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THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

Dr. Robert S. Mirsky

Dr. Mirsky Banks on Experience to Help Gateway Health Plan's Growth

BY RON PAGLIA

His new title is Vice President and Chief Medical Officer of Gateway Health Plan. But Robert S. Mirsky, M.D., FAAFP, is "first and foremost" a family physician.

"I always introduce myself as a family physician," Mirsky said. "I believe that primary care physicians serve as the focal point in health care. This is especially crucial in managed health care."

A physician for 22 years, Mirsky further emphasized that point by saying Gateway and its medical directors "should interface with practicing physicians, rather than standing behind a wall or barrier."

"We want them to understand they can rely on us to provide support and resources they need to help their patients," Mirsky said. "Gateway Health Plan enables the physician-patient relationship. We help develop programs that support the relationship and want to continue to distinguish Gateway as an innovator and leader in serving the medical assistance and dually eligible Medicare populations."

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EDUCATION

A World of Difference: Carlow Professor Unites Cultures

BY LIZA J. REED

Michele Upvall, PhD, CRNP, always knew she wanted to work with people from different cultures. "If I hadn't gone into nursing, I probably would have been an anthropologist," says Dr. Upvall, the director and associate dean of Carlow University's School of Nursing. "When I was about 12 or 13, I was fascinated by the book *A Ship Called Hope.* It was about the Project HOPE ship traveling to many countries and providing health care. Then, when I went to nursing school, I cared for a patient from another culture."

The experience told her she was headed in the right direction. The patient spoke no English, dressed differently, and was perceived differently. "At that moment, I realized that I had so much to learn about other cultures. I began taking anthropology classes in addition to working toward my BSN." She has continued her passion, piloting her career across the United States, to Tanzania and Pakistan, and finally back home to Pittsburgh. Everywhere she goes, she finds a way to satisfy her appetite for culture.

In 2003, Dr. Upvall was working as a professor and director of the nursing program at Aga Kahn University in Karachi, Pakistan. "After being away from home for five years, I decided I needed a change. I wanted to return to the United States, to refresh, to update my knowledge." Carlow University offered her an opportunity to make that move.

Dr. Michele Upvall has worked closely with the Pittsburgh Refugee Center to help refugees from Somalia.

Living back in Pittsburgh gave Dr. Upvall the change she wanted. Then, through her church, she heard about the Pittsburgh Refugee Center (PRC). "I was sitting there one day when the preacher announced that the PRC needed volunteers. One hundred eighty Somali families were coming to Pittsburgh from refugee

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HOSPICE/PALLIATIVE CARE MONTH

Hospice: A Celebration of Life

BY NANCY HITECHEW-MEYERS

How many times have you attended a funeral or a memorial service for a friend or relative and were impressed by the praise and eulogies offered? And how often have you remarked that he or she would have been both happy and proud to hear how others had felt about them?

For fifteen years I've been on a journey of spiritual counseling to hospice patients. I have learned that dying people may worry about their relationship with God; their friends; and their family. Another issue of concern might be: "Have I made a difference in this life and has my life had meaning?"

Hospice professionals talk about "end of life" and "quality of life" all the time. But shouldn't we also be thinking about celebrating a person's life? This celebration can help the patient know that he/she has made a difference in this world, has had meaningful relationships and indeed, has been loved.

Early in my career, I read an article suggesting such an event. Over the years, I brought up the idea with several people but no one really expressed interest.

Then along came Evangeline. In her sixties, Angie, as everyone calls her, was diagnosed with end stage breast cancer but declined any treatment except for hospice care. She wanted to live a full life until the end. Her family was gone but she had made good friends with staff members at the nursing home as well as with the hospice team.

She has a degree in FineArts from Carnegie-Mellon University and is an accomplished artist and calligrapher. Angie had never married, but she had a wonderful career at her Alma Mater, working for 44 years in the Fine and Rare Books department.

When I suggested the event to her, her face lit up and she said emphatically, "Let's go for it." She jumped into it feet first. Within minutes she had the nursing home's events coordinator at our side and the plans began.

The day of her Celebration of Life came. Her pastor spoke about Angie's steadfast faith and passionate spiritual journey. Her friends told Angie how much she meant to them and how rich their friendships with her had become. The nurses told funny stories about her. They marveled at how brave and courageous she has been in the face of death.

We laughed, we wept, and we listened to her favorite songs, ate

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Publishers Note... By Harvey D. Kart

I Am Just So, So Busy

Got a minute?

If you're like most of the people I deal with these days, you'll probably answer that query by saying, "Not really. I'm really busy."

Of course, that's if you bother to answer me at all.

We've become a society of busy little bees, intent with impressing each other with how busy we are and obsessed with one-upping anyone who thinks he or she is busier than we are. Think about it. How many times in the past week have you asked someone how he is doing and the answer is "Busy" … or "Really busy" … or (following a roll of the eyes), "Swamped."

(Being swamped is one notch higher than busy or approximately busy times two.)

In fact, "Busy" or some acceptable synonym has replaced "I'm fine, and how are you?" as the standard response to any friendly inquiry. But it gets better. Once a person acknowledges his busy-ness, it becomes incumbent on the inquirer to match the assertion by saying, "Oh, me, too."

If both parties were not, in fact, so busy, this could escalate into a sort of "Busy Arms Race," with each giving examples of how much busier they are than the other person. But, of course, we're all too busy for that.

We've all become like the White Rabbit in "The Adventures of Alice in Wonderland"—a terrific book, by the way, and one you should read if you're ever not too busy—as we scurry around apparently always late for a very important date and never able to catch our breathes.

Here's the problem: Because society has accepted the idea that busier is better, we encourage behavior that feeds this beast of busy-ness, such as crudeness, rudeness, and indifference. ("Hey, I wish I could be more cordial or pleasant, but I'm just so darn busy …")

So we don't hold doors for people, and we talk loudly in public on our cell phones, or we abruptly—and dangerously—cut in front of someone on the highway, or we even take 20 items into the "12 items or less" check out line. Not too long ago I spoke by phone with a geriatric case manager who was so indifferent to me I had to keep looking in a mirror to make sure I was still here.

All justified because, well, we are really busy.

Lest I sound above this madness, let me say that I, also, am guilty as charged, at least to a degree. When I call someone and they're not there, I usually opt not to leave a voice message even though I know seeing "One Missed Call" on a cell phone drives some people crazy. I hang up on phone solicitors, human or otherwise. If I recognize the phone number of someone I don't want to talk to on my caller ID, I don't pick up.

I always thought technology would make our lives easier, that someday we would sit around, like Greek gods on Mt. Olympus, wearing togas, eating grapes, and discussing deep philosophical questions. Heck, I'm too busy even to read my daily horoscope or work a Sudoku.

Most of what technology has wrought is more work and less humanity. How about those automated phone systems every company now uses, where you never ever get to speak to a human being? We are great and interviewed by computer-generated voices, and if you do manage to leave a message for someone the odds of actually getting a call back are comparable to President Bush and Iranian President Mahmoud Ahmadinejad going horseback riding together.

All good rants must come to an end. For those of you who hung in this long, I appreciate your attention. Of course, now you're probably behind in your busy schedule and I need to rush off, too. (For the record, I am busier than you.)

I just hope we don't meet on the highway … or in the grocery store check out line. That could get ugly.

Harvey Kart

You can reach Harvey Kart at hdkart@aol.com or (404) 975-4317.

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November, 2007

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New Patent Office Opinion Raises the Bar for Biotech Patents

BY DEBRA Z. ANDERSON, ESQ.

The U.S. Patent and Trademark Office has issued a ruling that will make it harder for biotech and pharmaceutical researchers to secure patent protection for their developments.

To receive patent protection, an invention must meet requirements of utility, novelty and "nonobviousness." To determine nonobviousness, a patent examiner reviews prior art, i.e., everything publicly known before the invention, as shown in earlier patents and other published material. Next the examiner must determine the differences between prior art and invention and look at the skill level of an ordinary practitioner of the art. The patent examiner then makes a judgment whether a reasonably skilled practitioner would consider the invention obvious.

In April 2007, the U.S. Supreme Court in KSR v. Teleflex Inc. gave a new interpretation of the obviousness standard that will likely make it harder for biotech patent applicants to prove that their inventions are not obvious. The Court ruled that, where there is motivation "to solve a problem and there are a finite number of identified, predictable solutions, a person of ordinary skill has good reason to pursue the known options within his or her technical grasp. If this leads to anticipated success, it is likely the product not of innovation, but of ordinary skill and common sense. In that instance, the fact that a combination was obvious to try might show that it was obvious."

This ruling has given courts and the U.S. Patent and Trademark Office greater leeway to find claims obvious and created uncertainty over the validity of thousands of existing patents.

Perhaps most significant, the ruling makes it harder for inventors to patent new inventions.

Although the KSR v. Teleflex dispute concerned a patent on adding a sensor to a vehicle control pedal, the Supreme Court's ruling applies all patents, including biotech.

A recent decision by the Patent and Trademark Office's Board of Patent Appeals and Interferences, called Ex parte Kubrin, is the first to apply this recent Supreme Court ruling to the biotech field.

Kubrin applied for a patent on the sequencing of a cDNA molecule known as a natural killer cell activation inducing ligand (NAIL). Natural killer (NK) cells may act as mediators of host defense against infection in humans by a number of pathogens, including herpes simplex, Epstein-Barr virus and hepatitis B and C viruses. As an NK cell surface receptor, the cDNA molecule modulates the cell's function, stimulating or inhibiting the immune response.

During the during prosecution of the application, the examiner found Kubrin's claims obvious and rejected the patent application, asserting that a skilled artisan would have been motivated to isolate the nucleic acid sequencing the corresponds to NAIL using known techniques.

On appeal to the Board of Patent Appeals and Interferences, the applicant based its arguments on an earlier decision, In re Deuel, that had served as the precedent for obviousness in biotech patent claims, stating that its cDNA claims cannot be "made obvious by mere knowledge of a desired protein sequence and methods for generating the DNA that encodes that protein."

The Board, however, affirmed the rejection, finding the claims invalid on the basis of the just-issued KSR v. Teleflex Inc. ruling: "The problem … was to isolate NAIL cDNA, and there were a limited number of methodologies available to do so. The skilled artisan would have had reason to try these methodologies with the reasonable expectation that at least one would be successful. Thus, isolating NAIL cDNA was 'the product not of invention but of ordinary skill and common sense,' leading us to conclude that NAIL cDNA is not patentable, as it would have been obvious to isolate it."

While it is risky to rely too heavily on one ruling in preparing patent claims, it is clear that patent examiners will look to the opinion in Kubrin for guidance in the future. To ensure that an organization seeking a patent on DNA sequencing or another biotech innovation can meet the raised bar for nonobviousness, biotech researchers must make sure that their intellectual property attorneys conduct a thorough prior art search. If the invention merely combines elements of prior art or is the product of ordinary skill and common sense, the organization may want to reconsider filing a patent application.

Debra Z. Anderson is an intellectual property attorney at Meyer Unkovic & Scott, LLP. She can be reached at (412) 456-2818 or dza@muslaw.com.

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HUMAN RESOURCES BRIEFINGS

BY MARC CAMMARATA

Keeping Work and Life in Balance During The Holidays

The holiday season is here and one of the biggest challenges and stressors facing us is how to reconcile our work responsibilities with all of the activities and personal responsibilities that come with the holidays. And to further exacerbate things, as each year passes, it seems we find there is more to do at this time of year and less time to do it. Anyway, I can personally attest to these realities since I have been commuting on business approximately 600 miles each week for a number of months and expect to continue to do into 2008. So I, too, find myself in the throws of the dilemma of balancing work and personal affairs during the busiest time of the year while spending a part of each week away from home.

Dr. Richard Boyum, retired counseling psychologist and associate professor of counseling services at the University of Wisconsin – Eau Claire, has been recognized for his research and publications on maintaining mental health and coping with stress. One of his writings provides insight into the sources of holiday stress and how to cope with them. I thought it timely to share some of his comments and suggestions with you.

