



EDUCATION

Healthcare Executive Education Right in Your Backyard

Did you know there is a resource available to meet your healthcare education needs right here in western Pennsylvania?



BY DAVID FULLER AND AMY LAMOTHE RICHARDS

The education of healthcare executives has a long history in western Pennsylvania, with roots tracing back several decades to the Young Administrators Group. The organization was initially founded to provide networking and educational programs to mentor health administration students into management positions, but then underwent significant change becoming the Health Executive Forum (HEF). The HEF served as a networking and educational resource for both students and the healthcare management workforce from the 1980s through the early 2000s, then Southwestern Pennsylvania Healthcare Executives (SPHE) was a 2003 reinvigoration of the HEF.

SPHE was a model of chapter success, with a growing membership base and increasingly-attended programs, thanks to its association as a provisional chapter within the American College of Healthcare Executives (ACHE), a national professional society. In response to its progress, SPHE was asked to merge with the northwestern Pennsylvania ACHE chapter to deliver a

geographically-diverse model of chapter support. Now completing its second year in this expanded service area, ACHE of Western Pennsylvania (ACHE|WP) has realized much success as the premier group for healthcare executives in the region.

As the official chartered chapter of ACHE for the western Pennsylvania area, ACHE|WP has grown from less than 100 members at its inception to nearly 200 to date. This increased membership means access to a diverse and talented network of colleagues for constituents. During its first two years operating as ACHE|WP, membership has also benefited from educational opportunities, resulting in 14 ACHE Category II and 1.5 Category I educational

credits. This highlights the access that this organization provides to its members through educational and networking opportunities that can enhance learning personally and professionally.

Active membership in ACHE|WP indeed opens the door to a variety of new educational opportunities, offers various formats by which to network with peers, and provides the tools one requires to advance along a professional career path in healthcare. Being locally organized and directed, the Board and membership of the western Pennsylvania chapter has the means to tailor programming in a way that ensures it addresses the interests, issues, and needs of healthcare executives living and working in western Pennsylvania. Furthermore, the national affiliation lends itself to tapping into the knowledge base and perspectives of healthcare executives across the country. With this comprehensive approach, you can be sure that involvement in ACHE is meaningful and valuable to yourself and your organization on both a local and national level.

With increased scrutiny of travel expense budgets, it is becoming evermore difficult to find not only the time, but also the money to attend the vast array of national conferences that are available to healthcare professionals today. It is for this reason that ACHE|WP has worked to reach out to its membership base with events held locally. In this past year alone, ACHE|WP held one event in Cranberry, two in Erie, one in New Castle, and the last event will be in the Pittsburgh area. This reflects the effort to broaden meeting locations to accommodate the membership that spans across western Pennsylvania. In the coming year, the chapter will investigate a means to offer some of

these sessions via web and/or audio conference to further lessen the travel hardship and offer increased opportunities to participate without travel.

In 2007, ACHE|WP provided members learning opportunities focused on topics such as lean six sigma, medical staff involvement in operational and strategic direction, and a co-presented session on consumer-directed healthcare with the western Pennsylvania chapter of the Healthcare Information and Management Systems Society (HIMSS). The calendar of events each year is developed using membership input to ensure that the topics are practical, relevant, and worthwhile.

Now, the great news for ACHE members in the *Hospital News* readership: starting January 1, 2008, all ACHE members in the western Pennsylvania geography will automatically become members of the local chapter, ACHE|WP. Do take advantage of this aspect of your national ACHE membership! As an organization dedicated to continuous learning, ACHE and ACHE|WP can help you to develop your network of healthcare contacts, expand your knowledge base through educational sessions, and work with other local healthcare executives in improving the health status of society by advancing excellence in healthcare management.

David Fuller is on the Board for ACHE of Western PA and is a member of the Marketing and Membership Committee. He is the Director of Business Services at Corazon, Inc. in Pittsburgh.

Amy LaMothe Richards is the Chairperson of the Marketing and Membership Committee and Vice President for ACHE of Western PA.

She is the Director of Business Planning Services at VHA Pennsylvania in Greentree.



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Herron Named Waynesburg University Provost

After an extensive national search, Dr. Robert W. Herron, Jr., has been named to the Waynesburg University Provost position, effective January 1, 2008. With a Ph.D. from Rice University, Dr. Herron's academic leadership experience spans the globe.

Herron comes to Waynesburg from Southeastern University in Lakeland, FL, where he served as Vice President for Academic Affairs for eight years. Prior to his tenure at Southeastern, Herron spent 14 years at Lee University in Cleveland, TN, where he served as Vice President and Executive Assistant to the President from 1995-1999. In addition to his Ph.D. from Rice University, Herron holds Master of Arts degrees from Rice and Western Kentucky University, as well as a Bachelor of Arts degree from Lee College.



Dr. Robert W. Herron



(l-r) Nursing student Mara Shaffer discusses the capabilities of West Penn Hospital's new STAR simulation center with cardiologist Richard Heppner, MD, and his wife, Carol Heppner.

New Simulation Center Brings Sophisticated Training Tools to Nursing, Medical Students

They talk, they breathe, they bleed. They wheeze, their heartbeat quickens, they develop high blood pressure. They'll tell you where it hurts, and how bad it hurts. They are today's most sophisticated medical training tools, state-of-the-art mannequins that combine technology with a human touch.

Thanks to a \$500,000 grant from the Highmark Foundation, The Western Pennsylvania Hospital is now home to six of these computer-controlled patient simulators at the new Simulation, Teaching and Academic Research Center - known as the STAR Center.

The Western Pennsylvania Hospital Foundation provided \$105,000 toward renovating the space housing the simulation center, and the Commonwealth of Pennsylvania added a \$97,500 Workforce Grant.

Two "SimMan" mannequins take technological progress to a whole new level; they do everything a human does except blink, sweat, move or change colors. They talk - and are fluent in many different languages - breathe, bleed and cough.

The STAR Center is located in West Penn Hospital's School of Nursing but will serve as a training center for a variety of medical professionals, including nursing students, allied healthcare students, medical residents, practicing clinicians, researchers and emergency medical technicians.

"Simulation is the gold standard in healthcare education today," said Donald J. Wilfong, M.D., an internist at West Penn Hospital and the Center's first medical director. "The STAR Center raises West Penn's already-high level of teaching excellence."

The first Nursing 101 class began training in the STAR Center Sept. 4. Medical students have also performed mock "Code Blue" situations in the center and practiced various clinical procedures such as intubation.

What really sets the STAR Center apart is the human touch it will bring to simulation training, Wilfong said.

The mannequins have names and students are encouraged to refer to them by their names, never as "the dummies." The students are urged to act as if the mannequin is a real person; for example, make sure his environment is safe and don't talk about him or his illness as if he isn't there.

The simulators allow students to "practice and perfect their clinical skills in a risk-free environment," Wilfong said.

Not only do the simulators teach technical skills, they can also teach students to think critically on their feet. The two "SimMan" simulators, for example, can be controlled by teachers seated in a mirrored room similar to a police interrogation room - they can see their students, but their students can't see them.

Teachers can suddenly make the mannequin's blood pressure go up, or make him start breathing heavily, or begin complaining of chest pain. The students' reactions are recorded not only on camera but by the computer.

In addition to the full-body simulators, the STAR Center also houses "partial task trainers," that can be used to practice delivering a baby or performing a lumbar puncture, among other tasks.

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International Health Experiences Foster Nurses' Growth

The Robert Morris University School of Nursing and Health Sciences began offering international health experiences to its faculty and students in the fall of 2005, when Dr. Carl Ross was hired as the founding director of international activities for the school. Since that time, RMU faculty and students have traveled to Mexico and Nicaragua to provide health care to the poor of these poverty-stricken countries. One of the outgrowths of the school's international activities was the June 2007 signing of a collaborative agreement between Robert Morris University and the School of Nursing at Universidad Politecnica de Nicaragua (UPOLI) in Managua, Nicaragua. This agreement became known as the "hermanamiento," or sister school partnership.

Many may ask what these types of international experiences offer U.S. nurses and student nurses. These international experiences place a new value on cultural assessments, which need to be more closely integrated into health care delivery. Implementing strategies for culturally



BY CARL ROSS, PH.D., RN, CRNP,
BC, CNE

competent health care provides adaptation to the needs of the people. It is important to apply epidemiological principles of health mortalities of vulnerable populations. With our changing demographics and increasing diversity, student

nurses and practicing nurses need know how to care for patients of different cultures.

Education and the promotion of health must integrate with what the people of the visiting country want and can use. An alliance with the government is necessary to support, influence and guide other organizations that desire to aid and promote health care systems within third world countries. Identification of the impeding factors of health care and education must be taken into cultural consideration. These include access, availability, affordability, cultural life-ways, levels of participation, application, support, technology and resources. Referring to Maslow's Hierarchy of Needs, a basic understanding of this hierarchy can be used as a principle to follow and create an integrated health education and delivery system that will assess the level of attainment and promote growth in a progressive pattern.

International opportunities provide nurses and students with the opportunity to think about the world and their roles in

everyday life. They learn never to take our health care for granted, i.e., access, supplies and medications. No longer will these nurses and students complain when their unit runs out of their favorite item, and they are forced to use one of the other five products that accomplish the same objective. Learning to use only the resources available encourages creative thinking and an appreciation for the variety of supplies and services available in the United States.

