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

Western Pennsylvania
Hospital News™
THE REGION'S MONTHLY HEALTHCARE NEWSPAPER

NOVEMBER 2009 • $3.00

Mission Possible: Medical Help from Pittsburgh to the World

BY JOAN MARSHALL

This past summer, in a hospital in Antigua, Guatemala, Ilva Letoja scrubbed in to observe a team of volunteer surgeons from Surgicorps International perform surgeries using instruments and medications donated by Brother's Brother Foundation (BBF). Letoja, BBF's Mission Trip Coordinator, was in Guatemala with 48 Surgicorps volunteers and BBF Vice-President Karen Dempsey in August 2009 for a medical mission trip.

"The trip was wonderful, both personally and professionally," Letoja said. "I had a chance to witness first-hand the impact that my work has on those less fortunate than us, by helping in the hospital where we worked."

BBF donated pharmaceuticals and equipment valued at more than $55,000 to the Obras Sociales del Santo Hermano Pedro Hospital where the Surgicorps team performed 85 surgeries, including cleft lip/palate repairs, hysterectomies, cholecystectomies and hernia repairs.

Based in Pittsburgh and founded more than 50 years ago by Dr. Robert Hingson, the renowned doctor and inventor of the jet injector for mass immunization, BBF is a nonprofit organization created in the spirit of improving

Continued on page 33

(l-r) Surgicorps executive Director Linda Esposto, BBF Trustee Dr. Jack Demos, and BBF Mission Trip Coordinator Ilva Letoja in Antigua, Guatemala.

MEDICAL TECHNOLOGY & HIT UPDATE

Two Best Practices for Successfully Implementing New Technology

Justin Dumont

BY JUSTIN DUMONT

Unfortunately, not all technology implementations succeed. In fact, you may be racking your brain to remember an instance where one actually did! A recent Dynamic Markets survey of 800 IT professionals found that 62 percent of IT projects fail to meet their schedules and 41 percent failed to deliver the expected business value and ROI. Yet in the face of these statistics, most organizations continue to embark on the process of implementing new systems, applications, and technologies. This begs the question, what must an organization do to successfully implement new technology?

As we have partnered with clients to help them successfully implement many different types of technologies and systems, we have incorporated several key best practices into the implementation strategy. In this article, we will present two of these best practices and some practical recommendations you can implement.

BEST PRACTICE #1 – Stop thinking that Technology Implementations are just IT Projects, and Start Thinking of Them as People Projects.

There's no doubt that technology implementations are time and resource intensive. They take months/years of planning and preparation, the involvement of many people, and thousands or even millions of dollars to implement. Yet, too often the role that people have in the ultimate success of these projects is left overlooked. In fact, we would argue that the role that people have in the ultimate success of implemen-

Continued on page 12

MASTER OF SCIENCE NURSING IN

Nursing Administration and Leadership

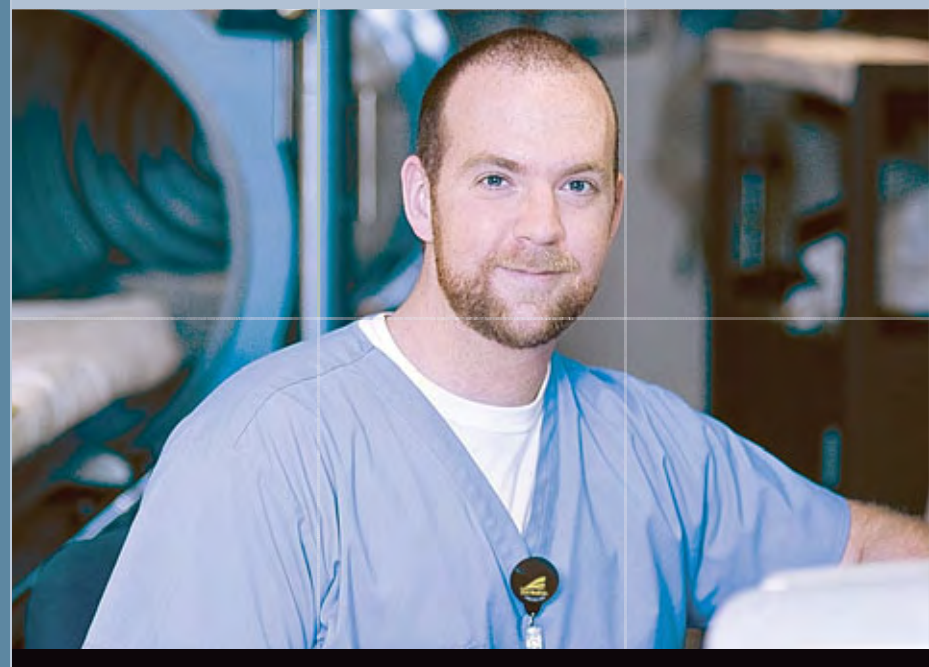
100% ONLINE > STARTING JANUARY 2010

Nurse administrators & leaders

- NEW 100% ONLINE MSN PROGRAM
- QUALITY EDUCATION AND LOW TUITION
- 20-MONTH PROGRAM

California University of Pennsylvania's 100% ONLINE Master of Science Nursing (MSN) in Nursing Administration and Leadership prepares advanced practitioners to address prevailing health and nursing issues, develops a comprehensive understanding in nursing research, and establishes a foundation for doctoral study in nursing. The MSN program fosters strong and visionary leaders who are competent in all dimensions of the role, including:

- nursing theory and research
- health promotion/disease prevention
- organization and management
- delivery systems of patient care
- health policy
- healthcare finance
- legal and ethical practice
- human resource management



NEW COHORT STARTS JANUARY 2010
APPLY NOW > SPACE IS LIMITED

If you are interested in learning more about the MSN program, please e-mail **msnonline@calu.edu**, call **1-866-595-6348** or visit **www.calu.edu/go/nursing.**

California University of Pennsylvania
School of Graduate Studies and Research
Building Character. Building Careers.
A proud member of the Pennsylvania State System of Higher Education.

CALU
GLOBAL ONLINE

A Daily Dose of Dave

This is a simple story about how a simple gesture, when offered sincerely, can make a world of difference.

When approaching the Atlanta offices of *Hospital News* from the highway, the first thing one notices are the two impressive twin towers traditionally known as the King Building and the Queen Building. Our offices are in the Queen Building and the first time I entered as a new tenant, I was greeted warmly and enthusiastically by a gentleman all bedecked in a nice looking tie and blazer, which had affixed to it a badge identifying him as an employee of Walden Security.

I have to admit, the spirit with which he delivered the "good morning, sir," accompanied by his broad smile took me a little by surprise. It was a nice interruption in a morning already dampened by the gloom and doom that continues to dog our economy and seems to have hit the newspaper business particularly hard.

Okay, maybe he's having a particularly good morning, I thought. We'll see how long this lasts. And so day after day, as I entered the building each morning, or after lunch, or upon returning from a meeting, there he was. And there was that positive attitude. And that smile. (Did he ever have a bad day, I wondered? Honestly, there was never a hint or sign that his life was anything but good.)

I suppose some people are turned off by this – almost as if facing such a positive person each morning puts an undue burden on you to respond in kind. It speaks, I suppose, to how stressed and how angry some of us have become. After all, I doubt that security personnel are paid extra for every smile they flash or warm greeting they offer. Some just do it because, well, that's the kind of person they are, intent on spreading good cheer rather than indifference or cynicism.

The lesson from all of this, at least for me, is that we too often overlook the seemingly small things we can do each day that could add up to a world of positive difference. I wish I could tell you that, since encountering that security guard each day, my demeanor has completely changed. It hasn't. My hidden Becker still bubbles to the top all too often. But I'm trying.

By the way, that security guard's name is Dave Martin, and it's one that I will not soon forget. I don't know where he developed such an upbeat attitude – maybe his family encouraged it in him from the time he was little – but I'm glad it's there. In my opinion, every morning I enter my Atlanta office, I am greeted by a true prince of a man. I try to remember to let him know I appreciate the way he does his job but I wanted to do something a little more to let him know how he has inspired at least one fellow human being to approach each day with enthusiasm and gratitude.

Dave has taught me to wake up looking forward to each day. And today, during a time of the year when we're encouraged to give thanks and count our blessings, I'm particularly excited to do that because I'm going to hand him a copy of this issue and say, Dave, this one's for you."

No doubt he'll read this publisher's note and want to thank me. But Dave, you don't have to. You are the one who deserves to be thanked, for making each day just a little more tolerable and reminding me – and everyone else you greet – that there still is joy to be found in life, if you just take the time to look for it.

Harvey Kart

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

Easter Seals Program Helps Children Overcome Serious Eating Issues

BY RON CICHOWICZ

In a nation where childhood obesity is a serious problem, it might be difficult to imagine that many children suffer from feeding issues. But that is indeed the case, especially among special needs children – at least 20 percent of which fall significantly below the Centers for Disease Control guidelines for recommended weights for height.

Additionally, 75 percent of children with autism are reported to show atypical feeding patterns. These could include a severely limited range of foods or food textures, strong food preferences and refusals, poorly developed responses to appetite signals, or muscle immaturity or weakness in and around the mouth that limit the ability to bite, chew, and swallow. All of these can adversely affect nutritional status.

"These children often also have developed negative behaviors that interfere with pleasant family mealtimes in the home and positive eating experiences in the community," said Teresa Ankney, manager of the speech department for Easter Seals Western Pennsylvania. "Such poor dietary patterns and history of unpleasant eating experiences can then be reflected in attention, learning, and behavioral problems when they enter school."