Dr. Boyum begins by pointing out that the Thanksgiving to New Year's holiday season occurs during the time of year when there are the fewest number of daylight hours. This, combined with all of the season-related activities and responsibilities that come on top of work, leads to a significant increase in Seasonal Affective Disorder (SAD). SAD tends to be a condition that is more noticeable at this time of year. Researchers report that people affected by SAD frequently experience symptoms including chronic fatigue, difficulty in sleeping, irritability, noticeable lack of energy, loss of interest in activities usually enjoyed (including work), and feelings of sadness. Not a good adjunct to the holidays.

Adding to the usual stresses associated with the heightened level of activity during the holiday season are the facts that in today's world, only 25% of the population live in what would be referred to as a traditional family structure, over 75% of single-parents work part-time or full-time, and the vast majority of families typically spend 95% or more of each paycheck, resulting in little accumulated savings to deal with post-holiday bills.

So what's a person to do? Re-enter Dr. Boyum. He has advanced several suggestions each of us can use to lessen some of the pressures that we will inevitably feel in the coming weeks.

• Manage your time. Set reasonable goals about what can be accomplished. Shop during off-peak times and if space and funds allow, stockpile groceries in advance.

• Set reasonable limits regarding gift purchases. Handmade gifts and gifts of time can create special meaning. Consider sending Christmas cards at times other than peak Christmas card time.

• Set reasonable expectations about who you will visit and when. In cases of rain, sleet, or snow, you have the right to change your plans.

• If loved ones are absent during the holidays, if relationships are broken, or there have been other types of tragedies, do not pretend that they do not exist. Denial takes more energy than talking openly about these issues. And allow yourself to put more energy into other relationships that have survived.

• Because holidays are a time where outdoor activity is more limited due to cold and darkness, manage your calorie intake. Try to schedule some form of exercise. If you bundle up you will usually find activity more enjoyable. Indulge in your favorite foods but with limitations.

• Remember the spirit of the holidays. Thanksgiving celebrates the bounty that surrounds us. It is people coming together to reflect upon a year's harvest of labors. Christmas is the season of love. The importance of giving to others and sharing and bringing joy to the world are central to our spiritual meanings in life. New Year's is a time of new beginnings. A time to let go of the old and to rededicate our energies, our talents, and our love to another year. New Year's is a reminder that, with every ending, there is a new beginning.

Finally, remember that resolutions do work. They are a way of setting goals. You cannot reach a goal all at once. There are steps to a goal. And limit the number of goals/resolutions you set. Consider having one that is work-related, one that is non-work-related, and one that is relationship or family-related. Most of all, enjoy the holidays, they only come once a year.

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, or www.macammarata.com.

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The store is located at Blind & Vision Rehabilitation Services of Pittsburgh, a private non-profit agency that has been providing programs and services to people with vision loss for nearly 100 years.

The store offers watches, clocks and calculators with talking features, big button telephones, large print BINGO cards, a large selection of Braille and print greeting cards, and bump dots to mark stoves and other appliances.

Also offered are magnifying make up mirrors, signature cards, low vision cooking timers and bathroom scales, high-quality corn and bass brooms that are made by blind craftsmen, and much more.

These items can make such a difference in the lives of people with vision loss, said Tammi Swiantek, manager of Visions, Gifts & More.

"Having never had vision, I used to take many of these products for granted," she said. "I'll never forget how excited one woman was over a talking clock. She had feared that she would never be able to tell time independently again. I don't often think of these small, everyday products as life changing, but their effects range from providing simple conveniences like the ability to keep track of dates, to allowing people to reclaim such pastimes as playing cards with friends. I'm often amazed at what a big difference a small item can make."

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Passion for Work Drives Ebert in Guiding Amerinet to Success

BY RON PAGLIA

Todd C. Ebert is one of those lucky people who truly enjoys and appreciates his job. And that devotion to duty helps lead his efforts as president of Amerinet, Inc.

Todd C. Ebert

"I really do love what I'm doing," said Ebert, who has been at the helm of one of the nation's leading group purchasing organizations (GPO) since May. "I have a passion for my job, gratitude for the people who work for us and a firm belief in the services we offer."

Ebert emphasizes those points by noting that Amerinet advocates high quality health care delivery, cost effective patient care and helping all types of providers more effectively manage expenses. The basis of those goals is Total Spend Management, he said.

"My vision is that when any health care organization is considering a health care group purchasing organization, the first GPO that comes to mind is Amerinet," Ebert said. "Because of our competitive products, services (data, clinical and capital) and member service philosophy, I want to be the first thought relative to options and choices."

To achieve those goals, Amerinet has a three-year plan designed to:

- Continually monitor and enhance its portfolio competitiveness, as appropriate. "It is very competitive, but we are undertaking some additional processes that will enable our members to enhance their price savings with our high performance portfolio," Ebert said.
- Continue to enhance its data services and offerings through Diagnostix and Clinical Advantage, programs that identify where members have additional cost savings opportunities. Ebert said these two programs "also provide excellent opportunities for members to review and appropriately modify some of their current operational expenses."
- Enhance its position and become the industry leader in operational and clinical benchmarks.
- Become the industry leader in pricing accuracy and data integrity at the invoice level – a "key and valuable service to our members," Ebert said.
- Continue to enhance its internal data management processes.
- Where appropriate, acquire complementary lines of businesses that are supportive of its programs and services.
- Become more assertive in the market place relative to membership growth.

"The bottom line is that we want to be seen as the GPO that provides high quality and competitive products, understands the needs and goals of our members and customers and helps our customers achieve their goals," Ebert said.

Amerinet is based in St. Louis and also has offices in Pittsburgh (500 Commonwealth Drive, Warrendale), Salt Lake City, Utah, Providence, RI and Birmingham, AL. In addition, the firm extends the benefits of membership through a network of regional affiliates located across the country.

Of the 2,200 hospitals and 22,284 non-acute care facilities who are members of Amerinet, 255 hospitals and 1,675 non-acute care members (clinics, surgery centers, nursing homes, etc.) are located in Pennsylvania.

"I visit our regional offices on a regular basis," Ebert said. "And we are blessed with great leadership and team members at our affiliate sites, so we know what is happening on a day to day basis. We have confidence in our people's ability to serve the needs of our members and customers."

Responding to a question about conveying to potential members the benefits of being part of a GPO and joining Amerinet, Ebert said: "The industry is very competitive with a lot of similarities between the group purchasing organizations. Each GPO is working hard to differentiate themselves based on their products and services. Our goal is to align with health care organizations that share the same philosophies as Amerinet."

He also emphasized that Amerinet is seen as a "leader in GPO by doing the right thing."

"We didn't need to 'get' ethics when the (U.S.) Senate issues came along; we already had them," Ebert said.

Ebert, 53, is a frequent speaker on and a champion of ethics reform in the health care group purchasing industry. He has long been involved with the development of both the Health Industry Group Purchasing Association (HIGPA) and the Healthcare Group Purchasing Industry Initiative (HGPII). He is currently the acting treasurer of HIGPA and previously served as secretary. He also was a consultant to President Clinton's Council on Year 2000 Conversion.

"It's an obligation I feel I have to Amerinet and, more important, to our members and customers," Ebert said of his advocacy work outside the realm of the company he leads. "You have to lead by example, be involved to advance and enhance the company and the industry."

Although Amerinet is not directly affected by the multitude of challenges and changes confronting hospitals and other health care providers, it can help provide solutions, Ebert said.

"(Challenges) vary based on several factors including the size of a hospital and its location, urban, rural or anything in between," he said. "Medicare and Medicaid reimbursements affect everyone, of course, but the impact can be softened by sound and responsible financial management. That's where we come in with services ranging from personnel to pricing."

Access to technology is another problem for many hospitals.

"That's especially true if you're working with a limited budget, tight restraints on buying the latest, most sophisticated equipment, hardware and software," Ebert said. "It's a difficult path to walk, to make decide whether a costly investment is worthwhile to remain competitive in your market. Again, we feel Amerinet can help find the right solutions."

The same can be said in terms of "access to human capital," he added.

"So many (hospitals) find it difficult to retain and recruit top physicians and surgeons, nurses and other critical support staff," Ebert said. "Finances play a key role in this problem, but personnel practices also figure in the challenge. Our services include staff with experience and expertise in personnel matters."

Ebert is no stranger to health care or Amerinet, which he joined in 1991. He graduated from pharmacy school in 1979 and worked two years prior to that as a pharmacy intern. He holds bachelor's degrees in pharmacy and business management from the University of Utah and a master's of science degree in pharmacy administration.

Ebert was instrumental in the successful consolidation of Amerinet's four operating companies into one and became president this year following his tenure as president and chief operating officer. Prior to his current role, he was Amerinet's president of operations and directed all customer-facing functions including sales and marketing to ensure that health care provider members received the most effective portfolio, programs and information from its suppliers.

Previously, Ebert served as Amerinet's executive vice president, responsible for contracting operations for all contracting units, president of Amerinet's private label company, Amerinet Choice® LLC, and vice president of the firm's pharmacy program for more than four years.

He also carries extensive experience in other aspects of the health care industry. He is a former vice president and general manager of CORD Logistics, Inc., a specialty health care product logistics company and subsidiary of Cardinal Health. His experience also includes work with Health Trust, Inc. in Salt Lake City, Utah; owner and operator of a nursing home clinical pharmaceutical consulting company, and sales representative for Eli Lilly and Company.

On an international level, he has provided pharmaceutical consulting to Albanian government officials and health care providers for the United States Agency for International Development (USAID).

In all that he has done, and continues to do, Ebert banks on sound advice, words of wisdom and guidance he received from his late father, Raymond Ebert, a career officer with the United State Postal Service.

"My father taught me the value of hard work and perseverance," Ebert said poignantly. "Much of what I learned from him remains with me today."

Ebert also has had a longtime love of motorcycles.

"I've always dreamed of owning a Harley Davidson or Honda dealership," he said. "I haven't been on (a motorcycle) for a long, long time but maybe some day … "

Until then, Ebert obviously is content to ride in the fast lane of his profession and, in the process, guide Amerinet to more success. That's how it is with those who have a passion for their work.

For more information, visit www.amerinet-gpo.com.

Hospital Based Skilled Nursing Facilities – Don't Overlook the Opportunities

BY K. JAMES HUNT, CPA

Over the past several years, we have had opportunities to work with several Pennsylvania hospitals that included a hospital based skilled nursing facility (SNF). The individual characteristics of these hospital based skilled nursing facilities varied in that some participated in the Pennsylvania Medicaid program while others did not; some were set up as separate legal entities while others were included with the hospital's employer identification number; and some included 25 beds while others included 125 beds, etc. While there were differences in the individual characteristics of the hospital based skilled nursing facilities, in most cases, there were opportunities to improve the financial performance that had previously been overlooked. Because of the complexity of many health systems and the fact that the skilled nursing facility component is, typically, a relatively small component of the entire system, the skilled nursing facility often does not receive the attention of the larger components of the system resulting in lost opportunities.

The first step in conducting a financial operation review of a hospital based skilled nursing facility is to determine the profitability of this particular operating component. This sounds like a relatively simple and straightforward process. However, because of the extensive integration between the hospital based skilled nursing facility and the other components of the health system, determining the profitability is not as simple as it sounds. Obviously you have the system overhead departments that are "stepped-down" to the skilled nursing facility. The process of reviewing the overhead costs that are stepped down to the SNF and determining the hospital overhead that is "consumed" by the SNF is not that difficult. However, there are other departments within the system for which the determination is not as simple. An example of one of these departments would be the system's pharmacy. This department is more difficult because most of the pharmacy costs that are provided to the SNF residents are billed directly to the resident by the pharmacy as opposed to being allocated to the SNF. Therefore, the profitability of the pharmacy services provided to the SNF residents must be considered in evaluating the overall profitability of the SNF. There are other areas, beyond pharmacy, within a health system that are impacted by the SNF that need to be considered in determining the impact the SNF has on the system's profitability.