Frequent comments made by nurses and student who travel abroad are, "It has given us great insights for our upcoming professions or advancing our profession." "It was a challenging environment that enhances basic thinking patterns and gave us the confidence to optimize patient care outcomes, and gave us a greater appreciation for our profession."

Carl Ross is a professor of nursing and director of international activities for the School of Nursing and Health Sciences at Robert Morris University. He can be reached at ross@rmu.edu.

Nursing Students Exhibit VALOR at Erie Veteran's Medical Center

At the Erie Veterans Affairs Medical Center (Erie VA), we see men and women who have exhibited valor on a daily basis. Usually, we associate that valor with the veterans that we proudly serve, but it can also be found among our employees; specifically, the participants in the VA Learning Opportunities Residency or VALOR program for nursing students. This program gives nursing students the opportunity to gain hands-on experience and apply the knowledge they have gained in the classroom to real-life clinical situations.

VALOR students are assigned to a preceptor, or mentor, when they enter the program. The preceptor is a licensed RN and is in charge of supervising the VALOR student. The preceptor assigns more challenging tasks to the student based on his or her progress, and this helps the student gain their practical nursing knowledge. Exceptional VALOR participants may even be offered the opportunity to continue working on a full or part-time basis beyond their initially scheduled internship period. This can be very appealing to students, especially since many other internship placements don't offer students the chance to continue with their organization until after graduation. This opportunity is what

initially led Clara Wasser, a Registered Nurse with the Erie VA, to apply for the program.

Clara had made the difficult decision to further her education as an adult student after she separated from her husband. Attending school was going to be an added challenge; she had two children still living at home and was still adapting to new role as a single mother. Clara enrolled at Gannon University, initially to pursue a career in physical therapy, but opted to enter the nursing program after the physical therapy program was extended from five years to a seven-year program. She had classes with several nursing students, and they gave her an idea of what the educational program and a career in nursing would be like.

When the time came for Clara to pursue an internship, she initially looked at area private sector hospitals. When the head of Gannon's nursing department recommended that she look into the VALOR program, she was initially hesitant. She didn't know much about the Erie VA, and was unsure if she would get the experience she needed. Clara took her professor's advice and applied to the program, and was accepted. She became a VALOR participant in the

summer of 2006 following her junior year as a nursing student.

As Clara began working, she was surprised at the willingness of all of the staff, not just her mentor, to help her. Anytime a procedure was being done or something significant was happening, someone would always come and get her. She was given a great deal of responsibility as she progressed, and realized that many other students in other internship programs weren't given permission to carry out many of the tasks she was assigned. She was able to learn from hands-on experience throughout her internship, and the staff taught her everything she needed to know; she gained all of her practical nursing knowledge through the VALOR program.

Clara's entire nursing career has been based off of what she learned at the VA during her experience. After completion of her initial 400-hour schedule, she was given the opportunity to continue working on a part-time basis during her senior year. She gladly accepted the offer because she enjoyed the working environment. According to Clara, the Erie VA has a family atmosphere and VA nurses work very well as a team, even among different shifts. The smaller size of the hospital also meant fewer patient

assignments and more time to devote to each individual patient, ensuring that they all received the care they deserve.

Clara decided to continue her employment at the Erie VA after she graduated in 2007 because she "loved working here." She was offered a nursing position that became open, and has been working here ever since. She is very pleased with her decision to go into the nursing field and is very happy with her employment here. She highly recommends that all qualified nursing students apply for the VALOR program. "As a nursing student, you are not given enough time to gain all of the hands-on experience you need to understand the nursing process. I was taught everything I needed to know for my senior year practicum."

To qualify for the VALOR program, students must have at least a 3.0 GPA and have completed their junior year of nursing school at the time of the program. If you or someone you know qualifies to be a VALOR student and would like more information, contact Shelly Yacobozzi, Nurse Educator at the Erie VA. She can be reached during normal business hours at (814) 860-2114 or via e-mail at Shelly.Yacobozzi@va.gov.

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Focus on Research

Duquesne's New Center for Nursing Research Helps Fund, Focus and Conduct Research Projects

Research and scholarship have long been the foundation of nursing science. A quick survey of recent nursing history shows that university schools of nursing – blessed with intellectual capital, physical resources and a tradition of inquiry – have often been where the discoveries that advance nursing science take place.

Hoping to ensure its place in that tradition of discovery, the School of Nursing at Duquesne University has established a new center to facilitate faculty research.

The Duquesne University School of Nursing created the Center for Nursing Research (CNR) in the fall of 2006 to expand the faculty research base, develop new scholars and programs of research, provide support services to faculty who undertake research projects, and increase external research funding. In addition, the CNR will help develop an academic culture in the School of Nursing fully aware of the centrality of research to the nursing profession.

The CNR has just begun searching for a full-time director. In the meantime, Associate Professor Linda Goodfellow, PhD, RN, is acting as the interim director and working to build the physical and intellectual infrastructure for scholarship and research.

According to Goodfellow, the CNR Blackboard Organization Web site, which announces funding opportunities and is a repository for a wealth of other information, is a good example of that infrastructure.

"Faculty as well as master's and doctoral students have access to the CNR Blackboard Organization site." Goodfellow said, "Graduate student research assistants are available to assist faculty with searching and retrieving full-text articles on specific topics of study, creating tables and graphs for scholarly publications or developing PowerPoint presentations. Also, we have recently hired a grant writer."

Goodfellow also pointed out that a Forum for Research and Scholarship (FORS), created for the purpose of intellectual discussion and debate and to promote research activities, meets monthly. Mock reviews are also held monthly so that faculty has an opportunity to get feedback from their peers prior to submitting a manuscript for publication or a grant application.

The CNR supports both quantitative and qualitative research. According to Associate Professor, Rick Zoucha, PhD, RN, every form of qualitative inquiry has a guiding philosophy, and in nursing research at Duquesne common qualitative methodologies include elements common to ethnography, grounded theory, phenomenology, eth-



Dr. Linda M. Goodfellow

nonnursing, and participatory action research.

"Because qualitative methods of research are personal and relational, they can lead to a profound understanding of and deeper connections to those we serve," Zoucha said.

The goal of qualitative research in nursing is to discover and understand phenomena related to clinical nursing issues. Using in-depth interviews, nurse researchers attempt to understand the perceptions and meaning of patients' experiences through the patients' eyes.

Assistant Professor Gretchen Schumacher, PhD, CRNP, said, "Qualitative nursing research not only helps the nurse researcher understand little known phenomena, but it also helps give voice to the voiceless and the kind of empowerment that helps to promote health."

In addition to qualitative research methods, "Many in the School of Nursing are vested in quantitative methodologies with the ultimate goal of developing interventions to improve patient care," Goodfellow said. Quality of life issues in adults with congenital heart disease, the relationship between health literacy and HIV medication adherence, spirituality, reminiscence therapy in the elderly, and elderly abuse are just a few of the research projects currently underway.

"This is an exciting time in the School of Nursing," Goodfellow said, "and the creation of the CNR is a perfect example of the deep commitment held by faculty and administration to advance nursing science in the School of Nursing."

For additional information, contact Linda M. Goodfellow, PhD, RN, at (412) 396-6548 or goodfellow@duq.edu or visit www.nursing.duq.edu.



Dr. Gregory H. Frazer

Duquesne Dean Recognized for Outstanding Contributions to Allied Health

Dr. Gregory H. Frazer, dean and professor of the John G. Rangos Sr. School of Health Sciences at Duquesne University, has been selected as a Fellow of the Association of Schools of Allied Health Professionals (ASAHP).

"The purpose of the Fellows Awards program is to stimulate the striving for excellence within allied health. Criteria include demonstrated leadership, publication in professional journals, and professional creativity. Dean Frazer currently serves as a member of the board of directors of the association and has made significant contributions to an overall effort to improve accreditation processes involving a wide array of allied health educational programs," stated Thomas W. Elwood, Dr.P.H., executive director of ASAHP.

Frazer has been involved in health science education for nearly 30 years. Following his undergraduate degree in forensic studies at Indiana University, Bloomington, Frazer earned a master's degree in health science and sociology from Ball State University and a doctorate in health education and administration from Southern Illinois University. A Certified Health Education Specialist, he has held academic and administrative positions at Southern Illinois University, Indiana State University, Eastern Virginia Medical School, Old Dominion University and the University of Central Florida. He served as the sixth dean of the Victor F. Spathelf College of Allied Health Sciences at Ferris State University in Michigan before accepting his current post at Duquesne University.

Since 2002, Frazer has been at the helm of the Rangos School, academic home to approximately 60 full-time faculty and staff members and 800 students pursuing degrees in athletic training, health management systems, health sciences, occupational therapy, physical therapy, physician assistant, rehabilitation science and speech-language pathology. Under his tenure, the school has earned a national reputation for excellence in clinical instruction, research and advocacy. The physician assistant, physical therapy and occupational therapy programs have board pass rates of 100 percent; the remaining programs have achieved pass rates exceeding 90 percent.



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(l-r) CCAC associate dean of nursing Janet Colville; PA Senator Jay Costa, CCAC Trustee; Tom Santone, Chairman of CCAC Board of Trustees; Mary Ellen Driver, CCAC associate dean of nursing.

