schenley Gardens coordinate your individualized treatment. Free indoor parking is provided. For more info., call 412-621-4200, Ext. 1314.

### Therapies:

- Aquatic
- Physical
- Occupational
- Speech

### Services:

- Nursing
- Psychological
- Respite Care
- Arthritis Pool Program

3030 Bigelow Boulevard • Pittsburgh, PA 15213



# COVER STORY: Dr. Resnick Sees Bright Future for Treatment of Geriatric Patients

Continued from front page

Aging, as well as others, is working on many of these.”

Dr. Resnick, who received his Medical Degree from Stanford University Medical School in 1977, has seen many changes in geriatric medicine during his 30-year career as a physician. The most significant advancement, he said, is the realization that stereotypes of older adults are “largely incorrect” and that most of what was formerly attributed to “old age” actually reflects conditions that “can be feasibly and cost-effectively cured, improved or palliated.”

“Research followed this realization,” he said. “Since the elderly were no longer excluded from such research, new therapies and even preventive practices were found to be useful.”

As a result, Dr. Resnick continued, the elderly were treated for hypertension, hyperlipidemia, CAD (coronary artery disease), MI (myocardial infarction), stroke, osteoporosis and diabetes, among many other conditions. This approach, he said, has led to a “continued decline in disease incidence and morbidity and to increased survival.”

Dr. Resnick also stated that recognition of geriatric syndromes, “which formerly fell through the cracks between specialties or were thought untreatable,” has led to major advances as well.

“The result is that we now can offer real hope for such patients with, for example, ‘failure to thrive,’ delirium, falls, incontinence or geriatric depression,” he said.

These advances have led people to live not only longer but also healthier, Dr. Resnick said.

“Think of how young 60 and 70 years old now seems compared with thirty years ago,” he said. “No one’s concerned about John McCain’s age (69), even though he would be the oldest President in history, and listeners still respect commentary from such nonagenarians as Mike Wallace, Daniel Schorr and Walter Cronkite.”

Dr. Resnick’s primary focus in specializing in gerontology has been on geriatric syndromes, especially incontinence, delirium, and osteoporotic fractures.

In line with the emphasis on incontinence, Dr. Resnick established the nation’s first Continence Center at Harvard Medical School in Boston, and he worked with the World Health Organization as well.

“The Continence Center not only enabled us to help thousands of people directly but also to learn more about the causes of their incontinence, including the discovery of a previously unrecognized cause. In turn, that led to development of more efficient ways to diagnose and treat older people, including those in nursing homes where expertise on incontinence was scarce. It also led to development of simplified approaches that physicians and nurses could apply in the nursing home and which did not require sophisticated testing.

“Moreover, since many of the causes of geriatric incontinence were outside the bladder, addressing them often improved the patient’s overall condition as well,” he continued. “We took a similar tack to help primary care physicians help patients in the office. These approaches caught the interest of the U.S. Center for Medicaid and Medicare, which decided to include them as part of a new national mandate for nursing home residents. When two dozen other countries adopted this approach, the World Health Organization became interested in guidelines that could be applied even in countries with far fewer medical resources.”

Dr. Resnick believes it is important that the families, particularly children, of older adults be aware of the extensive information available from physicians, hospitals and human services agencies about increased health risks for geriatric patients.

“Research reveals that diseases present themselves in different ways as people get older,” he said. “It also shows that even when a symptom arises, older adults are much more apt than younger individuals to ascribe it to ‘aging.’ Thus, education is needed for older adults

as well as for their families. In addition, because most of the advances in geriatric medicine have been made relatively recently, it is important to help practicing physicians get a better handle on them. Our Institute on Aging is working on each of these areas.”

Dr. Resnick’s decision to become a physician was made early in life as the result of watching and “working” with his parents as they cared for and about people.

“I grew up in Compton, California near the Watts area of Los Angeles, where my father was a General Practitioner and my mom was a social worker,” he recalled. “I spent time with both of them on house calls, in the office and in the hospital, and decided early on that I wanted to be a practicing physician and to care for the underserved.”