Once profitability is determined, the process of profit enhancement can become the focus. There are several areas that we have encountered as it relates to maximizing the profitability of a hospital based SNF and we will touch on a few of those in this article. However, based on our experience, one of the opportunities with the most potential for improvement often involves the medical coding. Health systems often spend a significant amount of resources on medical coding of hospital inpatients and outpatients. This focus is an obvious necessity because of the large dollars involved and risk involved as it relates to the overall system. However, when it comes to coding the hospital based SNF residents into the Resource Utilization Groups (RUG's), often times there is a significant amount of undercoding. This undercoding results in lost reimbursement and can result in quality issues as it relates to care planning.

Another area where opportunity may exist within a hospital based SNF would include staffing levels. Stand alone SNFs have to address staffing levels in every department: nursing, dietary, laundry, etc. However, in most hospital based SNFs, these overhead departments are often allocated from the hospital, so the major area in which staffing levels can be an issue within a hospital based SNF is in the nursing department. Nursing salaries and benefits are the largest single expense within any hospital based SNF. The Pennsylvania state minimum for hands-on nursing care per day is 2.7 hours per resident day. However, the actual benchmark for Pennsylvania providers ranges from 3.1 to 3.5. Minor fluctuations in this ratio can have a very large impact on profitability. As with the coding issue mentioned in the previous paragraph, because of the other challenges that exist within a health system and the size of the hospital based SNF, aggressive monitoring of the nurse staffing ratio in a hospital based SNF often does not occur.

In terms of maximizing the profitability of a hospital based SNF, there are several issues that can be reviewed beyond the coding and staffing issues outlined above. Those issues would include Pennsylvania Medicaid participation, integration of the SNF with the other components of the system (such as home health agencies), Pennsylvania reimbursement for Major Movable Equipment, maximizing census in terms of volume and payor mix, Medicare reimbursable bad debts, tax exemption issues, etc. In most health systems there are a limited amount of resources to be allocated to a multitude of profit improvement initiatives, and management teams are forced to prioritize the allocation of those resources. However, as health system management teams analyze each component of their systems for opportunities for profit improvement, it is important to remember that the hospital based SNFs can include significant opportunities to maximize profit.

K. James Hunt, CPA, Partner & Coordinator of Health Care Services for Carbis Walker LLP, CPA's and Consultants, can be reached at (800) 452-3003, (724) 658-1565 or jhunt@carbis.com.

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Employee Retention: Mentoring Your Most Valuable Assets

BY BOB RODGERS

It's a problem every company must face, from small businesses to Fortune 500 multi-nationals. The cost of employee retention is skyrocketing. According to the latest estimates, U.S. businesses spend more than $200 billion every year recruiting and replacing employees. In today's hyper-competitive labor market, marked by substantial fluidity and increased outsourcing, finding and holding on to your best employees has become a substantial challenge. And the stakes are high: regardless of your product or service, top-notch employees can be your most valuable asset. Costly turn-over can be affect your bottom line, inhibit growth and deplete morale.

It's no longer just about the money. Of course, employees want to be well compensated for the value they bring to your business. But a good salary and generous benefits are only part of the story. Instilling passion and encouraging deep loyalty are equally important. But that's easier said than done. We all go to work, put in our time and strive to be efficient and productive. Inevitably, though, inertia creeps in and prevents even good employees from performing at the highest levels. The repetition of daily tasks, the pressure of performance and even office politics all serve to dampen that essential spark.

Dr. Lillian Eby, an associate professor of psychology at University of Georgia, says mentoring can be a powerful tool in employee retention. She adds, ""A key benefit of mentoring is retention. Turnover costs can be staggering. That's one reason why organizations include mentoring programs as part of their business objectives."

It is important to define 'mentoring' in a broad, inclusive way. In a very narrow sense, mentoring can be a modern-day from of apprenticeship wherein a more senior employee takes a junior employee 'under her wing.' Much can be learned in this arrangement. The less experienced employee can come to a more profound sense of how things work and embrace processes and methods that can cut to the essence of what your company does. The manager can gain insight and inspiration from a fresh set of perceptions.

But if you dig deeper, mentoring can be a constant stream of active communication, reward and well-defined goal setting where every member of your team understands what is expected and how to achieve company goals. No one is left in the dark. By building systems that engage every employee at both a professional and personal level, you can keep the best and avoid the crippling effects of employee turn-over.

Communication, as in most things in life, is a fundamental element in the mentoring process.

- **Keep your employees informed.** Sharing information, as much as strategy permits, can help employees feel a vested interest in the success of the company. There are certainly things that cannot be public knowledge. But this applies only to a small percentage of your day to day activities. Engage your employees in a dialogue that makes them true 'shareholders' in the success of the company.

- Whenever you can, **include your employees in the decisions you make.** They may understand an issue better than the boss. Use their ideas and share credit generously. It never hurts to gather input. Again, this gets employees thinking like owners – what is the best course of action, what is an effective, profitable strategy, etc.

- **Acknowledge success.** This is a fundamental part of communication. It's easy to forget who did what to make a deal happen. Take time to celebrate when an employee performs particularly well. This encourages others to work toward a higher standard and sets the tone.

- **Resolve conflicts quickly.** Inevitably, tensions flair from time to time. Train employees in problem-solving and conflict resolution skills. These are vital skills that will help them communicate and work more efficiently. Simmering disputes can inhibit productivity and result in deeply dissatisfied employees. These are the employees you lose most quickly. Solid conflict-resolution processes emanate from the top down. Invest your HR managers with the power and ability to take on these challenges quickly and authoritatively.

  Goal-setting is a primary component in the mentor retention rubric. It's also a natural extension to effective communication.

- **Be clear about expectations.** Communicate company values and vision. Provide an uncluttered definition of success. And keep employees informed about how they measure up to expectations. Be precise, define goals clearly and engage employees in consistent dialogue of how they can grow and maximize their positions within the company.

- **Give employees everything they need to do their jobs.** Just as the marketplace can change, so can your employees' needs. Ask them directly, what do you need to better do your job? Once they have told you, make sure you make it happen, as long as it fits your overall strategy.

- **Encourage employees to learn new skills and take on new challenges.** No one likes to sit still for too long. Growth and cross-training are vital elements of employee loyalty.

There are other, non-process oriented tools in effective mentoring. Set aside free time and independent work space. The pressure of working hard can weigh on all of us. Make 'space' for employees who consistently deliver excellent work. Downtime can mean greater creativity. Consistency is also vitally important. Plan your initiatives and use them sparingly. An ongoing commitment to employee engagement and input will send a strong message that you are concerned about them. And finally, know your employees. Take time to spend time with your employees. The personal touch can work wonders. Everyone needs to feel their work is an important and critical part of your company's overall success.

Your committed investment to a comprehensive, expansive mentoring program will pay dividends. Make the decision today. Work hard to make your employees happier. They will make it their business to make growth and prosperity a company imperative. Ultimately, properly mentored employees are less likely to leave. And that can be the most effective and readily available way to cut costs and retain your most valuable assets.

Bob Rodgers is the founder and president of Quantum Search, a nation wide retained executive search firm. He can be contacted at (770) 495-8150 or brodgers@quantumsearch.com.

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What If?

BY KEN RAMSEY, PH.D.

Indulge me for a moment, if you will, as I paint a "What if?" scenario. What if … we could live in a community, a region, even a whole nation where over-crowded prisons could see a day when their populations were reduced by 50, 70, or even 90 percent?

What if … fewer young girls and women could find themselves facing an unexpected pregnancy? And the cases of hepatitis, AIDS, and sexually transmitted diseases are reduced dramatically?

What if … fewer employers were forced to fire unproductive employees, and more employees, instead of being out of work and out of chances, discovered ways to be more productive, more opportunities to develop their talents, and virtually limitless futures?

What if … more families could become havens of love and safety rather than cauldrons of anger? What if fewer spouses were being abused and fewer children neglected so that they grew into happier young men and women living healthy lives and eager to start families of their own?

What if … more children and young adults, rather than dropping out of school, choose to pursue education with enthusiasm and find purpose and fulfillment in their lives rather than a dark tunnel of despair and fear?

And what if … our whole community on average is healthier, thus alleviating a tremendous burden on the healthcare system – and society in general – thereby reducing costs and allowing more resources for others?

It almost sounds too good to be true. But it could someday become a reality. The key is at the same time both very near and very far away. That key—that "magic bullet" – is found in providing more education, prevention, and treatment programs for substance abuse and addiction to everyone, regardless of race, religion, nationality, sex, or socioeconomic status.

When you work in some area of social service, you soon realize how many good causes there are, often serving specific populations, and all deserving support. But it can be argued that few causes affect as many people as addiction, nor do any with the potential for improving the lives of so many receive such a disproportionate level of support.

Addiction is considered by many to be the number one public health problem in America. Some statistical evidence will support this opinion:

- In a recent poll, 74 percent of Americans said that addiction to alcohol has had some impact on them. Sixty-three percent of Americans also say that addiction to either drugs or alcohol has had a great deal or some impact on their lives.
- Estimates are that 80 to 90 percent of all crime in the U.S. is related to alcoholism or drug addiction.
- Almost 20 percent of all Medicaid hospital costs and nearly $1 of every $4 Medicare spends on inpatient care is associated with substance abuse.

How much clearer or serious does the impact have to be?

Perhaps even more frustrating for those of us in the treatment field who know these statistics well is that the almost utopian scenario I described earlier is more attainable than some might imagine.

Why? Because treatment works. Research shows that most people who receive treatment for addiction recover. In fact, relapse rates are less than those for hypertension and asthma, and equivalent for those of diabetes. Like addiction, these are all chronic diseases.

Addiction treatment reduces crime by 80 percent and arrests up to 64 percent. The cost of addictions treatment is 15 times less than the cost of incarcerating a person for a drug-related crime. For every dollar spent on addiction treatment, society can save between $4 and $15.

But it's not just about the numbers. When a person enters recovery, he or she is given a second chance at life. The human spirit is renewed. A family is mended. A coworker contributes again. The societal ills of fear, anger, and violence associated with substance abuse dissipate, if only just a bit.

It all sounds so obvious, and yet ours remains an unpopular cause, mostly because of stigma and denial. Many in our society view treatment – and treatment providers – as something to be avoided. In fact, only about 15 percent of those who need treatment actually receive it. In other words, for far too many individuals, dying at the hands of drugs or alcohol is preferable to admitting they have a disease, and a manageable one at that.

Ken Ramsey, Ph.D., is President and Chief Executive Officer at Gateway Rehabilitation Center. For more information about Gateway Rehabilitation Center, call (412) 766-8700 or (800) 472-1177 or visit www.gatewayrehab.org.

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Around the Region

West Penn Allegheny CFO to Retire

David Samuel

Officials at West Penn Allegheny Health System (WPAHS) announced the retirement of David Samuel as the organization's chief financial officer, effective March 31, 2008.

Commenting on the development, Samuel stated, "I have been giving consideration to retiring from this position for some time. In fact, I had previously announced my intent to leave West Penn Allegheny in September of 2003, but decided to stay for a period to assist Jerry Fedele and his senior team in what I thought was a very important time in its development."

Samuel joined The Western Pennsylvania Hospital in 1987 and in 1995 was appointed Senior Vice President and Chief Financial Officer for The Western Pennsylvania Healthcare System, parent company of The Western Pennsylvania Hospital. He later assumed the same position with WPAHS when it was created in 1999.

Cardiac Catheterization Lab Specialist Retires with 43 Years of Service

Gail M. Murphy

Gail M. Murphy, RT, (R), (CV), a cardiac catheterization lab specialist in the Cardiac Catheterization Lab, Altoona Hospital and Bon Secours Hospital campuses, recently retired with 43 years of service. She began her career with Altoona Hospital in the Radiology department as a registered radiologic technologist and a cardiovascular intervention technologist. She is a graduate of the Altoona Hospital School of Radiology. She transferred to the catheterization lab in 1992.

Concordia Hires New Staff Accountant at Cabot Campus

Concordia Lutheran Ministries Chief Financial Officer Paul Brand recently announced the appointment of Vandergrift resident Adam Toncini in the position of Staff Accountant.

Toncini, a recent graduate of Slippery Rock University, will be responsible for coordinating payroll, ledger entries, and financial reports, among other duties.

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Spina Bifida Association of Western PA Names New Executive Director

Andrea D. Fairman

The Spina Bifida Association of Western Pennsylvania (SBAWP) is pleased to announce the appointment of Andrea D. Fairman as Executive Director.