CCAC Receives Major Nursing Program Grant from PA Higher Education Foundation

Community College of Allegheny County nursing students will receive significant help in financing their associate's degrees, thanks to a \$403,000 grant awarded to the college by the Pennsylvania Higher Education Foundation.

The Foundation announced \$3.4 million in grants to 51 nursing schools throughout western Pennsylvania. The award to CCAC was the largest.

The grants are designed to help alleviate the serious nationwide shortage of nurses and nursing educators.

"We are grateful to the Foundation for its help in meeting the critical need for nursing education. This grant will enable us to provide scholarships to the many deserving students who turn to us each year for quality programming in this important field," said Michael T. Murphy, Ed.D., Interim President of Community College of Allegheny County.

COVER STORY: A World of Difference: Carlow Professor Unites Cultures

Continued from page 1

camps in Kenya. I thought, 'this is where I could make a difference.'"

The center, founded by Khadra Mohammed, advocates for refugees and provides them with necessities to live on their own in Allegheny County. Dr. Upvall volunteered with the PRC, welcoming the refugees to Pittsburgh and aiding them with settling in their new homes.

"The refugees needed help on so many different levels. I took them to the grocery store. I recruited my family to donate clothes and diapers. Even what we consider trivial daily tasks were new. In the camps they were used to eating on the ground, so they'd take hot pots and put them on the carpet. You can't do that here. It's a safety issue."

Her international experience and work with refugees in Pakistan helped to prepare her for what to expect from the families. "I was not surprised; I felt comfortable in the trans-cultural environment. Instead of instructing them on what to do, I asked what they needed help with. Except in unsafe situations, of course! The families wouldn't lock the doors. At home, they never needed to. Here if a child walks out, it's an entirely different situation. Everything is different. Even simple things to us like using a telephone or hanging up clothes had to be learned by the refugees."

The learning experience was two-sided. "One of the hardest things was the language barrier. Working with translators is tricky. I had to learn to talk to the person and make eye contact with her, not the translator."

Just as Dr. Upvall and the PRC helped the refugees, the refugees helped them. The Somali women provided information about the challenges they have faced in the health care system, both in Africa and in the United States. In the refugee camps, medical

attention was scarce and mistrusted. Here, the refugees face different challenges. Medical care is often complicated and few doctors take the time to explain it. Dr. Upvall presented her research at the Sigma Theta Tau International Honor Society of Nursing convention in early November 2007.

The refugees are now mostly established within local communities; although, some have moved to other areas, such as South Carolina, to be with their families.

"Living near each other is helpful. They can experience things in groups, like shopping or going to the doctor. It's easier that way. They have that support system," she says. "They are still adjusting to our culture and deserve to be welcomed, honored, and respected."

Dr. Upvall's transcultural work has not stopped there. In August, she and her husband traveled to Russia for the Global Connections and Nursing conference. The conference unites nurses from around the world to discuss cross-cultural concerns such as tuberculosis and HIV. She explains the effects of the meeting: "This year several new initiatives resulted from the conference. We're creating a project to teach caregivers how to take care of their sick family members by performing basic tasks, like positioning and feeding the patient – in home care-giving."

Another project resulting from the conference is the furthered development of evidence-based care. Next year, Dr. Upvall hopes to return to Russia to illustrate how research and evidence influence practices in hospitals.

"We can learn so much from each other if we just open our minds and listen," she says.

Michelle Upvall, PhD, CRNP, can be reached at (412) 578-6115.

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Nursing Profiles In Leadership

Sandra Engberg

Associate Professor & Chair, Health Promotion & Development Department
University of Pittsburgh School of Nursing



Proudest accomplishment: Professionally, it is probably the many nurse practitioner students that I have helped to educate over the years.

First job: Staff nurse, Montefiore Hospital

Education:

BSN - Carlow College

MSN - University of Pittsburgh

PhD - University of Pittsburgh

What skills do you need to succeed in your job: The ability to successfully juggle multiple competing demands

Work habit you possess that you are most proud of: Self-discipline and focus

Most valuable lesson you learned in your career: To take advantage of opportunities that come my way

The toughest part of your job: Balancing multiple roles

Your philosophy of success: Take advantage of opportunities that come your way, don't let fear of failure keep you from taking on new challenges, work hard once you accept a new challenge and know that everything is not worth the battle (choose wisely).

One of your goals: To see the faculty in my department reach their professional goals

Person you most admire: Eleanor Roosevelt

Favorite book: I love to read, but do not have one favorite book.

Biggest challenge confronting healthcare: The large number of uninsured individuals

Suggestions on how you would solve a particular problem in healthcare: Although I do not believe that I have the expertise to offer a specific suggestion, I do believe that there is a need for greater emphasis on helping individuals prevent and effectively manage chronic disorders.

Your predictions on the future of health care: I think that there will eventually be some type of universal health insurance.

Best thing about healthcare in Western Pennsylvania: Access to excellent health care providers and facilities

Worst thing about healthcare in Western Pennsylvania: Too much emphasis on high tech acute care

What advice would you offer young people considering a career in health care: I can speak specifically to a career in nursing, and I believe that it is a profession where the opportunities are endless. Nursing is a wonderful profession and while I have certainly had stressful jobs over the years, I have enjoyed every position I have held and every one has contributed in a positive way to the person I am today.

Leslie A. Hoffman, RN, PhD

Professor & Chair, Department of Acute/Tertiary Care
University of Pittsburgh School of Nursing



Proudest accomplishment: Research accomplishments in pulmonary nursing and inspiring others to pursue research to improve patient outcomes

First job: Staff Nurse, University of Michigan Hospitals

Education: BSN, University of Pennsylvania, MEd, Duquesne University, PhD University of Pittsburgh

What skills do you need to succeed in your job: Energy, enthusiasm, ability to advise, motivate, provide leadership to others in research, teaching, service activities

Work habit you possess that you are most proud of: Ability to mentor others

Most valuable lesson you learned in your career: Share the rationale for your decisions so that others can learn from your example and understand your choices.

The toughest part of your job: Trying to get all the work done

Your philosophy of success: Solve problems, one step at a time.

One of your goals: To continue to travel to new and different places.

Person you most admire: My parents.

Favorite book: I can't remember when I read a book.

Biggest challenge confronting healthcare: Escalating costs and increasing numbers of individuals who are not insured

Suggestions on how you would solve a particular problem in healthcare: Remove the politics, confront the problems and devise solutions that solve, rather than ignore, problems.

Your predictions on the future of health care: Health promotion will become much more important as we recognize the problems of obesity and need to keep active and healthy.

Best thing about healthcare in Western Pennsylvania: The success of UPMC and the resources it provides this region.

Worst thing about healthcare in Western Pennsylvania: The number of nurses who leave the profession because they are dissatisfied. We need to provide more support, education and leadership to insure that they remain in the profession.

What advice would you offer young people considering a career in health care: Nursing is a wonderful career. It offers boundless opportunities to provide expert care for others, advance science and provide leadership that changes how health care is delivered.

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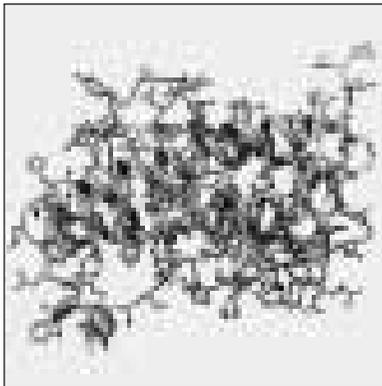
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How Much Hormone Does a Person Need?

BY SUSAN MERENSTEIN

How much hormone does a person need?

The answer depends upon the intricate symphony and interactions between the thyroid, adrenal glands, and sex steroids.



system. We need to take back our health. How do we get started? It starts with nutrition and lifestyle changes including a gentle detox and food elimination of gluten and other allergic foods including soy, dairy, and corn from the diet, as a first line of action. Get moving! (Haven't heard that for a while huh?) And support

the gut with probiotics, your friendly bacteria army involved in immunity, vitamin processing, and prevention of candida. Find a reputable comprehensive multimineral (I don't mean Centrum), a good clean fish oil tested for mercury, and a bone formula (no Tums and Viactiv are not included) and you have a good solid base. For those readers who are already taking COQ10, brain supplements, and working on balancing your hormones, my hat goes off to you!

Your hormones are the chemical messengers that travel from the various glands like the thyroid, adrenal glands, pancreas, testes, and ovaries to all parts of the body to affect our daily ability to think straight, renew our bodies, process our food, and increase the crucial metabolic processes essential to life. Both men and women make testosterone, women about 0.3mg and men from 5-9mg per day, progesterone, which quantitatively is the main female hormone, and estrogen, which is produced in the ovaries and also in belly fat. All of these are steroids (because of the structure, silly, not the synthetic injectables used to pump up) all related in structure. Even small chemical changes makes a naturally occurring hormone into a monster as in case of ovary and adrenal progesterone and the manmade Provera which is patented for profit.

How can I test for my hormone levels without the pain of being stuck by a needle? A simple at-home saliva test will painlessly determine your free hormone levels and can be performed at the appropriate time of the cycle for pre-menopausal women or anytime for men and menopausal women. We are interested in finding a correlation between relative amounts of free, bioavailable hormone (saliva) and the symptoms that are wreaking havoc with our lives such as hot flashes, night sweats, irritability and labile moods, falling breasts (and other unmentionables) and libidos, and fatigue (why am I always burnt out and tired?). In addition to hormones, now is the time for a basic preventive detective blood panel including cholesterol panel, fasting insulin and glucose, a complete thyroid panel with free T3, free T4, total T4, TSH and anti thyroid antibodies), homocysteine, fibrinogen, Hemoglobin A1C, and C-reactive protein.