He accepted a fellowship in gerontology and geriatrics at Harvard Medical School in 1980 after completing his residency in internal medicine at Beth Israel Hospital in Boston. That decision was a practical family matter, Dr. Resnick said in reference to his wife, Susan L. Greenspan, M.D., also a professor of medicine at the University of Pittsburgh. They are the parents of a college-age daughter and son.

“I needed a job for two years while my wife completed her medical training (as an expert in osteoporosis), and I ended up falling in love with the field,” he said. “The main attraction was the ability to do so much to help patients who so greatly appreciated it. I also was attracted by the intellectual challenge. Geriatric care requires in-depth understanding of pathophysiology and pharmacology because older patients have so many conditions present concurrently and because it’s important to ensure that treatment of one condition didn’t worsen another.

“It’s also important to know a variety of ways to treat a problem because the ‘best’ way is often not feasible or is not consistent with the patient’s values or goals,” Dr. Resnick continued. “I was also interested in philosophy and history, and caring for older adults provides wonderful insights into both. Finally, because the field was new and so much was unknown, there also were lots of opportunities to contribute.”

While his parents sparked his desire to practice medicine, Dr. Resnick also credits others as role models and mentors in his career and in life.

“I’ve been blessed with many – family, patients, colleagues and people for whom I’ve worked,” he said. “The number and diversity of mentors also has been a blessing, since the challenges I’ve faced have been so varied and I’ve needed the wisdom of each.”

Board certified in geriatrics and internal medicine and included in the “Best Doctors in America” for 15 years, Dr. Resnick came to UPMC and Pittsburgh in 1999 with a basic mission of advancing his medical ideals.

“Having devoted the first half of my career to learning geriatric medicine, I wanted to use this knowledge to improve care for older adults beyond what I could for an individual patient in the office,” he said. “The goal was to bring clinical care, research and education together in a way that would allow each to inform and benefit from the other. UPMC was the one place in America that had the leadership, vision, commitment and financial resources to make that possible.”

Those who benefit from Dr. Resnick’s clinical and teaching experience, as well as his expertise and commitment to building a Center of Excellence in Geriatrics that provides state of the art care, training and research, will tell you that the transition has worked well for everyone.

For more information, contact Neil M. Resnick, M.D., UPMC Senior Care-Benedum Geriatric Center, at (412) 692-4200.

“I’ve been blessed with many – family, patients, colleagues and people for whom I’ve worked. The number and diversity of mentors also has been a blessing, since the challenges I’ve faced have been so varied and I’ve needed the wisdom of each.”

– Dr. Neil Resnick

**IF YOUR CONFIDENTIAL RECORDS FELL INTO THE WRONG HANDS...**

Today more than ever, it's no longer adequate to simply throw confidential records away — they must be thoroughly destroyed. When it comes to maintaining document security, Allegheny Records Destruction Service is the choice of medical facilities throughout Western Pennsylvania.

For more information, please call  
**1-800-245-2497**  
or visit [www.alleghenyshredding.com](http://www.alleghenyshredding.com)

**ALLEGHENY RECORDS DESTRUCTION SERVICE**

Old William Penn Hwy Bldg.  
Dunmore, PA 15826  
724-468-4300 Fax: 724-463-5919  
[solutions@alleghenyshredders.com](mailto:solutions@alleghenyshredders.com)

**Public Relations, Design and Advertising**

*ideas that get results*

 Jampole Communications

428 Forbes Ave, Suite 414 • Pittsburgh, PA 15219  
p 412.471.2463 • f 412.471.5861 • [www.jampole.com](http://www.jampole.com)



# Improve Health Care Delivery.



By strategically partnering with Amerinet, the journey to total spend management p health care delivery and effectively control overall operating costs.

Supported by a competitive portfolio of purchasing contracts, Amerinet is unequal customer service and field support — all strategically designed to ensure you are m

Amerinet delivers practical solutions to real problems.

For more information on **Total Spend Management Solutions** from Amerinet, visit w Customer Service Center at 877-711-5600.