Fairman brings a strong clinical and administrative background to the position. She has worked in the human service field for more than 15 years, gaining a strong skills base through positions such as occupational therapist, clinical supervisor, case manager and behavioral specialist. Her work with both public and private service organizations has given her a unique understanding of severe and chronic disability as it affects people with spina bifida.

Fairman has served as adjunct faculty at Duquesne University in the Occupational Therapy department. She also has a strong background in research projects including data analysis and scientific writing for several publications. Her work has been included the AOTA Mental Health Special Interest Quarterly and Occupational Therapy in Health Care, and she has presented at the NAMI Southwest Regional Conference, the AOTA Conference and the POTA Conference.

Beverly Mueller Named Nurse Manager of Emergency Department

Beverly Mueller

Beverly Mueller, RN, CEN, has been named nurse manager of the department of emergency medicine at Canonsburg General Hospital. Previously, Mueller served as the nurse manager of the department of emergency medicine at Allegheny General Hospital Suburban Campus.

A graduate of the Community College of Allegheny County with an associate degree in nursing, she is currently pursuing a bachelor of science degree in nursing at Waynesburg University.

JoAnne Hahey Named Chief Financial Officer at Jefferson Regional Medical Center

JoAnne Reagan Hahey

Jefferson Regional Medical Center President and CEO Thomas P. Timcho announced that JoAnne Reagan Hahey, CPA, has been promoted to vice president and chief financial officer (CFO).

Hahey has served in three capacities in her tenure with the medical center over the past 16 years, including her current position of controller, which she has held since 2002. She previously served as director of Budgets, Reimbursement and Inpatient Financial Services (1996-2002) and manager of Reimbursement (1991-1996).

Before coming to Jefferson, Hahey served as controller/director of information systems for Hospital Home Health Services Inc. and Complete Home Care Services Inc. A certified public accountant, Hahey also has held positions with E.I. du Pont de Nemours and Co., Price Waterhouse and Co. and Ernst & Whinney.

Hahey earned a Bachelor of Science degree in business administration at West Virginia University and is a graduate of Bethel Park Senior High School. Her professional affiliations include the Healthcare Financial Management Association and the American Institute of Certified Public Accountants.

Macerelli Assumes PDI Leadership Post

Joseph A. Macerelli

Grogan Graffam, P.C. announced that shareholder Joseph A. Macerelli was recently installed as the new President of the Pennsylvania Defense Institute (PDI).

Macerelli chairs the Professional Liability practice group and has been a member of the firm's Board of Directors since 1986. He is an experienced trial attorney who concentrates his practice in medical malpractice and other professional liability defense. Macerelli is Assistant Treasurer on the board of governors for the Academy of Trial Lawyers of Allegheny County and co-chair of the joint committee for the Pennsylvania Bar Association and the Pennsylvania Medical Society. He is also Chairman of the Board of Canonsburg General Hospital and a director of West Penn Allegheny Health System.

Kim Malinky Appointed to Washington County Chamber of Commerce Board of Directors

Kim Malinky, President and Chief Executive Officer of Canonsburg General Hospital has been appointed to a three year term to the Board of Directors of Washington County Chamber of Commerce. The appointment is effective January 2008.

Kim Malinky

Pennsylvania Patient Safety Authority Board of Directors Names Local Nurse to Infection Advisory Panel

The Pennsylvania Patient Safety Authority's Board of Directors named Altoona Regional Health System nurse and infection control specialist Linda Winston to a state Infection Advisory Panel.

Winston, infection control officer at Altoona Regional and nurse manager of the Infection Prevention and Control department, has her master's degree in nursing and is certified in infection control.

Linda Winston

She is a member of The Association of Professionals in Infection Control and Epidemiology. She was nominated to the panel as a rural hospital representative.

County Health Official Named President of National Association

Steve Steingart of the Allegheny County Health Department has been named President of the Association of Food and Drug Officials (AFDO), a non-profit organization of federal, state and local regulatory officials and industry representatives.

Steingart, who is Industry Liaison for the Health Department's Food Safety Program, is the first local regulator to serve as President of AFDO in recent history.

Steve Steingart

Mental Health Supervisor Promoted as Executive Director of Altoona Regional Center for Behavioral Health Services

Mark J. Chuff, L.P.C., of Hollidaysburg has been named executive director of Altoona Regional's Center for Behavioral Health Services.

Chuff began his career in Altoona in 1985 with Altoona Hospital Center for Mental Health Services. He most recently has served as supervisor of the Access and Utilization Center, Drug and Alcohol Case Management and the Forensic Program.

Mark J. Chuff

Reed Kovalan Chosen as President of NPDA

Reed Kovalan, owner of Home Instead Senior Care in Allegheny County, has been selected as President of the Pittsburgh Chapter of The National Private Duty Association (NPDA). Kovalan was elected to lead this chapter by fellow NPDA members. The Pittsburgh Chapter consists of approximately 25 different local member organizations that are employer based home care agencies. The NPDA is a proponent of treating caregiving as a professional career replete with benefits.

AGH Names New Director of Operations for Allegheny Singer Research Institute

Allegheny General Hospital (AGH) has recruited Robert G. France to serve as director of operations for its research arm, the Allegheny Singer Research Institute (ASRI).

France joins ASRI after twelve years as administrative director of the Magee-Womens Research Institute at the University of Pittsburgh Medical Center.

Robert G. France

Michael Boyd

Timothy McNickle

John Miles

James Myers

Jameson Health System Elects Board Members

Jameson Health System recently elected new Board members at its Annual Membership meeting.

Six new members elected at the meeting to the Membership are: Michael Boyd, Applications Engineer, Instron; Timothy McNickle, Attorney, McNickle & Bonner; John Miles, President, Steelite International USA; James Myers, Owner, Jim's Self Storage; David Richardson, President, SRF America LLC; and Craig Smith, President, Smith Funeral Home of New Wilmington.

David Richardson

Craig Smith

Ronald C. Miller Announced as Amerinet Central President

The Amerinet Central board of directors has named Ronald C. Miller as president of Amerinet Central.

Miller will succeed Michael Costabile as Amerinet Central president. Costabile is slated to become Amerinet's chief financial officer relocating to the St. Louis corporate office. Both appointments will be effective January 1, 2008.

Miller has been with Amerinet since 1989, serving the past 8 years as the vice president of the contracting areas that include executive resources and office solutions. Miller was responsible for expanding the contracting division from a regional program to a national presence with projected annual sales of more than $250 million for 2007. Prior to relocating to St. Louis, Miller held the position of senior director of administrative services at Amerinet Central, the former Hospital Shared Services/Administrative Resources.

Ronald C. Miller

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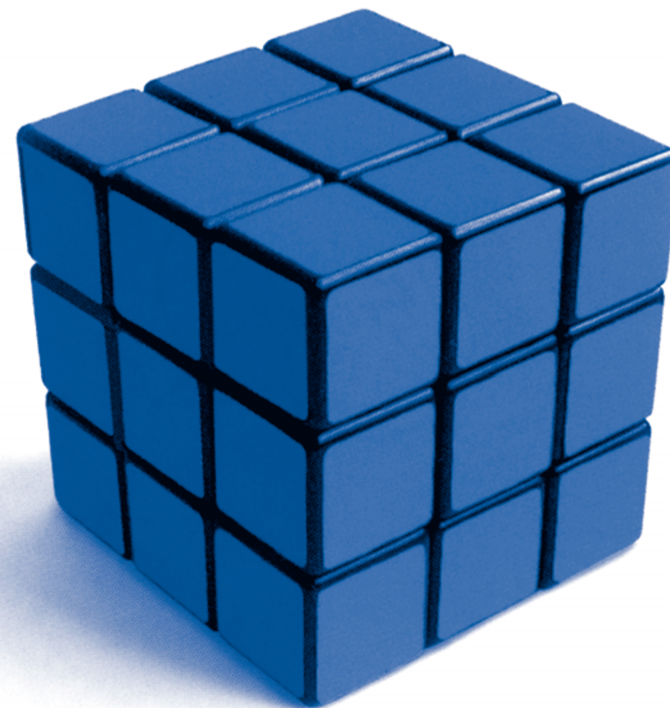

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LECOM's Dr. Silvia Ferretti Inducted into AOA Mentor Hall of Fame

The American Osteopathic Association recently announced the induction of Silvia Ferretti, D.O., LECOM Vice President, Provost and Dean of Academic Affairs, into the AOA Mentor Hall of Fame. In a letter from AOA President Peter Ajluni, D.O., Dr. Ferretti was lauded for her "outstanding leadership in teaching others and tireless advocacy for the profession."

Dr. Silvia Ferretti

Dr. Elizabeth Weinstein

Dr. Mamta Bhatnagar

Dr. Tamara Sacks

Breast Surgeon Plus General/ Cancer Surgeon Join Sharon Regional Staff

Dr. Donald Keenan

Dr. Craig McKinney

Sharon Regional Health System has welcomed Donald Keenan, M.D., Ph.D., breast surgeon, and Craig McKinney, M.D., general and cancer surgeon, to its medical staff.

Dr. Keenan spent the past seven years as a dedicated breast surgeon at UPMC Magee-Women's Hospital and UPMC Presbyterian. He received his medical education from the University of Pittsburgh School of Medicine and completed a residency in general surgery from University Hospitals of Cleveland-Case Western University School of Medicine. He earned a Ph.D., in Physiology and Biophysics from Case Western Reserve University.

Dr. McKinney received his medical degree from Howard University School of Medicine in Washington, D.C., and served his internship and residency in General Surgery at the Cleveland Clinic.

New Medical Director of the Saint Vincent Emergency Department

Dr. Wayne Jones

Wayne Jones, D.O., has been named Medical Director of the Saint Vincent Emergency Department.

Dr. Jones joined the Saint Vincent medical staff in 1992 and most recently served as interim medical director of the Saint Vincent Emergency Department. He is the current medical director of the Saint Vincent medical command facility; EmergyCare Ground, Air and Education; and the Erie Bureau of Police, Special Weapons and Tactics Medical Support Team.

Dr. Jones was also recently presented with the Robert D. Aranosian, D.O., FACOEP Excellence in EMS award.

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New Medical Directors at Family Hospice and Palliative Care

Family Hospice and Palliative Care is pleased to announce three new medial directors. Elizabeth Weinstein, M.D., Palliative Fellow at the University of Pittsburgh; Mamta Bhatnagar, M.D., Palliative Medicine Faculty at UPMC; and Tamara Sacks, M.D., Palliative Medicine Faculty at UPMC.

Two Cardiologists to Join UPMC Northwest Practice

Dr. William Edwards

Dr. Paris Horan

UPMC Northwest and the UPMC Cardiovascular Institute have announced the addition of board-certified cardiologists William Edwards, M.D., and Paris Horan, M.D., to the staff of the UPMC Cardiovascular Institute at UPMC Northwest. Dr. Edwards and Dr. Horan now practice with board-certified interventional/medical cardiologist Nattapong Sricharoen, M.D.

Dr. Edwards has 23 years of experience caring for cardiac patients and Dr. Horan 10 years.

New Physicians Join Altoona Regional Medical Staff

Dr. Tanya L. Holsopple

Dr. Michael A. Pedone

Tanya L. Holsopple, D.O., and Michael A. Pedone, D.O., have joined the medical staff of Altoona Regional Health System in the Family Medicine department. Dr. Holsopple received her medical degree from the Lake Erie College of Osteopathic Medicine, Erie. She did her residency at Altoona Family Physicians. Dr. Pedone received his medical degree from the Lake Erie College of Osteopathic Medicine, Erie. He did his residency at Altoona Family Physicians. Hassan Y. Zamman, M.D., has joined the medical staff of Altoona Regional Health System in the Internal Medicine department. Dr. Zamman received his medical degree from Damascus University, Syria. He did his residency training at Damascus University Hospital, Syria, and Bon Secours Hospital, Grosse Pointe, MI. He also did a fellowship at Allegheny University of the Health Sciences.