Now, more than ever we need to partner with our physicians and become involved in our healthcare. Work with a doctor with compassion, creativity, a sense of challenge, and curiosity to learn new scientifically and clinically supported information. Be aggressive where you need to-ask questions and explore the answers to become an authority on you! It is possible to age gracefully-with a little help!

Susan Merenstein of Murray Avenue Apothecary, a Compounding and Wellness Pharmacy, can be reached at (412) 421-4996 or visit www.MurrayAvenueRx.com.

This well balanced, smart, and efficient feedback communication between the brain and the various endocrine systems has served mankind for the past 5,000,000 years. It is our humble and sometimes fallible biologic self! When you are chilled in the summer, having a hard time losing weight, losing words, losing muscle, and generally experiencing the up and down roller coaster ride we call aging your hormones are part of the imbalance. Gee, is it all worth it??? Of course it is with some attention to your body and its daily signs and clues.

The brain is the orchestra conductor and is very responsive to our daily needs to the minute. When your boss bothers you, or your kids drive you crazy, or the taxes need to be paid, or you drive yourself day and night with no break, a chemical reaction occurs. It's the same "flight or fright" reaction that saved the cheetah from the tiger (when we could actually run from the stressor). The brain sends a message to the adrenal glands (2 walnut shaped glands that sit above the kidneys and direct carbohydrates, fats, and proteins in the body, and allow us to deal with stress) to produce adrenalin and cortisol. Adrenaline comes out like an anti-stress army to deal with increasing heart rate, blood pressure and muscle energy to make us run fast from the stress. But wait, we can't possibly run-we have deadlines to meet and other people to make happy. Cortisol comes to the rescue but wait, after a while we are getting sicker and not recovering well, developing migraines, experiencing worsened PMS, having sugar cravings that rival a diabetic, and losing our libido. What is happening to us anyway???

Welcome to a crumbling foundation of health. We Americans are fatter, sicker, and more stressed than ever. We need to change our thought processes from the magic pill to the magic self. Let's give ourselves credit for the ability to change our bad habits and start eating better, exercising more, and living life with more quality. We can and should take responsibility of our wellness - it's our job, after all.

How about our hormones, the very base of our health foundations! There is currently a feeling of fear and confusion associated with hormone replacement and its connection with cancer, stroke, and heart attacks. Should we interfere with nature and replace hormones lost to aging? How should we replace them-by patch, cream or pill? Can I test for my hormones? Can I have my human identical hormones compounded? People need health advocates to help navigate the complicated web of information out there.

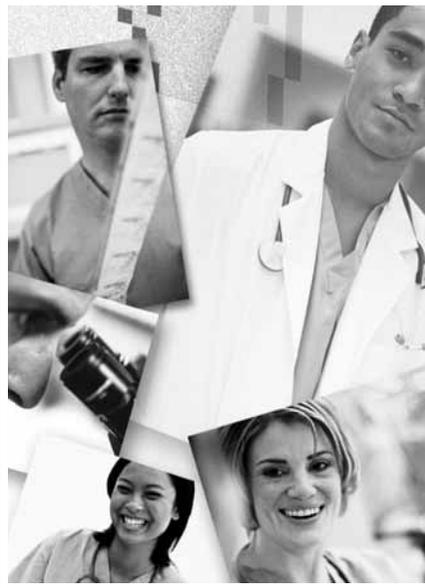
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Presbyterian SeniorCare Receives Country's First Design For Aging Award From American Institute of Architects

Presbyterian SeniorCare's innovativeness in long-term care again received national recognition when it accepted the first Design For Aging Award from the American Institute of Architects (AIA).

Presbyterian SeniorCare received the award for Woodside Place, its internationally acclaimed community that serves people with Alzheimer's and related dementias. The AIA award recognizes projects completed and open for more than 10 years that were innovative and of high quality design when they opened, have survived the test of time and still serve as a valuable model for today's long-term care communities, according to the AIA.

Woodside Place opened in 1991. Its unique philosophy of care in a flexible and secure living environment is known as the "Woodside Experience" and is emulated by long-term care providers throughout the world.



(l-r) Mitch Green, from the AIA; Paul Winkler, PSC president and chief executive officer; Jim Pieffer, PSC senior vice president; and David Hoglund, principal with Perkins Eastman and architect for Woodside Place.

Two American Red Cross Employees Recognized by Peers for Excellence in the Workplace

Each year, the Greater Alleghenies Region of the American Red Cross seeks nominations to honor a select few of its employees to receive its Employee Excellence Award in recognition of superior job performance, dedication and commitment.

This year, Wendy Baxter and Pat LaRue were chosen by their peers as this year's recipients of the Employee Excellence Award.

Baxter, a Technical Specialist III, has been employed in the 100-county blood region's reference laboratory since 1990. LaRue was hired as the region's Production Planning Supervisor in 2004. Both are based at the region's Johnstown headquarters.

Baxter, honored in the Professional/Technical Award category, has served as an instructor and mentor for new co-workers, while LaRue, honored in the Management category, has fostered a strong team environment in her department that supports the region's Collections and Donor Resources staff members.



Wendy Baxter (left) and Pat LaRue

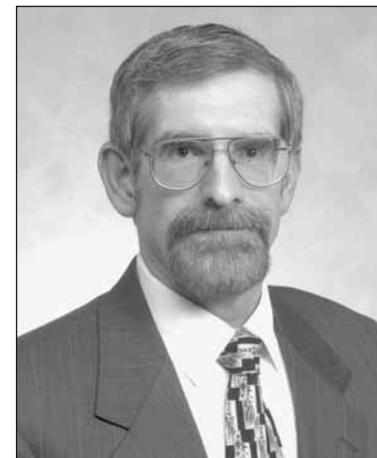
WVU Doctor Receives Award for Helping Homeless

The Jenco Foundation of Ohio has awarded David Deci, M.D., a 2007 Jenco Award for his work with homeless people in the West Virginia University School of Medicine program, MUSHROOM. Dr. Deci is an associate professor in Family Medicine at WVU.

MUSHROOM stands for Multidisciplinary UnSheltered Homeless Relief Outreach of Morgantown. The program provides Morgantown's homeless population with needed medical care.

The recognition also comes with \$5,000, which Deci said will be invested into the MUSHROOM program.

Deci said the \$5,000 award from the Jenco Foundation will help pay for medical equipment that can be taken into the field, like a digital thermometer and an oxygen sensor. Deci said it's important to be able to check someone's temperature easily and effectively, especially as the seasons change and many homeless people spend nights outside, exposed to the colder weather.



Dr. David Deci

Unison Receives Senior Choice Gold Award for Excellence in Pittsburgh Market

Unison Health Plan of Pennsylvania's Advantage Choice is the only Medicare Advantage plan in the Pittsburgh area to receive the 2008 Senior Choice Gold Award (SCGA).

HealthMetrix Research Inc. announced that Unison is among 35 Medicare plans nationally recognized for cost-sharing effectiveness and value in the design of its 2008 medical and Part D prescription drug

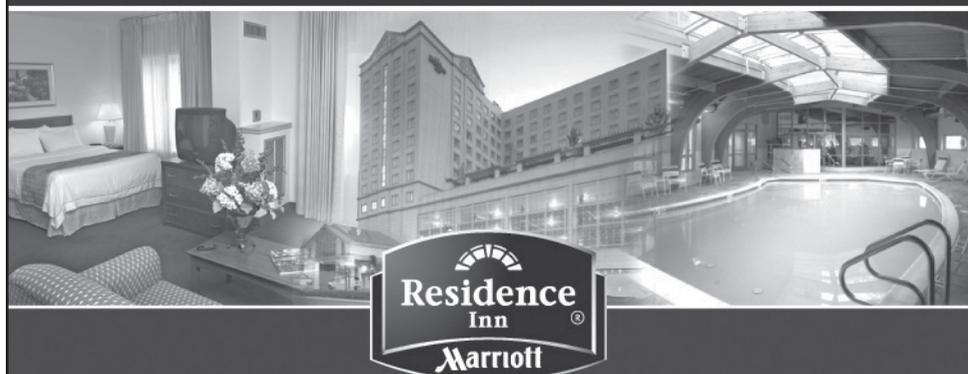
benefits for Medicare beneficiaries. HealthMetrix recognized Unison's Medicare Advantage Choice plan for "Excellence in Medicare Benefits Value."

Jameson Diabetes Management Receives Certificate of Recognition

The Jameson Diabetes Management Program has been awarded continued Recognition from the American Diabetes Association. The Jameson Diabetes Management Program offers high quality diabetes self-management education that is an essential component of effective diabetes treatment. This Recognition assures that educational programs meet the National Standards for Diabetes Self-Management Education Programs. Education Recognition status is verified by an official certificate from ADA and is awarded for three years.

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LECOM Faculty Member Wins Award

Maureen Brady, Pharm. D., Assistant Professor of Pharmacy Practice at the Lake Erie College of Osteopathic Medicine, recently won the Pennsylvania Society of Health-System Pharmacists (PSHP) Innovative and Collaborative Practice Award. Her project evaluated the effectiveness of the Shared Diabetes Clinic at the Erie VA Medical Center.