Dr. Hassan Y. Zamman

Crocco Named Chair of WVU Emergency Medicine

Todd J. Crocco, M.D., has been named chair of West Virginia University's Department of Emergency Medicine, in the WVU School of Medicine.

Dr. Crocco specializes in emergency care for stroke and heart patients. He is a three-time recipient of the Department of Emergency Medicine Faculty of the Year Award, and the 2002 recipient of the WVU School of Medicine Outstanding Teaching Faculty Award.

Dr. Todd J. Crocco

PHYSICIAN ANNOUNCEMENTS, APPOINTMENTS AND AWARDS

Dr. Tracy L. Neuendorf

Dr. Evelyn Oteng-Bediako

Dr. Trinetta Masternick

Doctors Pain Clinic Expands Pain Management Services to UPMC Horizon

Tracy L. Neuendorf, D.O., Evelyn Oteng-Bediako, M.D., and Trinetta Masternick, D.O., of Doctors Pain Clinic, Youngstown, recently joined UPMC Horizon's medical staff.

Gary C. Marrone, M.D., to Direct Heart Surgery Program at Sharon Regional

Dr. Gary C. Marrone

The Heart Institute at Sharon Regional recently welcomed Gary C. Marrone, board certified in cardiothoracic surgery and critical care surgery, as its Medical Director of Cardiothoracic Surgery and the Cardiovascular Unit. Dr. Marrone is a member of a new surgical group at Sharon Regional, Cardiothoracic Surgical Specialists..

Dr. Marrone comes to Sharon Regional with more than 20 years experience as a cardiovascular surgeon, including 11 years with Cardio-Thoracic Surgical Associates (CTSA), formerly known as the Magovern Group.

Yoel Sadovsky, M.D., Recruited as New Scientific Director for the Magee-Womens Research Institute

Dr. Yoel Sadovsky

Yoel Sadovsky, M.D., formerly professor of obstetrics and gynecology and of cell biology and physiology at Washington University in St. Louis, and a specialist in high-risk pregnancy at Barnes-Jewish Hospital, has been named scientific director of the Magee-Womens Research Institute (MWRI). Dr. Sadovsky also will be appointed the Elsie Hilliard Hillman Professor of Women's and Infants' Health Research in the department of obstetrics, gynecology and reproductive sciences at the University of Pittsburgh School of Medicine.

Pitt Surgeon Receives Presidential Early Career Award for Science and Engineering

Dr. J. Peter Rubin

University of Pittsburgh plastic surgeon J. Peter Rubin, M.D., recently received the 2007 Presidential Early Career Award for Science and Engineering (PECASE). The PECASE is the nation's highest honor for scientists who are early in their research careers.

Dr. Rubin, who is assistant professor of plastic and reconstructive surgery at the University of Pittsburgh School of Medicine, and co-director of the Adipose Stem Cell Center, was recognized for his groundbreaking research on using fat-derived stem cells to engineer soft tissue. This technology may one day be used to generate replacement tissue for breast cancer survivors.

On page 8 of the October Issue of Hospital News, the wrong photo of Dr. Christoper Bellicini was printed. Here is the correct photo with information on his new position at Excela Health.

Excela Health Welcomes New Physician

Dr. Christopher Bellicini

Excela Health Orthopedics is pleased to welcome Christopher Bellicini, D.O., orthopedic surgeon.

Dr. Bellicini comes to Excela Health after completing a fellowship at Allegheny General Hospital in hip and knee surgery with an emphasis on revision joint arthroplasty and minimally invasive joint replacement techniques.

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The theme for National Hospice/Palliative Care Month 2007, **It Must Be Love,** reminds us that hospice and palliative care is about more than traditional healthcare. It's hope and more – it's providing solutions for difficult times when hope is in question, it's being close in a time of fear, it's a friend with time to share, it's laughter in the midst of tears, it's dignity, it's humanity, it's what we do. It must be love.

National Hospice/Palliative Care Month is a special time of awareness and outreach when hospices across the country reach out to raise awareness about important care issues for people coping with life-limiting illness.

On Hospice Care

BY NICK JACOBS

I'll admit it. I'm a Star-bucks addict. It's not a coffee thing. It's the chai tea thing. My cup last week had one of those "The Way I See It" quotes, actually it was #251, and it hit me right between the eyes. "Our greatest prejudice is against death. It spans age, gender and race. We spend immeasurable amounts of energy fighting an event that will eventually triumph. Though it is noble not to give in easily, the most alive people I've ever met are those who embrace their death. They love, laugh and live more fully." This was a quote from Andy Webster, a Hospice chaplain in Plymouth, Michigan.

Actually, that morning I got a call from home that our dog of 15 years was going down hill fast and that it was my turn to handle this situation. Actually, it has always been my turn, but that's another story. So, I took him to the vet, held him close and petted him as they tranquilized him and helped him transition. It was very difficult, but it was absolutely the right thing to do for him.

During that visit, my fourth time to the vet for a similar situation during the last several decades, my mind went back to the Netherlands, to the very moving scene in Soylent Green where Edward G. Robinson visits a euthanasia clinic and is put to sleep amid montages of a peaceful green world and finally to the nearly 78,000,000 people in my generation of Baby Boomers.

My prediction for my peers is that we will change health care in the United States. My prediction is that we will, as a generation, embrace death, and that, as Andy Webster said, we will not give in easily. We will get plastic surgery, exercise, watch our diets, do our yoga, take our fish oil, and laugh, love and live life fully until it's time to go. Just like Brody.

F. Nicholas Jacobs is President of Windber Medical Center and the Windber Research Institute. His blog is also one of the most widely followed healthcare blogs in the nation with over 558,000 unique visitors. Nick can be reached at jacobsfn@aol.com or visit windbercare.com.

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Two Sides of the Same Coin

BY VAN BRENLOVE

We can try to imagine it, but until we are the one preparing to say good-bye to perhaps the most important person in our life, we don't have any idea what it's like. This time the good-bye is forever.

We assume it will be difficult for the family, that's as it should be. We assume it will be easy for the hospice caregiver, that's what she does. We assume the doctor will continue to work toward finding a cure, despite the prognosis, because that's what he does. Then we assume that such disparate agendas are unlikely to ever become aligned with one another. Yet they may already be.

Eric Hertzog, a Heartland Hospice chaplain believes there is an unavoidable and irresolvable tension that families of a dying loved one must somehow reconcile. They don't want death to separate them from the one they love, yet neither do they want their partner in this life to suffer - especially needlessly. Yet to stop the suffering means letting go and letting go seems to only increase the tension. So the common bond that everyone involved shares, ironically, is the same thing that all too often keeps those same people apart. No one wants to let go.

In a recent discussion with a physician, Hertzog had an awakening. He said, "It wasn't that this doctor was reluctant to relinquish his patient to hospice care because of some ill-conceived pride or unwillingness to admit failure. It was because his patients, all of them, were people and he simply did not want to accept that they had to die, at least not so soon."

An added irony is that the very people who together should be guiding the beleaguered family members through the labyrinth of issues, concerns and emotions that accompany a death are often the same people who unintentionally and unknowingly find themselves pitted against one another. Frequently, hospice caregivers lament that a dying patient and his family could have benefited from their care, days if not months earlier. Just as often, doctors who may have spent a generation or more caring for a family are not ready to shift from working toward a cure for a patient to keeping him comfortable until the end arrives. Caught in the middle is the rest of the family looking for answers from the experts. And everywhere is a situation created because everyone involved cares and cares deeply.

Where to start? Assume the best and create a dialogue. As Chaplain Hertzog noted, "As hospice caregivers we afford great compassion to our patient and their family. We need to have compassion for the doctors who were by their side for so long as well. We sometimes tend to forget about their humanity and limit our thinking to the medical aspects of their decisions."

Doctors, however, need to look honestly at the barriers that keep them from referring their patients to hospice and examine whether or not the time is right for the end-of-life experts to join the team. Many of the more popular misconceptions with respect to what hospice is or isn't exist within the medical community as well as outside of it. Exploring what is and is not true about hospice care is the other side of that coin.

Admittedly, knowing when it is time to shift from curing to comforting is seldom a clear or simple decision. But the beginning of a focus on providing comfort for a terminally ill patient doesn't necessarily mean that hope for a cure must be abandoned. Working toward the same goal from many different angles significantly increases the likelihood that success will be achieved.

The difficulty of working with the dying is that the tension that Hertzog spoke of will not go away. We will never want to be separated from those whom we love, yet to watch them suffer unnecessarily is equally intolerable. The good news is that doctors, hospice caregivers and families alike all want the same thing. Each wants to do everything possible to make the last days of a terminally ill patient the best they can be. The two sides of the coin are more alike than they are different; we only need to take the time to recognize each side's contribution to the other.

Van Brenlove, Volunteer Coordinator, Heartland Hospice, can be reached at (800) 497-0575.

The Ministry of Presence in Hospice Care

As we approach the holiday season, many of our thoughts and activities turn toward spiritual issues. But for Sr. Catherine Higgins, CSJ, LSW, Hospice Social Worker and Chaplain for Celtic Hospice and Palliative Care, spirituality is not only the main focus of her daily personal life, but also her professional life.

Sr. Catherine Higgins

"In hospice care, spirituality is one of the most important issues in a person's life," states Sr. Catherine. "Hospice nurses (including the ones I work with so closely at Celtic) are excellent at symptom management and pain control. It is my belief that they manage this mainly for the person to be able to do their inner work." A person is not able to address these issues if they are in pain, so hospice nurses make the way for servants like Sr. Catherine to go in and work "interiorly."

Sr. Catherine knew she wanted to be a Sister since she was six years old and never wavered in her desire to enter religious life. She started out her career as a school principal before entering hospice. While working as a school principal, Sr. Catherine's mom became terminally ill after suffering from a massive stroke.

When her doctor gave Mom two weeks to two months to live and having no available hospice care, Sr. Catherine brought Mom to the convent to live with her and the other Sisters. They cared for her around the clock, but ultimately it was Mom who ministered to all of them.

The most important thing Sr. Catherine learned from this experience was the ministry of PRESENCE. Though Mom couldn't do much more than just "be there" with people as they were given the opportunity to provide the gift of mercy through feeding, bathing, and physically "pivoting" her, it was Mom who listened and consoled and was told profoundly deep and personal things that people felt absolution from after sharing.

It was through this experience that Sr. Catherine knew from deep inside that hospice care was her calling.

Being one who was never good at "small talk," Sr. Catherine is passionate about the privilege of being able to share in the profound experience of nurturing the spiritual aspects of the terminally ill. "Dying people don't have the energy to play games," shares Sr. Catherine. "They have no hidden agendas, and a sacred trust is gained almost immediately."

One of Sr. Catherine's favorite stories is one of visiting with a dying man who appeared to have absolutely no interest in talking with her. On her first visit, he sat in silent defiance on a small bench in a narrow hallway with his arms folded across his chest. Sr. Catherine fulfilled her social work tasks and left.

After hearing from numerous nurses and even receiving a call from the patient's wife that this man was wondering when she was coming back, Sr. Catherine paid a second visit.

After about 10 minutes of similar silence, Sr. Catherine was able to break the ice by asking about a photo hanging in the hall which turned out to be this war veteran's memory. The next week, and every week after that for several months, they continued to share stories and break through this man's reason for anger. T

hey discussed his anguish about being forgiven for the "killing" he did while serving in the war. They discussed the resentment toward God he felt in confused devotion to his father whose bitterness toward God infiltrated his entire family after the loss of a son to the influenza epidemic and the refusal by a priest to perform an individual funeral and burial due to circumstances beyond their control. This man was finally able to understand forgiveness when Sr. Catherine forgave him and shared the forgiveness of a loving God.

"The only way I could get to that was by showing up and being present," comments Sr. Catherine. "I am called to listen, not preach, watch with and not look at the person. By entering into their pain and listening to the anguish of the dying person, we can show God's infinite love and mercy. That is what I pray to be able to do."

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(l-r) Valerie Peters, RN; Kristine Wertz, RN; and Patrick Kofalt, RN. Missing from the picture is Heather Culley, RN.

Forbes Hospice Nursing On-call Staff

These dedicated nurses see patients and families during the off hours, evenings during the week and weekends. They see people when emotions are often times running highest and their professionalism and care are second to none. Families often comment after their loved ones death how wonderful these nurses were in helping them and their loved ones.

(l-r) Elizabeth Krugh, MSW student; Dana DeMarinis, MSW; Beth Walley, MA; Emma Castaphney, MSW; Kevin Henry, MSW; and Erin McTeague, MSW student. Missing from the picture is Ginna Alter, MSW.

Forbes Hospice Social Work Staff

These social workers along with their regular duties of being a hospice counselor also take on-call, addressing the needs of our clients after hours in the evenings and weekends. Kevin Henry is also, the primary social work counselor for Forbes Hospice's inpatient unit as well as the Bereavement Coordinator for the program.

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Florida-Based VITAS has Family Ties in Pittsburgh

Alyson Pardo, R.N., general manager at VITAS Innovative Hospice Care® of Greater Pittsburgh, remembers her mother and VITAS co-founder, Esther Colliflower, as "always reaching out to help people." It was a practice that influenced Alyson's own decision to become a nurse.

"My mother had a severely arthritic friend whom I used to help at church by holding the hymnal book for her," recalls Alyson. "And when I was about 12, we had a neighbor who needed help getting to bed every night. So my mother and I used to go over there, carry her upstairs, empty her urinary catheter and put her to bed."

Esther, who was born in Reading, Pennsylvania, and moved to Miami, Florida, in 1953, was a nurse. She graduated from the University of Pennsylvania School of Nursing. She left her career, however, to raise her eight children – the sixth of whom was Alyson.

Esther re-entered the work force in the early 1970s as a nursing professor at Miami-Dade Community College. There, she met Hugh Westbrook, a United Methodist minister and community activist, who taught at the same college.

Both Esther and Hugh were inspired by a new national debate, provoked by Elisabeth Kubler-Ross and her groundbreaking work, "On Death and Dying," which encouraged caregivers to discuss death with their patients.

Alyson Pardo

Like Kubler-Ross, Esther and Hugh believed that terminal illness shouldn't be the end of the discussion; it should be the beginning. They developed a course called "Life Affirmation and Death Attitudes," a timely topic that drew like-minded professionals.

In 1976, Hugh and Esther participated in a Miami conference on caring for the dying, where they met others interested in developing a hospice program. They called an impromptu meeting, and before they knew it, they'd started the ball rolling toward changing the way people in South Florida – and elsewhere around the country – looked at death and dying. They'd also started the ball rolling toward what would become VITAS Innovative Hospice Care®.

Hugh and Esther and others interested in hospice continued to meet before starting Hospice of Miami in 1978. Esther was the first staff member. She was unpaid, but that didn't diminish her desire to develop the company, says Alyson.

"I remember her constant enthusiasm," says Alyson. "People were inherently drawn to her and Hugh's mission and donated items left and right. I remember her using a broom closet as her supply closet at the church where they started out."

Alyson herself was inspired by her mother, although she didn't join VITAS until 1995. Before that, she was a director of program services for hospice and home health at a provider in Oregon.

When she returned to her hometown of Miami, Alyson took a job at VITAS. In 2002, she moved to Chicago to help run VITAS' admissions program there. Then a year ago, she moved to Pittsburgh to assume the position of general manager after VITAS acquired Hospice of Greater Pittsburgh.

Hospice Care is a Right

As the largest hospice provider in the nation, VITAS has influenced the way U.S. healthcare addresses death and dying. Hugh and another VITAS founder, Don Gaetz, led the grassroots lobbying effort that resulted in hospice care being added to the Medicare benefit in 1982.

Hugh and Esther retired in 2004, but Alyson still sees VITAS as the company her mother helped begin, committed to responding to individual end-of-life needs and wishes.

"People always say that it must be so sad to work with people who are dying," says Alyson. "I say, on the contrary – what's sad is when people die without hospice care when they have a right to it.

"Hospice care is an important Medicare benefit that is still under-utilized, despite the fact it's been a rightful benefit since 1982," continues Alyson. "Our mission is to get the word out to the community on how to access this special kind of care that can do so much to ease pain and suffering at the end of life."

Alyson is honored to represent VITAS in her mother's home state. "I take enormous pride living in Pittsburgh and contributing to my mother's legacy in the hospice field," she says.

Our Family's Experience with Hospice

A hospice chaplain shares his own family's experience with hospice care.

I sat by Walt's bedside, trying to get over the shock of seeing my father-in-law in this deteriorated condition. I had seen many dying people by that time in my work as a pastor. So, on the flight from New York to Florida that day to join my family by his side, I had braced myself for the worst—I thought. But nothing prepared me for this drastic change since I had seen him last.

Walt had been an energetic picture of life, passionate and enthusiastic in everything he did. He grew up in Georgia, and even through many years in New York, he never lost his southern accent, his genuine warmth and friendliness, or his energetic enthusiasm about everything—until now.

Walt stirred and moaned softly, and I reached over and pushed the button for more morphine. I spoke words of cheer to him, not really knowing if he could understand or hear me. He quieted again. The hospice nurses told us they were amazed at how often they had to increase his morphine in those closing months and weeks. They even made extra trips to the house for that purpose. They were a Godsend to us.

I did not realize it fully at the time, but we were able to even be thinking these thoughts, and experiencing this time with limited distraction because hospice was there supporting Walt and us. Because hospice was monitoring his pain management and giving aggressive comfort care, Walt could focus on his thoughts and his loved ones in those final months, and we could focus on him.

Walt was diagnosed with cancer in 1992. We watched him fight through radiation and chemotherapy over the ensuing months. We took what opportunities we could to spend more time together as a family. Eventually Walt got the news that there was nothing more they could do. That's when the word "hospice" first entered our lives, and we learned through our phone calls to Florida that the hospice nurses were simply wonderful. They took time to explain everything, go over options, and even teach us what to expect. Their social worker helped Necia, my mother-in-law, with financial matters and other headaches. Aides helped with Walt's personal care needs.

I was there sometimes when the hospice nurse came to visit. You could just see the weight lift from Necia's shoulders as the nurse pulled her car into the driveway. A gust of fresh air followed this lady into the house each time she came. Later I read somewhere that God's love often comes to us through the arms of his people—that they are like "God with skin on." That's what the hospice workers were for us.

Walt took his last breath one cold, stormy night that winter. The memories of his illness have grown dimmer as I remember more and more of the good times. I will never forget the energetic and enthusiastic man I grew to love. He touched us all deeply in his life, and he also touched us deeply as he was dying. Hospice allowed him to maintain his humanity and dignity and to make the most of each day—and that has affected us all in more ways than we can appreciate.

Years later, our family's very positive experience with hospice care for Walt led me to join a hospice team as a chaplain, so I can give others the kind of support that we received. Recently, several family members of patients told me that hospice workers are angels. I agree, from personal experience, and I feel privileged now to work among them.

BY WAYNE HOBBES

Wayne Hobbes is a chaplain with Gateway Hospice. He shares this story with permission from Terrell's family. For more information, visit www.gatewayhospice.com or call (412) 536-2020 or 1-877-878-2244. Wayne's web site is www.waynehobbes.com.

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Western Pennsylvania
Hospital News

Growing Elderly Population Prompts Caring Mission to Expand Services

Seniors are the fastest-growing population throughout the United States. As that population continues its escalation, more and more seniors are looking for ways to continue living in the comfort of their own homes.

But they can't do it alone.

"Our industry will continue to change over the next five to 10 years. We are facing a potential crisis in the elder care industry, most recently referred to as 'the perfect storm,'" said Sherri Hewitt-Laird, owner of The Caring Mission Inc., a non-medical company providing services to the elderly so clients can stay in their own homes.

"The number of consumers requiring care outweighs the number of caregivers available in the future. Add the scenario to the expectations of our upcoming baby-boomers and one might say, we will have our hands full," she said.

Established in July 2000 because of Hewitt-Laird's 16 years of experience in the health care industry and her love and respect for her grandparents, The Caring Mission offered grocery shopping, cleaning, personal assistance and errands for clients and families unable to perform the tasks themselves.

Today, The Caring Mission serves five counties and provides a broad array of services to meet the ever-changing needs of its clients.

"The Caring Mission may accept a client requiring a few hours of care a day focusing on bathing, dressing and meal preparation, continuing to service the client through the aging process where the needs are more comprehensive," Hewitt-Laird said. "We take pride in the caring, compassionate staff members trained to assist seniors so they can continue to live independently with dignity and respect."

Sherri Hewitt-Laird

During the past three years, The Caring Mission began to diversify its services to include the disabled population, offering Medication Management Services, (implementing a state of the art medication monitoring system in 2007), implementation of their Coming Home Program and Hospice Program.

All programs are designed for those individuals who wish to stay in the privacy of their own homes or reside in independent living, but need assistance in performing daily activities. Services include daily call checks, light and heavy housekeeping, meal preparation, grocery shopping, assistance with bathing, dressing, transportation to doctor appointments and much more.

In 2005 the company spun off The Caring Network Inc., a nonprofit organization designed to help the middle- to low-income families without prescription coverage.

"Over the past two years we have save residents within Washington County over $1 million dollars in prescription cost," Hewitt-Laird said.

In this fast-paced industry, constantly evaluating the changing needs of the community and staying abreast of changes at the state level are key to making sure a company can continue to serve its clientele in the best possible way.

Hewitt-Laird understands the challenges ahead in the elder care industry and is planning a spin-off company which she hopes to have certified in the beginning of 2008. The company will be a medical model, focusing on the needs of the consumer after discharge from the hospital, rehab facility, etc. It will offer skilled nursing, social workers, physical therapy, speech therapy, occupational therapy and home health aide services.

People are living longer than ever before, and more children are beginning to worry as parents enter their later years, Hewitt-Laird said.

"As Dr. Bill Thomas states, 'the most common misunderstanding of old age is the idea that the body and its organs break down in the manner of a worn-out machine,'" Hewitt-Laird said.

"This image fits quite comfortably with society's prevailing prejudice," she said. "While more than half of the normal human life span is spent aging, we understand very little about the potential of the aging process, what we do know is the aging process is not a chaotic breakdown of systems, it is more like a symphony."

For more information on The Caring Mission, call 1-866-922-7464.

Question & Answer

Home Care… Is It Covered?

Q After suffering a stroke my mother was briefly hospitalized and then transferred to a rehab facility. She will soon be discharged and sent home, where she lives on her own. The social worker at the rehab facility has arranged home care visits which consist of a person to help her bathe and a physical therapist each stopping in two or three times a week. We are concerned that these visits won't be enough. My mother will need someone to stay awhile with her, to help her get around, and with personal care and meals. The social worker says that this type of home care is not covered. We are confused since mother has Medicare and a supplemental insurance policy that says home care is covered. Are there different types of home care?

A Home Care is a term that is greatly misunderstood and usually does mean visits by Home Health Aids, RNs, or therapists. These visits are set up per Doctor's Order for a period of time usually after someone has been discharged from a healthcare facility. The visits are covered by private health insurance and Medicare. The Home Health Care Agency will inform you when you will receive service, who will perform it, and how long it will last. Each visit will be brief and depending on the situation, may go on for one week, or up to several weeks.

For folks who need workers on their own schedule, need someone to stay all day or overnight, or need different types of service, in-home care funding coverage is very limited. Anyone can pay out of pocket for the services since there is no Doctor's Order needed. Services that provide in-home care can schedule people for the days and times that care is needed.

Though it would generally cost less than care in a residential or nursing facility; funding coverage for services in an individual's home is very limited. Since most persons prefer to stay in their own homes and live independently for as long as they can, there is a great need for funding that will cover care and services in those settings. Current sources that may cover in-home basic care are long term care insurance, and a variety of programs offered through the Medicaid program, disability and MHMR programs, or the local Area Agency on Aging. Private pay services can also be combined with covered services.

Liken Health Care, Inc., is a private duty nursing service in the Pittsburgh area since 1974. If you have a question, we can be reached by phone at (412) 816-0113, or visit the website at www.likenhealthcare.com.

Veronica Corpuz

Volunteer
Trinity Hospice

In honor of National Hospice Month, I would like to share the extraordinary experiences I have had as a volunteer for Trinity Hospice.