Maureen Brady

LECOM Graduate Wins Pharmacy Award

The Pennsylvania Society of Health-System Pharmacists named Kristin Norkus, Pharm. D., the winner of the 2007 PSHP Student Award. Norkus, a 2007 graduate of the Lake Erie College of Osteopathic Medicine's School of Pharmacy, is the first LECOM student to receive the honor.

The award recognizes pharmacy students actively involved in initiatives related to advancing the practice of health-systems pharmacy. At LECOM, Dr. Norkus led the student chapter of the PSHP for more than a year and presided over the continued growth of the chapter. The North Western Chapter of PSHP nominated her for the award.



Kristin Norkus

Celtic Healthcare Named #1 Large Company In 2007 Best Places to Work in Western Pennsylvania

Celtic Healthcare was recently honored at a special awards luncheon held at the Omni William Penn Hotel, where they were named #1 in the category of Large Companies in the 2007 Top 50 Best Places to Work in Western PA.

"This award is one that I am most proud of because it is based on feedback from our employees and reflects highly on our company's culture, mission, and values," states Arnie Burchianti, CEO.

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Memorial Medical Center Recognized With Consumer Choice Award for Sixth Consecutive Year

For the sixth consecutive year, National Research Corporation (NRC) has named Memorial Medical Center as a Consumer Choice Award recipient for 2007/2008. The award identifies those hospitals that healthcare consumers have chosen as having the highest quality and image in more than 190 markets across the country. Of the more than 3,200 named by consumers in the NRC Healthcare Market Guide study, Memorial is one of 234 facilities recognized nationwide and just 10 recognized in Pennsylvania.

"We are very proud to receive this award again," says Steve Tucker, President, Memorial Medical Center. "It's such an honor that our patients recognize our efforts to provide the most skilled and compassionate care to our community."

U.S. Environmental Protection Agency Awards Children's Hospital for Environmental Health Excellence

Children's Hospital of Pittsburgh of UPMC and Magee-Womens Hospital of UPMC are two of only 10 organizations that received a 2007 Children's Environmental Health Excellence Award for outstanding commitment to protecting children from environmental health risks. This award is given by the U.S. Environmental Protection Agency's (EPA) Office of Children's Health Protection and Environmental Education.

"This year's 10 winners demonstrate strong commitment to children's environmental health, and EPA is proud to be recognizing them for their dedication and leadership," said William H. Sanders III, director of the National Center for Environmental Research. This year "marks the tenth anniversary of the Executive Order to protect children from environmental health risks and safety risks and provides EPA an opportunity to rededicate itself to ensuring that children have clean air to breathe, clean water to drink and safe food to eat."

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

Continued from page 1

Mirsky said that after working 12 years in Florida he's been able to see "a number of innovative approaches that are applicable to the membership" served by Gateway.

"Innovation is where I see that Gateway Health Plan can make the biggest difference," he said. "This population is especially vulnerable. I plan to bring new ideas and a fresh perspective, while moving these proven approaches to the next level."

Michael Blackwood, President and Chief Executive Officer of the Gateway Health Plan companies, is confident Mirsky's goals will become reality.

"Dr. Mirsky has a wealth of knowledge and experience across the spectrum of roles physicians fill in health care today, from his years as a practicing physician, to his most recent position as Senior Medical Director for Professional Programs of Blue Cross and Blue Shield of Florida," Blackwood said. "He has been focused throughout his career on improving health care quality."

Mirsky received his Doctor of Medicine degree from State University of New York (SUNY) Downstate in Brooklyn, NY in 1985. He completed training in family practice at St. Joseph's Medical Center in Yonkers, NY, where he served as chief resident. He also holds a Master's degree in medical management from Tulane University School of Public Health and Tropical Medicine. Mirsky is board certified in family practice medicine and is a Fellow of the American Academy of Family Physicians.

As a family physician, he practiced clinical

medicine for nearly 10 years in New York and Florida.

"The Gateway Health Plan position was unique opportunity," he said of the move to Pittsburgh. "I wanted to make a difference at Gateway as we carry out our mission. Throughout my career I have developed a number of skills, both in practice as well as in management roles in the health care industry, that are merging together for my new duties with Gateway. In furthering Gateway's mission, I will be working with physicians, community organizations and Plan staff to improve the personal health of our members by ensuring the availability of quality medical care."

Mirsky reaffirmed Gateway's commitment is "our mission and our members."

"We view members as our number one priority," he said. "Gateway has always had a commitment to quality and that will be my focus as we address the specific health needs of our members."

Gateway Health Plan, he added, "emphasizes the development and delivery of innovative programs to positively affect the personal health" of its members. It maintains a health care delivery system that "ensures the availability of high quality medical care" for members based on access, quality and soundness, he said.

Consistent with Gateway's mission, Mirsky said, is Gov. Edward G. Rendell's Prescription for Pennsylvania health care reform plan that is designed to expand access to affordable health care coverage, improve the quality of health care Pennsylvanians receive and gets health care

costs under control.

"It is exciting to come to Pennsylvania where my vision, Gateway Health Plan's mission and the focus of the external environment have coalesced to make quality the number one priority," Mirsky said.

Looking at his immediate goals, Mirsky said he is gaining an understanding of the environment at Gateway as well as in Pennsylvania and all areas the firm serves to develop "tailored approaches."

"I plan to further Gateway Health Plan's excellent reputation within the community," he stated.

As for long-term goals, Mirsky said he wants to be "an integral part" of advancing Gateway "to the next level" by developing a multi-year plan to move the Plan in a positive direction to achieve the "best possible outcomes for our members."

"We also must make sure that we are sensitive to new populations and environments where we will be expanding," he said.

Gateway Health Plan was established in 1992 as an alternative to the Pennsylvania Department of Health's Medical Assistance program. It now serves more than 254,000 Medical Assistance recipients in 39 counties in the Commonwealth and is the largest Medicaid HMO in the Southwest and Lehigh/Capital regions of the state.

In January 2006, Gateway launched Gateway Health Plan Medicare Assured, a Medicare approved special needs plan serving those living in Pennsylvania who are both Medicare and Medicaid eligible. That program is now among the largest Medicare plans in the nation for the dually-eligible population with more than 25,000 members. In January of this year Medicare Assured also was offered to Ohioans living in a four-county service area. Gateway plans to expand to eight more Ohio counties in January 2008.

"We are excited to offer Medicare Assured to residents of Ohio," Mirsky said. "Expanding the program from four counties to eight is the key to our short-term growth plan. As we have in Pennsylvania for nearly 15 years, we will customize our plans for new counties and states to meet the needs of the dual-eligible population. We are continuing to develop physician and provider networks to serve those populations."

Focusing on major obstacles and challenges confronting Gateway Health Plan and others in the industry, Mirsky said his experience as a practicing physician and physician executive shows "there is always a scarcity of resources, especially with respect to those of us serving vulnerable populations."

"There is so much to do, and so many people who have needs, so it is important to focus on quality care and measurable outcomes," he said. "We need to do this in a manner that is sensitive to the limited capacity that we all have. Our goal is to provide highest possible quality in the most

efficient manner. The entire country is facing that challenge: overuse, misuse and under-use."

Mirsky sees a need to keep consumers informed about health plans, coverage, delivery of health care, hospitals, physicians and related topics.

"For many years we have shielded the patient from that type of information, but I think that we are reaching a point and an era where we can offer it," he said. "The key is to continue to help patients and their families make informed decisions. It requires a much more hands-on approach when working with vulnerable populations and guiding our members."

In line with that response, Mirsky also supports transparency and electronic medical records.

"Consumers do need to have this information available to them," he said. "But the challenge is, 'What is the appropriate level of information to provide?' If a health plan knows the performance of its network, my approach is that we work with the network to provide feedback. At some point you need to make that information available to your members. We just need to get used to doing this. It is not unlike investing where, at the end of the day, the decision is the responsibility of the individual. The consumer also needs to get used to seeing that information and to understand that it is essential for making decisions."

"Responsibility is also a two-way street," Mirsky said. "That is, individuals also must learn to take control of their own health and lives while weighing such Gateway Health Plan programs as managing diabetes, treating obesity, smoking cessation among pregnant women, controlling asthma and myriad other initiatives".

"We need to reach out to physicians to make them aware how much we are aligned with, and supportive of, them," he said. "At the same time, we are reaching out to our members to understand their needs. We want all the information we need to coordinate their care. This is really a partnership among the physicians, Gateway and the community. We try to understand their needs based on the key challenges they face." "Gateway," Mirsky said, "incorporates these factors into its Prospective Care Management (PCM) model that looks at the BEEMSS elements - Behavioral, Economic, Environmental, Medical, Social and Spiritual - to meet its members 'where they are.'"

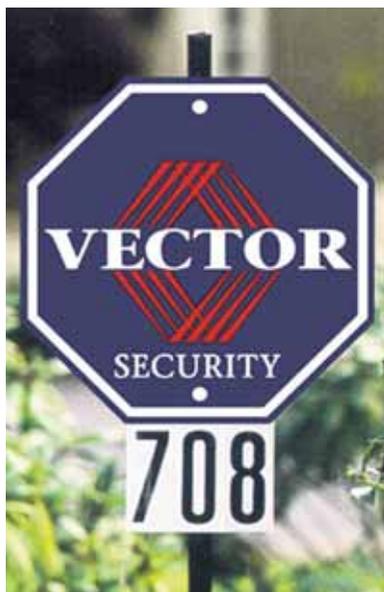
"Whatever part of the industry we are in, there is a purchaser, someone who is paying the bill, and there must be guidelines and boundaries," Mirsky said. "I would rather work in that structure, partnering in an effective manner to make sure it is appropriate, rather than spending time fighting it."

For more information, contact Gateway Health Plan, at 1-877-GATEWAY or visit www.gatewayhealthplan.com.

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Investors' Lab

Market Up 10.5 Per Annum Since Black Monday

Where were you on October 19, 1987? It's been 20 years since the crash of '87 on "Black Monday".

I will never forget that day. I was with my pharmacist, Gary, in his accountant's office discussing the benefits of a SEPP-IRA retirement savings plan. I remember that the accountant had a radio in his office on a corner shelf, just above my chair. In the background, the local station played Bon Jovi, Madonna, Prince and U2.

While I extolled the virtues of deductible contributions, tax-deferral and long-term stock market returns, the DJ periodically interrupted the hit parade with "breaking news." The stock market was crashing. The interruptions became more frequent as we began to fill out Gary's retirement plan paperwork. Each time the announcer broke in, Gary would put down his pen, look up at me and, with some concern in his voice, ask, "Paul, are you sure this is a good idea".

The Dow had its largest single point drop in history that day, 508 points or 22.6% in one day! While the cause of Black Monday remains a topic of debate, we can all agree on a few things. US GDP growth virtually halved between 1984 and 1987. While still positive, and certainly not recessionary, it nonetheless halved in a 3-year period. The U.S. dollar experienced a steep decline relative to the yen. These economic conditions coexisted with a worldwide boom in stock prices and the rapid expansion of Hong Kong's economy. Hong Kong experienced GDP growth of 10.8 % in 1986 and 13 % in 1987!

Ultimately, we would learn that the correction began in Hong Kong ... something about a lack of liquidity, and rapidly spread to Europe. When it finally arrived in the United States, it was no longer a correction. It was complete meltdown. Those economic and market conditions seem eerily familiar to today's conditions: a slowing domestic economy, a weak dollar and an ever-expanding Chinese economy.

So, getting back to Gary's question: For starters, had you invested \$100,000 in the S&P 500 on September 30, 1987, you would have lost 21.54% in one month! You're tough; you're long-term; you hang on. Month 2, you're down another 8.4%. By November 30, 1987, your \$100,00 investment is worth just \$71,999!

Let's assume you could ignore a few seemingly pertinent headlines. The economy was weakening. The dollar was falling. Japan and Hong Kong were collapsing.



BY PAUL BRAHIM, CFP® AIFA®

Junk bonds were imploding. Does the name Michael Milken ring a bell? If you could ignore all of that, your investment would not recover to its original value until April 30, 1989. Just in case you didn't do the math, that's 18 months from your initial purchase!

Looking back just a few months after you invested, you may have concluded that you made an enormous mistake by investing at the market's high point. After all, it took 18 months to get back to even.

To make matters worse, during the 20 years that followed, you watched the collapse of the junk bond market and the demise of Drexel, Burnham, Lambert, one of the country's largest investment firms. You experienced the first Gulf War followed shortly thereafter by the collapse of the Latin American markets and the "Asian contagion." There were 2 recessions, the collapse of the tech bubble, 9/11, corporate malfeasance and the war on terror. Don't forget the real estate bubble, the sub-prime debacle and its sidekick, the "crisis in liquidity." And by the way, the dollar strengthened a new currency, the Euro, showed up and the dollar dramatically weakened again.

Had you stuck with your investment, you would have experienced 155 months with positive returns and 85 months with negative returns. Over the entire 20-year period beginning on September 30, 1987, your investment of \$100,000 in the S&P 500, in spite of all of that, would have grown to \$748,070, a compound rate of return of 10.58%!

So, to answer Gary's question, "Paul, are you sure this is a good idea," I have to answer with a resounding yes.

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University of Pittsburgh Cardiologists Identify New Gene Responsible for Sudden Cardiac Arrest

Researchers at the University of Pittsburgh School of Medicine have identified a new gene responsible for a rare, inherited form of sudden cardiac arrest, known as Brugada syndrome. With the identification of this new gene, the researchers hope this will shed light on the more common forms of sudden death in patients with heart attacks and heart failure, and will help aid in the development of new, effective therapeutic treatments that will prevent all types of fatal arrhythmias.

Brugada syndrome is a rare inherited arrhythmia, which is more commonly symptomatic in males. It can present with an abnormality on the electrocardiogram (ECG), fainting or sudden death. In about 20 percent of cases with Brugada syndrome patients, mutations in the heart's sodium channels lead to less current flow and shorter heart beats in a part of the heart. This puts patients at risk for rapid heart rhythms such as ventricular tachycardia and fibrillation. Symptoms often present with no warning, and the seemingly healthy patient passes out and/or suffers a sudden cardiac arrest from an arrhythmia.

Arrhythmias remain a major public health problem leading to more than 250,000 sudden cardiac deaths each year. Brugada syndrome was only identified approximately 15 years ago and much is still not understood about the condition. It is found all over the world and presently there is no cure. The best therapy to date is to implant a defibrillator into the chests of patients who are clinically found to be at high risk.

"In this study we found that GPD1-L, while not an ion channel itself, is a trafficking gene that allows the sodium channel to find its way to the cell membrane. The mutation interferes with the trafficking and leads to potentially fatal arrhythmias," said lead author Barry London, M.D., Ph.D., the Harry S. Tack professor of medicine and chief, division of cardiology at the University of Pittsburgh School of Medicine and director of the University of Pittsburgh Medical Center (UPMC) Cardiovascular Institute. "Equally important, we suspect that the function of the native GPD1-L gene and the mutant are influenced by oxidative stress, a process which interferes with the body's natural ability to repair itself from antioxidant assaults, e.g., pollution, smoking or stress. Also, patients with Brugada syndrome only rarely have symptoms; they have this genetic mutation all the time. So, the question now is, why do arrhythmias or sudden death happen on any one particular day? Something else is happening concurrently with this mutation to trigger the potentially lethal rhythm problems. With the identification of this new GPD1-L gene, we hope to identify other new genes along with entirely new pathways that stabilizes the rhythm of the heart, increasing our understanding of the mechanisms that lead to sudden death in this particular condition," added Dr. London.

Using positional cloning and gene sequencing on a family affected with Brugada syndrome, Dr. London and colleagues identified a mutation in a previously unstudied gene, GPD1-L, on chromosome 3p24. This mutation impairs the heart's natural electrical ability to beat in a coordinated manner and maintain a stable rhythm. To date, only ion channel genes had been shown to cause Brugada syndrome.

Umbilical Cord Blood Program Launched at Magee-Womens Hospital of UPMC

As part of its continuing commitment to women's and infants' health in the region, Magee-Womens Hospital of the University of Pittsburgh Medical Center (UPMC) announced the institution of the Dan Berger Cord Blood Program to give parents an opportunity to preserve umbilical cord blood for possible future health care needs or donation to scientific research.

For many years, umbilical cords and placental tissue collected after childbirth were – and still are – routinely discarded as medical waste. Like bone marrow, however, umbilical cord blood is rich in stem cells. Stem cells from umbilical cord blood have been used to treat more than 50 diseases, including numerous cancers, anemias, inherited metabolic disorders and immune deficiencies, and account for more than 8,000 transplants worldwide. Now, this cutting-edge approach will be more available to people in the Pittsburgh area.

"This public-private collaborative for cord blood preservation is unique in the nation. It is fitting that Magee take a lead role in bringing such a valuable resource to the Pittsburgh region," said Dennis English, M.D., vice president for medical affairs at Magee and an obstetrician-gynecologist.

Magee President Leslie C. Davis added: "Because of Magee's unique leadership position, we feel particularly excited that this program starts here. Among women's hospitals, Magee alone has a research facility devoted to women and infants that already runs clinical trials, treats cancer patients and specializes in genetic and neurological conditions."

UPMC Presbyterian Opens Next Generation Gamma Knife Suite

The latest gamma knife radiosurgical suite, now operational at UPMC Presbyterian, provides the most sophisticated care possible to patients with brain, cervical spine and head and neck tumors and other complex neurosurgical problems, say surgeons at the University of Pittsburgh Medical Center (UPMC).

In 1987, L. Dade Lunsford, M.D., distinguished professor of neurological surgery at the University of Pittsburgh and director, Center for Image-Guided Neurosurgery, UPMC Presbyterian, was the first to use the gamma knife clinically in North America.

The new system, known as Leskell Gamma Knife Perfexion®, was designed and developed with input, recommendations and participation by Dr. Lunsford and Douglas Kondziolka, M.D., Peter J. Jannetta Professor of Neurological Surgery and Radiation Oncology, and co-director, Center for Image-Guided Neurosurgery, UPMC Presbyterian.

Pitt to Partner With CORE and Michigan's Gift of Life in New Organ Donor Program

Physicians from the University of Pittsburgh School of Medicine departments of critical care and emergency medicine have received a nearly \$1 million, three-year grant from the Healthcare Resources Services Administration (HRSA) to develop a first-of-its-kind organ donor program specifically developed for the emergency department, where presently organ donation is prohibited.