For several years I had an inner voice whispering to me that I needed to do something impactful and positive with my life that would make a true difference in the world. By searching online, I came across Trinity Hospice and signed up for the multi-week training sessions to become a volunteer who would visit and sit with terminally ill patients.

As a volunteer for Trinity Hospice, I had the extraordinary opportunity to meet two individuals who I will carry with me in my heart for the rest of my life: Mrs. J. and Mr. C. Both patients were not expected to live longer than six months from when I had first met them. As we had gotten to know each other more, the looming deadline of mortality seemed to fade away. The time I had spent with them became an excellent exercise in the present, enjoying the beauty of "now."

Afternoons with Mrs. J. consisted of long talks, card games, special lunches and good laughs. Often she would tell me stories that seemed fabricated by her imagination, tall tales about traveling to Germany, driving a blue Cadillac that blew up. The lines between fact and fiction, reality and memory, confusion and recollection seemed at all times blurred. This did not matter. It was the connection that we made during these afternoons as the light settled and the card games concluded. She taught me that we are each dealt a specific hand to play and that we should seek good company as we enjoy the game.

The time I had spent with Mr. C. was more challenging. His decline encompassed an inability to speak clearly, flashing moments of lucidity, difficulty moving and focusing. Often, he simply enjoyed sitting with me as I read passages from the Bible or prayers that seemed to calm him. He spoke to me about the anxiety he suffered from, the fear of dying. Sometimes, I had no words for him, but would simply hold his hand. Or I would bring him candy bars and soda pop – his favorite snacks. When he passed away, I was filled with a combination of sadness and relief. At last, he was laid to rest, free of pain and filled with peace.

The concrete reality of life and death are beautifully magnified in this experience of being with a patient during the last months of his or her life. I experienced the powerful truth that our lives are precious, fragile and impermanent. This truth has helped me talk openly with family and loved ones about death – something that is not plainly and candidly discussed in our culture without strong emotions of fear or even anger. I feel extremely blessed to have gained this perspective firsthand, not merely as an abstraction gleaned from a book or lecture.

I encourage others to explore the possibility of volunteering with a local hospice and to give a dying individual the gift of one's company. It is by no means a simple act – often it can be poignantly heartbreaking. However, the mutual exchange that takes place in this in-between state, the transitory space between life and death, is something that is incredibly wonderful, beautiful and rare.

A Passion for Helping Seniors

Carol A. Trent, M.S.,

ACSM – HFI
Principal – Senior Helpers

Helping seniors maintain the quality of life they deserve and their independence at home is a passion of Carol Trent, owner of Senior Helpers, a local in-home senior care business. After years of helping her own grandparents live their lives to the fullest, Trent's professional work with seniors began while obtaining her Masters of Science degree in Exercise Physiology and Health Promotion with an emphasis in geriatrics from Florida Atlantic University.

"With falls being the initial event that causes many seniors to have to move out of the home they love, anything we can do to prevent a fall is primary," comments Trent. She uses her knowledge as a certified Health Fitness Instructor from the American College of Sports Medicine to enhance the lives of seniors, from those still living independently in the community to those with physical and dementia limitations living in skilled nursing facilities. Trent states, "Many seniors forget that physical activity is as important in your 80's and 90's as it was in your 40's and 50's. Fear of falling often leads seniors to limit their physical activity when in actuality limiting their activity increases their risk of falls." Through talks at local senior centers, health fairs and one-on-one meetings with seniors in their homes, Trent is able to show seniors ways to maintain or improve their balance and muscle strength and thereby decrease their risk of falls.

Trent also believes many people forget about the emotional issues facing seniors. Seniors are often coping with the loss of being able to do their daily activities at home, as well as the loss of a spouse and close friends. It can be easily forgotten that older individuals had a great many experiences and a full life before their current situation. "Each senior has a volume of wisdom and experience that should be explored and celebrated not ignored and viewed as no longer relevant," Trent states. "We encourage seniors to concentrate on what they still can do even if it requires some assistance rather than dwelling on what abilities they have lost. Helping a senior to continue a favorite activity or find a new activity or interest which coincides with their current abilities is very rewarding." Trent carries this philosophy of promoting senior independence and worth through to her in-home senior care business and the employees that work for her.

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The Journey to Improve Hospice Care in America

One of our most compassionate volunteers cannot talk, help with housework, and even get to a patient's house by himself. Even with these limitations, he is one of Family Hospice and Palliative Care's most beloved volunteers. He is an active listener and an enthusiastic visitor. With his wagging tail and sympathetic eyes, Buck, a Burmese Mountain dog, provides hours of comfort to patients and families. Buck and his owner, Arden, are dedicated volunteers in Family Hospice and Palliative Care's Pet Therapy Program.

BY RAFAEL J. SCIULLO, MA, LCSW, MS

Hospice and pet therapy seem to go hand-in-hand. Pet therapy promotes many of the basic principles that are fundamental to high quality hospice care. The recognition that many other things, other than a typical medical model, might be comforting to the patient. And that touch, communication, and living in the moment are so important during this final journey.

Without question, visits from animals provide many patients and families with a feeling of comfort and peace. Physical contact is such an important part of providing compassionate hospice care. Anyone who has owned a pet knows that simply petting a dog or cat can be relaxing and calming. In addition, it is recognized that touch can be an important part of nourishment of mind and spirit. After depending on others so much, many patients welcome the opportunity, by petting the animal, to be the nurturer.

While many patients welcome visits from volunteers, others are self conscious about their appearance or their lack of ability to be socially welcoming. Animals are the perfect visitors as they are completely non-judgmental. Patients do not have to worry about being embarrassed around animals. The pet therapy cat does not expect or want anything from the patient. The visiting dog does not see a sick person or an older person; he simply sees someone who can pet and love him.

Communication with the patient and family is a vital part of providing hospice care, and sometimes a visit from an animal can help promote better communication. A patient may have withdrawn from talking with people, but having a "non-speaking" visitor can encourage them to share their feelings – either with the animal or with the people who are present. An animal visit might prompt some patients to share their own pet memories. Sometimes agreeing to a visit from a human volunteer might seem like too much work for the patient, but when an animal comes along it provides an immediate common conversation piece. An animal can provide the bridge to communication for even those patients who might have difficulty in speaking. Animals can also transcend any language barrier – needing only the language of touch and compassion.

A visit from an animal can be very entertaining and a welcome relief from the routine of everyday life. Patients often find it pleasant to watch an animal even if they do not desire to interact with it. The mere presence of an animal serves to brighten the moment, provide mental stimulation, and offer a positive distraction from a feeling of isolation or depression. Petting an animal can also encourage use of hands and arms, stretching and turning.

Hospice can also offer pet therapy as a way to answer some patients' spiritual needs. Some people find a spiritual peace or a sense of oneness with nature when they are with an animal. People may describe this feeling as helping them feel a relationship with God. A visit from a pet can help a patient or family, for a short time, leave the big questions of living and dying and just enjoy the peace of the moment.

A human-pet relationship offers reliable and unconditional companionship that gives love, gratitude, and fun. Research has shown that visits from a pet can diminish physical pain, reduce anxiety, and reduce emotional pain. Because of this, pet therapy is a perfect fit with the hospice philosophy – providing non-medical options for comfort, focus on the present, and non-threatening, peaceful volunteer visits. Offering patients services such as massage, art, music, and pet therapy provides an alternative option for comfort and healing for patients and families.

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

COVER STORY: *A Celebration of Life*

Continued from page 1

her favorite foods and lovingly admired her. We even watched a video that focused on Angie's family and her illustrious career.

The party was designed to be a joyous celebration of Angie's life – and it was.

"I loved the phrase 'Celebration of Life' as soon as I heard it," said Angie. "I remember my dad's funeral with flowers everywhere. I remember thinking 'why did you wait until he was dead?'

"This was a chance to tell someone that you love them while you're still here. It included the physical, the mental and the spiritual." continued Angie. "We laughed a lot, we cried a lot and we hugged a lot. That's what this 'Celebration of Life' was all about.

For Angie, a deeply spiritual person, she felt that her celebration of life was just the conclusion of chapter one. As a spiritual counselor at hospice, I support the beliefs and traditions of all our patients and families. It is my hope that more patients will find value in a Celebration of Life with their family and friends. Without question, the most compelling thing I have learned at my work at hospice is that each one of us, no matter our age, illness, profession, or religion wants to know that we were loved and that our life had meaning.

Nancy Hitechew-Meyers, Spiritual Counselor at Family Hospice and Palliative Care, can be reached at (412) 231-3103.

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Bringing Spiritual Encouragement to Patients and Residents During Holidays

BY REV. JOHN D. COGAN

The holiday season in a healthcare environment can be very stressful for short-term patients and/or long-term residents, as well as staff. Patients in short-term care are in unfamiliar environments, sometimes against their wills. In long-term care residents may be well acclimated to their residences but still feel like they are "stuck" there for the holidays. Staff members must work shifts that often conflict with their family times and holiday plans. Add to all of this a broad mix of different cultures, religions and accompanying traditions, and we have the recipe for frustration and a potentially unhappy holiday season for everyone involved.

So what can spiritual caregivers in healthcare do to help people experience their spirituality during the holidays? Most importantly, through listening, we need to be sensitive to and learn about our patients'/residents' needs, traditions and expectations. Then, we will be in a better position to try to arrange meaningful ways for them to express themselves and their traditions during their holiday stays. We must continually ask ourselves if an activity would be meaningful to them or to us, and keep the focus on what is most meaningful to them.

For instance, working at Redstone Highlands amongst patients and residents of many denominations and faiths, I make it a practice to find out when and what their holidays are, and send appropriate greetings – avoiding altogether the generic "season's greetings" approach.

As a spiritual caregiver, my role is to listen and respond empathetically to patients'/residents' concerns, which may vary greatly from deeply spiritual to very practical needs. I may or may not be able to provide what they need, but a listening ear is usually the best gift. Sometimes my role is to challenge unrealistic expectations, and to help them discover more realistic ones.

During the holiday season, many people are experiencing spiritual needs such as loneliness, lack of purpose, and even loss of faith when they are ill and confined. Others are faced with overwhelming practical concerns such as loss of income and worry about loved ones.

Across healthcare environments, a hard reality is that the winter holidays often trigger depression in people who are lonely or separated from their families. Many people have unrealistic expectations that they "should" be happy over the holidays and can become depressed and angry when the opposite occurs. Suicidal ideation and attempts also increase at this time of year.

Spiritual caregivers who reach out to listen and encourage can help patients/residents see new perspectives that may bring greater peace and consolation during the holiday season.

The contributions of staff members and volunteers who are dedicated to supporting patients and residents through the holidays are of great value and importance.

Redstone Highlands' volunteer network provides gifts to residents who have little family support, and what a difference that makes! In other instances, staff and volunteers may decorate with good taste to spread cheer. The more secular decorations are widely received and appreciated. In most contexts religious symbols may be used, but we must be sensitive to people of non-Christian backgrounds. Sometimes symbols of Christian, Jewish and other faiths can be displayed simultaneously to show appreciation for diversity and respect for the various ways the holidays are celebrated.

There are many volunteers who are willing to come into healthcare facilities to spread holiday joy, and we should take advantage of their willingness to serve. However, in an institutional setting we must also remain sensitive to those who may not wish to participate in traditional, Christian holiday celebrations, or hear Christmas carols. As staff, we can guide volunteers toward patients/residents who welcome their services and away from others, who for a variety of reasons, may not.

The holiday season holds out great hope for us but can be a time of stress for patients, residents and staff alike. As we take the time to walk a little while with them, may our journeys take us to a place of peace and goodwill toward our fellow travelers.

Rev. John D. Cogan, Chaplain, Redstone Highlands Retirement Community, can be reached at jcogan@redstonehighlands.org or (724) 832-8400 ext. 345.

Spirituality a Key to Care at Kane

When she was first hired as a chaplain at John J. Kane Regional Centers, Sister T.J. Gaines, S.C., N.A.C.C., had a revealing exercise she liked all new hires to perform.

Gaines would ask each new employee to quickly list the 10 things most important to them on a sheet of paper. Once that was accomplished, she would then have them cross off a few at a time in the order of least importance until they arrived at the one thing they valued most.

Gaines said the elimination process was uncomfortable for the workers and they struggled scratching out nine things that were precious to them. In most cases, Gaines said, that last remaining item was usually family, a spouse or faith.

She would then ask the new hires to flip the piece of paper and write the 10 things they thought the residents they were going to care for most value in their lives. They then repeated the same process from the first exercise.

Gaines said it taught the new hires two things. First, it showed them that many of the things they cherished were things that most of the residents had already had to give up in their lives. Secondly, it showed that despite any differences, including spiritual ones, people generally value the same things.

"It's much easier to get people to respond and grow an understanding when they're involved in doing some sort of exercise," Gaines said. "I think there is a place for theology and then there is a place for professionalism. At the base of it all, you have to be human."

Gaines said that same theory is applied by the three chaplains – she is joined on the staff by the Rev. JoAnn Kelly, a Protestant minister, and the Rev. John Abdalah, an Orthodox priest - who serve the residents at Kane. Although they have different religious backgrounds, as do the residents, faith universally holds the same values that Gaines said brings all people together.

That's why spiritual outreach is so important and is conducted on a daily basis at Kane, Gaines said. Chapel services are offered daily, except on Saturdays, and clergy throughout Allegheny County are strongly encouraged to visit often and spend time filling the spiritual needs of the residents.

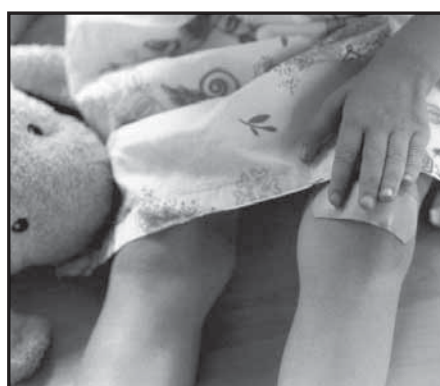
October provided a special time in the spiritual fulfillment of the residents as Kane celebrated Pastoral Care Week, recognized the 22nd through the 28th. This year's theme was "Healing Faith," a fitting ideal, Gaines said, given where many of Kane's residents are on their personal faith journeys.

"Through illness or other things that brought them here, their faith journey becomes much stronger because for many of them it is the end of their journey," Gaines said. "Our mission is to serve those residents in the faith that they have been rooted in."

"We do that by inviting their local clergy and pastors to visit here and bring their family or neighborhood church back to them. Sometime our residents even go out to their own church on Sundays if they are physically able to do so. If that doesn't happen, then it is our obligation to provide services here that they are familiar with. We have been very, very blessed in the history of Allegheny County that chaplains have always been, since the beginning in the 1800s, a part of the operations of this facility."

"Through illness or other things that brought them here, their faith journey becomes much stronger because for many of them it is the end of their journey. Our mission is to serve those residents in the faith that they have been rooted in."

– Sister T.J. Gaines, S.C., N.A.C.C



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"hands that will make a difference when it comes to in-home health care"

EHR and Ambulatory Care

BY PAUL MCLEOD, M.D.

"As implemented, EHRs were not associated with better quality ambulatory care."

This sentence concluded the "Health Record Use and the Quality of Ambulatory Care in the United States" report that appeared in the July 9 edition of the Archives of Internal Medicine. Needless to say it created quite a stir among EHR Vendors. The study leading to this conclusion was part of the National Ambulatory Medical Care Survey in 2003 and 2004, which compared how physicians with and with out EHRs performed on 17 quality measures. Bottom line: Physicians with EHRs did about the same on 14 measures, better on 2, and actually worse on 1 measure.

The prominent authors from Harvard Medical School and Stanford University went to some effort to emphasize that the EHR technology may not be the major underlying problem. The implementation of that technology is critical to improving outcomes. Primary care and specialist physicians were both affected. Services that ranged from chronic disease care to acute care and preventive care were all affected. Like most studies, this one has significant limitations. The data were collected in 2003 and things have certainly changed since then.

The results of the July 2007 Archives of Internal Medicine Report conflict with a recently released systematic review conducted for the Agency for Healthcare Research and Quality. This AHRQ study found that Health Information Technology (HIT) systems, including EHRs, can increase the delivery of guideline-adherent care, improve quality of care through clinical monitoring, and reduce rates of medical errors. So how can we reconcile these very different conclusions?

1. Electronic Health Records are not "Plug and Play." Successful use and implementation requires careful strategic planning and "physician champion" leadership. EHRs will not improve quality unless a culture of quality is created within the practice and processes/workflows in the ambulatory setting are created, bought into by the staff, and followed consistently. Any effort less than this is technologically and operationally naïve. The bigger the investment on the front end, the better the outcomes.

2. EHRs are not created equally. Some have better features and functions than others.

3. EHR as a standalone technology is not the optimum clinical patient management technology. Improving ambulatory patient outcomes requires detailed knowledge about the disease-specific and preventive care needs of the patients. It requires the ability to identify patients who do not follow proven care guidelines. It requires recall programs and ways to communicate effectively with patients at their convenience, not the provider's. Drill-down reporting of clinical data becomes crucial to success.

The final paragraph from the "Health record use and Quality…" report states this very well.

"In summary, although HIT and EHRs can improve quality, we found that EHR use was generally not associated with improved quality of ambulatory care. Our findings are not a refutation of previous studies. Rather, they suggest that as EHR use broadens, one should not assume an automatic diffusion of improved quality of care. In selecting an EHR, physician practices should carefully consider the inclusion of clinical decision support to facilitate quality care for individuals as well as the availability of tools, like quality reporting and registry functions, to facilitate quality care for populations."

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Dr. Paul McLeod, Chief Medical Executive of MED3000 and Dean of the Florida State University College of Medicine, Pensacola Regional Campus, can be reached at (850) 494-5939 or at Paul_McLeod@MED3000.com.

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St. Clair Hospital is one of only six hospitals in the United States to receive the coveted "Stage 6" designation from HIMSS Analytics. Stage 6 is a classification of hospitals that have successfully implemented information technologies across a multitude of systems, including the electronic medical record (EMR), to improve quality outcomes, patient safety and planning for future business changes.

The designation was announced in a white paper entitled, Stage 6 Hospitals: The Journey and the Accomplishments, published by HIMSS Analytics, a subsidiary of the Healthcare Information and Management Systems Society (HIMSS). The study assessed more than 4,300 hospitals nationally and focused on the governance, investment, staffing and accomplishments demonstrated by the six Stage 6 hospitals.

"For many years, we have recognized that a strong information technology program contributes to higher levels of patient safety and quality outcomes," said Richard Schaeffer, vice president and chief information officer. "Continuous enhancement of our IT capabilities is a fundamental component of our future growth. We are committed to utilizing technology across all aspects of the hospital to support our performance and safety goals."

Schaeffer said a significant element of St. Clair Hospital's commitment to technology is its use of handheld mobile technologies which bring advanced technology to the bedside where it assists clinicians with delivering safe patient care.

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High Touch and High Tech-Challenges and Opportunities in Nursing Informatics

BY JOYCE SENSMEIER, M.S., R.N.-B.C., C.P.H.I.M.S., F.H.I.M.S.S.

Healthcare organizations often implement information systems to improve medication safety and reduce healthcare costs. Unless nurses and other clinical end users are involved in the implementation of clinical systems, their workflow can be negatively impacted and patient safety can be compromised. Nursing informatics is the specialty that applies information technology to the work of nurses in healthcare.

I began working in this specialty in 1985, even before we knew what to call it. Today, the more than 8,000 nurses practicing in this specialty are in great demand as they develop and implement information systems that increase efficiency, promote safety and improve overall patient care in a high-tech healthcare world.

Background

The American Nurses Association (ANA) formalized nursing informatics as a specialty in 1992 and the first certification exam was held in 1995. According to a recent survey, the majority of nurse informaticists works in a hospital setting and have at least 16 years of clinical experience prior to beginning their informatics career. And once they leave the bedside, most nurse informaticists devote all of their time to informatics, spending little or no time on clinical activities. There are many opportunities in this specialty and it includes roles in advocacy, public policy, consulting, education, research, systems development, design and implementation, as well as leadership positions with national organizations and initiatives.

Education and Job Responsibilities

While most nurse informaticists have developed their knowledge and skills through on the job training, an increasing number are pursuing certification, or enrolling in formal educational programs designed for this nursing specialty. Typical job responsibilities include systems implementation, systems development, coordination/administrative roles, education, project management, strategic planning and quality/outcome initiatives.

Barriers

One of the largest barriers to the success of nurse informaticists is the lack of financial resources in their organization. Healthcare organizations typically invest fewer dollars in information technology as compared to other industries. More recently, the lack of connectivity of information systems has been identified as a barrier, creating duplication of tests being performed, increased potential for errors, and inefficiency in accessing patient information when and where it is needed.

Future Vision

The Alliance for Nursing Informatics (ANI) was formed in 2003 to create a unified voice for nursing informatics. The Alliance represents more than 3,000 nurses and brings together 25 distinct nursing informatics groups in the United States. This group actively seeks opportunities to provide feedback on draft documents on healthcare information technology related topics that are published for public comment by national groups. Recently, ANI submitted comments on the ANA's proposed revision of the Scope and Standards of Nursing Informatics Practice.

Nurse informaticists continue to have an impact on their organizations' decision-making process about implementing clinical software, the implementation of electronic health records and, ultimately, on improved patient care. Knowledge of patient care is combined with technological expertise to create a unique set of necessary skills, and these nurses are an integral part of the organization's decision making process. The nurse informaticist position will continue to expand and flourish as the use of technology increases in healthcare.

The informatics field has a bright future that will give nurses a substantial role in the way in which decisions about how clinical software are implemented and utilized within healthcare organizations. The maturity of this field is reflected in the substantial increase in salaries, frequency of job promotions and additional staff responsibilities that nurses in these roles have taken on. Nursing informatics is the leading edge solution that can positively impact the delivery of state-of-the-art healthcare, lower its cost and dramatically improve patient safety across the entire industry.

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Veterans are Experiencing More Ease Than Ever When Checking in with VA

The VA Healthcare System has made enormous strides in improving patient services in order to continue the quality of world-class health care that veterans have come to expect and deserve. One such improvement has been the addition of automated patient check-in using self-service kiosks.

The VA Pittsburgh Healthcare System was the first within the VA Healthcare – VISN 4 network to automate the patient check-in process in conjunction with the opening of their consolidated business service center in October 2005. This venture was a result of wanting to improve and centralize all administrative functions for veterans in one area of the hospital that was easily accessible to patients and visitors. VAPHS successfully implemented the VA's first comprehensive self-service pre-registration and patient check-in system. The patient self-service system has reduced manual efforts and costs associated with pre-registration while also reducing the wait time for patients.

The system allows a patient to self check-in for appointments by using a combination of the Veteran Identification Card (VIC) and touch screen input at the kiosk. In order to meet HIPAA requirements, a privacy glare filter was incorporated into the screen so that the information can only be viewed by the veteran standing directly in front of the kiosk. The system is interactive and provides feedback based on configurable criteria designed by staff at VAPHS in order to correlate with the pre-registration program in Vista, the VA's electronic health record system. The configuration of the kiosks can be easily modified to meet the individual needs of other facilities within the VA.

Numerous benefits have occurred following the installation of the self-service kiosks. One of the main outcomes has been the support the system has provided in clearing thousands of errors present in the organization's Vista database.

Additional positive outcomes related to the kiosks include the timely completion of means tests and verification of correct enrollments. If a patient is not correctly enrolled, he will not be able to pre-register at the kiosk and is instructed to see a clerk. The same process occurs with outdated means tests and other incorrect data in the system. This allows for all necessary corrections to be made prior to the patient proceeding to an appointment. Most importantly patients no longer wait in lines for 15 to 20 minutes as the flow through is almost instantaneous, which is quite impressive when you consider that VAPHS receives buses with 30 – 40 veterans at a time. Additionally, the kiosks have significantly reduced the amount of administrative tasks that VA clerks must perform allowing them more time to focus efforts on those veterans who have particular questions or require assistance.

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