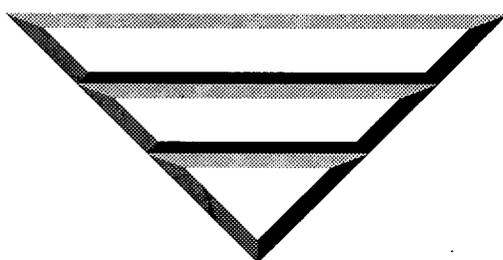
Michael DeVita, M.D., professor of critical care and internal medicine at the University of Pittsburgh School of Medicine, and associate medical director, UPMC Quality and Patient Safety, and colleagues will develop a new organ donation program known as Condition T (transplant) that will enable those wishing to donate their organs after death be able to do so, should they die after heroic resuscitation efforts fail.

UPMC's new program will help bridge the gap between emergency and critical care medical teams at the hospital, whose focus is to help patients recover from serious injury, and the organ procurement team, whose task is to make sure organ donors' wishes are respected. The hope is to enable those who have decided to be considered to be an organ donor to do so. Currently, many organs of patients who die in emergency departments across the United States are not used. To ensure success, UPMC will collaborate with CORE to educate and train hospital staff in order to facilitate this process. The Gift of Life of Michigan, which is partnering with the University of Michigan's transplant program, also is working with Pitt and CORE in this grant to determine whether Condition T can be replicated.

"The new Condition T program will in no way hamper life-saving efforts of our emergency department physicians. UPMC has long been a leader in successful resuscitation and we will always do everything possible to save a person's life. The transplant surgeons will never be involved in the care of patients undergoing resuscitation in the emergency department. The Condition T program will only be initiated if a person dies in the emergency department and is later found to be a registered organ donor. A separate team will then be called in to honor the wishes of the deceased," said Charissa B. Pacella, M.D., assistant professor of emergency medicine, University of Pittsburgh School of Medicine and chief of emergency services for UPMC Presbyterian.

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Hold Onto Your T&E Deductions

Some of the biggest tax deductions for professionals often draw the most attention from the IRS. In particular, the IRS has been known to zero in on deductions claimed for business travel and entertainment (T&E) expenses, including those for medical conferences. The perception is that this area is ripe for abuse.

Nevertheless, do not shy away from deducting all the expenses you are legitimately entitled to claim, including any write-offs for T&E.

When you take trips for business or continuing medical education, you can deduct your transportation costs (e.g., airfare), meals, lodging and related incidental expenses such as cab fare and tips while you are away from home. Note that most travel expenses are fully deductible, but the deduction for meals is limited to 50% of the cost. In any event, you must keep records of your business or practice-related travel expenses by contemporaneous diary or a similar means.

Specifically, the records for business or medical conference travel must show:

- The dates you left and returned, and the number of days away on business or conference travel
- The destination of the business or conference travel
- The reason for making the business or conference trip, and
- The cost of each travel expense.

In addition, it is important to keep receipts for all lodging expenses and other business or conference-related expenses of \$75 or more. Be aware that other special rules may apply to deductions for vehicles used for business driving. In lieu of deducting actual business-related or conference-related expenses of operating a vehicle, for 2007 you may deduct a flat rate of 48.5 cents per business mile (plus business or practice-related tolls and parking fees).

You can also deduct qualified entertainment expenses that are either "directly related to" your practice or "associated with" your practice. As with meals incurred during business travel, the deduction for entertainment expenses is limited to 50% of the cost. Let's take a closer look at these two categories.

Directly related entertainment: Entertainment is considered "directly related to" your practice if you actually discuss the practice during the entertainment and you have more than a general expectation of deriving a benefit from the meeting. In other words, the entertainment cannot be just for goodwill. Furthermore, the entertainment must take place in an atmosphere conducive to discussing business or medicine. A hotel ballroom is fine, but perhaps not a football game.

Associated-with entertainment: Entertainment is considered "associated with" your practice if it precedes or follows a substantial practice-related discussion. It is not necessary to talk about business matters during the entertainment. If the client or associate is from out of town, the practice-related discussion can take place the day before or the day after the entertainment. You cannot deduct entertainment that is "lavish" or "extravagant" in nature, but that does not mean you have to scrimp by on the lowest possible budget, either.

As with travel expenses, you should maintain detailed records of your entertainment expenses. Generally, it is advisable to use a contemporaneous diary or log. The records for entertainment should show:

- The date, location and nature of the entertainment
- The amount spent on the entertainment
- The practical reason for the entertainment or the benefit you expect to derive
- The person or people entertained and their business or practical relationship to you and
- The details of the substantial practice-related discussion (e.g., date, duration and nature of the meeting) for any associated-with entertainment.

Finally, remember to keep receipts or credit card statements for all expenditures of \$75 or more.

While claiming T & E expenses can kick up an audit, as long as all of the expenses are legitimate and properly documented, you have nothing to worry about from the IRS.

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



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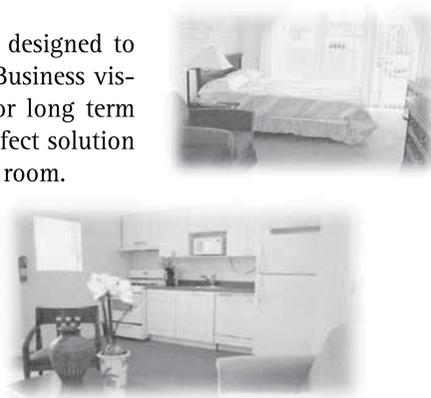
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Upcoming HIMSS Events November 6-7 – Virtual Conference & Expo

The HIMSS Virtual Conference & Expo is not a Web Seminar; it is a fully interactive free event that incorporates online learning, live chat, active movement in and out of exhibit booths and sessions, vendor presentations, contests and more. Because the conference is 100 percent virtual, you can experience the expo from the comfort of your own desk. Save yourself the travel expenses and get right to the industry information and solutions you seek. For more information, visit www.himssvirtual.org.

February 24-28 – HIMSS08 – Orlando, FL

The Annual HIMSS Conference and Exhibition is your opportunity to learn the latest industry intelligence, find solutions to your most pressing professional challenges, and network with your peers. More than 20,000 professionals attend pre-conference workshops and education session, see industry newsmakers, explore the latest technologies in more than 800 exhibits and earn continuing education credit and certification. For more information, visit www.himssconference.org.

Memorial Tree of Love

Family Hospice and Palliative Care's Memorial Tree of Love will help area residents to honor the memory of a loved one. White doves carrying the name of a loved one will be displayed on special trees from the middle of November through the end of December. The trees can be seen at the following malls: Ross Park, Robinson, Century III, Galleria, Clearview, Shenango Valley, and Monroeville. Minimum suggested donation of \$20 per dove. For more information or to purchase a dove, call (412) 572-8813.

December 2 Mercy Foundation's Annual Reindeer Ball

The Pittsburgh Mercy Foundation's Reindeer Ball will be held on Sunday, December 2 from 4 to 7:30 p.m. at the Westin Convention Center Ballroom, Downtown Pittsburgh.

This spectacular children's holiday gala benefits A Child's Place at Mercy.

The Reindeer Ball is a wonderful opportunity for children to become involved in the effort to help children in need while enjoying a fabulous evening of fun with the whole family. Dressed in their holiday finest, attendees will delight in "A Holly Jolly

Jubilee," a dazzling holiday musical revue presented by New York City-based entertainment company RWS Productions. As in years past, Mrs. Claus, Jingles the Elf, Mother Nature as well as several of her animal friends, and other favorite storybook and cartoon characters will be on hand to greet people.

Tickets are \$80 for adults and \$40 for children. The deadline to purchase tickets is November 21. For sponsorship information or tickets, call the Pittsburgh Mercy Foundation at (412) 232-7504.

December 9-11 Third Annual World Healthcare Innovation and Technology Congress

The Third Annual World Healthcare Innovation and Technology Congress (WHIT 3.0) will be held December 9-11 at the Mandarin Oriental in Washington, DC. WHIT 3.0 is designed to dispel the confusion that reigns at the intersection of health care and technology. Health care practitioners, whether providers or payers are faced with a myriad choices in technology solutions and are responsible for the daunting task of developing a roadmap on integrating these technologies within real-world constraints of

budgets, legacy systems and limited staffing.

For more information, call (646) 723-8060 or visit www.worldcongress.com.

December 13 "Hope Has a Home Gala"

William Cope Moyers – son of American journalist and "Lifetime Emmy-award winner" Bill Moyers – has followed in his father's footsteps by devoting his time and energy toward society's most critical issues while captivating audiences with his own personal experience overcoming the power of addiction and moving toward the promise of recovery.

Moyers will share his remarkable story of addiction and redemption at Gateway Rehabilitation Center's 2007 "Hope Has a Home Gala" on Thursday, December 13.

The "Hope Has a Home Gala" will take place at the Hilton Pittsburgh, with the reception and entertainment beginning at 6:30 p.m. and the dinner and program at 7 p.m. For more information, call 1-800-472-1177 ext. 1234 or visit www.gatewayrehab.org.

Send your submissions to hdkart@aol.com

Doctors Marvel at Santa's Longevity

Santa is truly a medical marvel, according to members of the Pennsylvania Medical Society. Compared to his "mortal" counterparts, doctors representing a variety of specialties are amazed at his seemingly good health despite his demanding schedule.

"It's astounding, really," noted Medical Society president Peter Lund, M.D. "Year after year, Santa's lifestyle creates physical and mental stress and yet, there he is jolly as ever."

Recently, several member physicians commented on Santa's health:

- Dr. Daniel Glunk, internist from Williamsport, PA, and president-elect of the Pennsylvania Medical Society: "Santa's job can be strenuous, carrying heavy sacks of toys. Often doctors recommend a physical exam before a person starts such activities. It's best to know if the person would be able to handle the activity without risk to their health. I believe that Santa does have an annual check up where he and his doctors work together to minimize a variety of risk factors. Likely during the physical exam, Santa and his doctors discuss his lifestyle choices and if needed, would work with him to develop a plan to manage any problems. That could be one of the secrets to Santa's many years of duty to children all over the world."
- Dr. William Lander, family practitioner from Bryn Mawr, PA, and a past president of the Pennsylvania Medical Society: "Santa never misses an appearance or a delivery and that makes me think he gets an annual flu shot. He knows how dangerous it would be for him to spread influenza to the children, elves, or Mrs. Claus, and how disappointing it would be for him to come down with the virus."
- Dr. Victor Marks, dermatologist from Danville, PA, and president of the Pennsylvania Academy of Dermatology and Dermatologic Surgery: "Typically, doctors caution patients about avoiding harsh winter conditions, but in Santa's case, that's impossi-



ble - living at the North Pole, flying around the world in the frosty winter air. If a person must work outside in the cold, then we advise patients to protect their skin. I imagine that one of Santa's secrets for his yearly ride across the globe is that he takes precautions to avoid skin damage. The downside of not taking precautions can range from discomfort to disease. I've seen Santa with warm gloves to protect his hands, and I suspect that he uses a lip balm with petrolatum and dimethicone as the main ingredients. I do get worried about his rosy cheeks. I wonder if that's wind burn from flying all night or sunburn from daylight reflecting off the snow. Mrs. Claus now applies sunscreen to his cheeks each morning."

• Dr. Mark Piasio, orthopedic surgeon from DuBois, PA, and past president of the Pennsylvania Medical Society: "Not a lot of my patients are sliding up and down chimneys, but Santa must be exceptionally nimble to do so. I expect he is probably working on his flexibility during the off season at the North Pole. For a man of his age, it can be a great way to stay balanced and flexible, especially when he's skipping across roof tops, carrying a heavy sack, and hopping in and out of his sleigh so much."

Of course, without an actual examination, physicians can only speculate as to Santa's health. But they also suggest that several positive influences may also contribute to Santa's longevity:

- He loves what he does. Job/life satisfaction and a positive outlook can contribute significantly to an overall sense of well-being.
 - Santa isn't sedentary. He's strolling through the toy workshop and outside training reindeer, plus he's staying mentally alert by making lists of good boys and girls.
- As the holidays and New Year approach, the physician members of the Pennsylvania Medical Society encourage all Pennsylvanians to:
- Have a regularly scheduled physical exam
 - Get a flu shot
 - Protect your skin throughout the year
 - Stay active, physically and mentally

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The LIFE Center is staffed by a geriatric physician, RN's, physical and occupational therapists, dietician, social worker, and aides, and includes a medical suite for routine exams and minor treatments, some emergency care, therapy areas, dining/activity space, personal care area and adult day services. Community LIFE offers complete, coordinated healthcare for the participant, including all medical care, full prescription drug coverage, rehab therapies, transportation and in home care. If you or someone you care about is having difficulty living in the community, then call Community LIFE at 866-419-1693.

KANE REGIONAL CENTERS

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

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

University of Pittsburgh Study Proposes a New Theory of How Viruses May Contribute to Cancer

A new study suggests that viruses may contribute to cancer by causing excessive death to normal cells while promoting the growth of surviving cells with cancerous traits. Viruses may act as forces of natural selection by wiping out normal cells that support the replication of viruses and leaving behind those cells that have acquired defects in their circuitry. When this process is repeated over and over, cancer can develop say study authors, led by Preet M. Chaudhary, M.D., Ph.D., professor of medicine at the University of Pittsburgh School of Medicine.

Infection with viruses has been linked to many human cancers, including some forms of Hodgkin's and non-Hodgkin's lymphomas, sarcomas and cancers of the throat and liver. Over the years, scientists have proposed a number of mechanisms to explain this link. One commonly held belief is that when a virus infects a cell, its genetic material alters the cell, making it grow uncontrollably, eventually leading to cancer. Some viruses also are thought to promote cancer by causing chronic inflammation. In his study, Dr. Chaudhary proposes that viruses also can lead to cancer in a less direct manner.

"We believe a separate mechanism may be at play in which a cellular insult, such as infection with a virus, selects a few pre-existing mutated clones of cells, promotes their further growth and multiplication, eventually leading to the emergence of fully cancerous cells.

Consequently, similar to the role played by natural selection during evolution, excessive cell death, rather than its absence, may be a defining force that drives the initial emergence of cancer," said Dr. Chaudhary. He named this model the Phoenix Paradigm in which cancer theoretically arises out of the ashes of dead cells.

"Don't Tell Mother She Has Cancer"

When family members ask physicians not to disclose bad news to ill loved ones, clinicians often struggle to balance their obligation to be truthful to the patient with the family's belief that the information would be harmful. To help clinicians more successfully manage these conflicts, researchers at the University of Pittsburgh School of Medicine, in collaboration with colleagues at Stanford University, have developed an approach based on negotiation skills and described in the Nov. 1 issue of the Journal of Clinical Oncology.

"While the topic of patient nondisclosure raises many

ethical questions, these situations are too often thought of as dilemmas in which one party must win and the other must lose," said Robert M. Arnold, M.D., study co-author and professor of palliative care and medical ethics at the University of Pittsburgh School of Medicine. "We propose that by understanding the cultural factors that underlie divergent points of views and the use of skillful negotiation techniques, a balanced solution can be reached that satisfies all parties – the patient, family and physician."

Although clinicians in the U.S. often view requests for nondisclosure as contrary to common medical ethics and norms of clinical practice, many families and patients, nonetheless, do not want bad news disclosed. "Family members, who may have the patient's best interests at heart, may believe that the patient would give up hope if given the news. These requests put physicians in difficult situations in which they feel as though the patient has a right to know, yet the family is adamant that the patient not be told."

Because a physician may feel as though he or she is being asked to do something unethical, it is common to overreact to a nondisclosure request, according to Dr. Arnold. A common mistake is to respond to a nondisclosure request with a categorical, "We can't do that," he said. By over-reacting in this manner, however, a physician may lose the opportunity to learn why the family is asking and inadvertently heighten tensions. To avoid this, a physician should attempt to understand the family's viewpoint by starting a conversation with something like, "Tell me about your concerns," and respond with empathy to the family's distress.

"Emotions are central to these disputes," said Dr. Arnold. "Given that it is a topic that both parties care about deeply, it is not surprising that issues of pride, respect and self-esteem often surface."

Dr. Arnold also suggests that the physician talk to the family about what the patient would want, state his or her views in a non-confrontational manner and propose a negotiated approach in which the physician asks the patient how much he or she wants to know.

"By using empathy and understanding and applying communication and negotiation skills to these conversations, nondisclosure requests from families can be successfully resolved in the vast majority of cases," said Dr. Arnold.

Low Vitamin D During Pregnancy Linked to Preeclampsia

Vitamin D deficiency early in pregnancy is associated with a five-fold increased risk of preeclampsia, according to a study from the University of Pittsburgh Schools of the Health Sciences reported in the Journal of Clinical Endocrinology and Metabolism.

"Our results showed that maternal vitamin D deficiency early in pregnancy is a strong, independent risk factor for preeclampsia," said Lisa M. Bodnar, Ph.D., M.P.H., R.D., assistant professor of epidemiology at the University of Pittsburgh Graduate School of Public Health (GSPH) and lead author of the study. "Women who developed preeclampsia had vitamin D concentrations that were significantly lower early in pregnancy compared to women whose pregnancies were normal. And even though vitamin D deficiency was common in both groups, the deficiency was more prevalent among those who went on to develop preeclampsia."

Despite Danger, Many Women of Childbearing Age Do Not Get Contraceptive Advice Before Taking Medicines Linked with Birth Defects

Although prescription medications that may increase the risk of birth defects are commonly used by women in their childbearing years, only about half receive contraceptive counseling from their health care providers, according to a large-scale study from the University of Pittsburgh School of Medicine reported in the Sept. 18 issue of the Annals of Internal Medicine.

"We found that over the course of a year, one in six women of reproductive age filled a prescription for a medication labeled by the Food and Drug Administration as increasing the risk of fetal abnormalities," said Eleanor Bimla Schwarz, M.D., assistant professor in the departments of medicine and obstetrics, gynecology and reproductive medicine at the University of Pittsburgh School of Medicine and first study author. "Unfortunately, many women filling prescriptions that can increase risk of birth defects remain at risk of pregnancy."

Half of pregnancies in the United States are unintended, according to national estimates. While regular use of contraception can prevent unplanned pregnancies, women filling prescriptions that can increase the risk of birth defects are no more likely to use contraception than other women, the study authors note.

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