Easter Seals Western Pennsylvania Linda Lanham Zeszutek School Program provides educational programming to children with autism and other disabilities and 78 percent of those enrolled have feeding issues severe enough to affect their nutritional, educational, and social development.

To help parents address these challenges, the speech and occupational therapy departments of Easter Seals Western Pennsylvania have initiated a new feeding program adopted from a nationally recognized model titled the SOS ("Sequential, Oral, and Sensory") Approach to Feeding. It was developed by Kay Toomey, Ph.D., clinical psychologist, and her associates from Denver, CO.

Lee works on biting and chewing.

The program, "Eating for Growing," opened in the fall of 2008 through a grant from CVS/Caremark. Services—a collaboration among the speech, occupational therapy, and social services departments—are provided to the children at Easter Seals' corporate offices in Pittsburgh's Strip District. "Eating for Growing" is an outpatient therapeutic program for children ages 3 to 8 with feeding problems and their parents.

"Children with disabilities present many challenges that interfere with development," Ankney said. "Feeding problems are seen frequently among these children."

According to Ankney, SOS is a transdisciplinary, team-based approached.

"We like that a lot," she said. "Here, the speech and OT departments work together. In other organizations, often it's one or the other."

The SOS approach was developed over many years through the collaborative efforts of colleagues from several disciplines, including psychology, speech-language pathology, occupational therapy, registered dietitians, and physicians.

According to Diane Munoz, Easter Seals OT/PT manager, the SOS Approach is designed to evaluate and address all factors in feeding difficulties. (Munoz, along with Ankney and Tiffany Mori, Easter Seals intake and social service manager, make up the treatment team.)

"Based on the assumption that 'the child is always right,' SOS addresses misconceptions that may interfere with understanding and treating feeding problems," she said. "It uses a systematic desensitization approach with carefully designed, individualized choices from all food groups. The SOS Approach incorporates the steps of normal development to provide a hierarchy of treatment which allows the child to learn and accept new foods."

"Eating is a learned behavior and it is the most complex activity humans engage in," said Ankney.

Feeding difficulties can include problems with using mouth muscles; limited range of tastes or textures in the diet; refusing foods; an inability to move from the bottle or baby foods by one year; poor weight gain; choking, gagging, and vomiting during meals; low or no volume of oral eating; a history of reflux; transitioning from tube to oral feedings; and power struggles around mealtime.

"The program integrates sensory, motor, oral, behavior, learning, and medical and nutritional approaches to comprehensively evaluate and manage children with feeding challenges, using a developmental approach," Ankney said.

Twice a week, students in the school program participate in "Food Groups," which employ a child-directed, systematic desensitization approach. Here the speech-language pathologist and occupational therapist guide the small group of children through a series of structured activities designed to have fun with food. Following participation in sensory preparation activities, the children experience foods by looking, smelling, and touching activities – all with no pressure to actually consume the food. These positive experiences, provided in a supportive environment, will eventually lead the students to eat and enjoy new foods as their sensory, motor, and learning systems are ready.

According to Ankney, there are a number of myths associated with eating. One, for example, says that eating is instinctive and easy. Another is that eating is a simple, two-step process: you sit down and you eat. Other myths claim it is not okay to play with your food; if a child is hungry enough, he or she will eat; children only need to eat three times a day; certain foods are only eaten at certain times of the day; and only certain foods are healthy.

"Parents, often in desperation, let kids eat what they want," Ankney said. "By age three, these are learned patterns."

"Often pediatricians will tell the parents their child is just a picky eater," said Tina Outrich, Easter Seals vice president for programs and services, "and this phase will pass."

When it doesn't, often parents responses range from fear, frustration, exhaustion, guilt, to anger, grief, shame, lack of trust, and hopelessness.

Added Ankney, "Our program is designed to differentiate the picky eater from the child with a potentially serious problem."

For these and other reasons, family participation is essential for the "Eating for Growing" program to have its maximum positive effect.

Parents are invited to informational meetings and are provided with educational handouts and regular communication regarding student progress. Their goals include developing an eating program that works in their lives, understanding the ways children learn to eat or not eat, learning the cues and steps involved in eating, providing and receiving support, and having the opportunity to share their experiences with other families.

"The children continue to surprise us with their response to this feeding approach," said Ankney. "They learn to look at, touch, and handle food they may have previously thrown on the floor. They develop a trust in the group knowing that they will never be forced to do anything with the food that makes them uncomfortable. Changing eating behaviors can be a long process, but we have witnessed many small successful steps with our students."

During the 2007-2008 academic year, 29 students participated in the school program and all demonstrated measurable progress. Twenty-five students enrolled the next year and all experienced similar positive results.

For more information about therapeutic feeding at Easter Seals, call (412) 281-7244 ext. 269 or visit www.westernpa.easterseals.com.

congratulations

St. Clair, UPMC St. Margaret and Heritage Valley Health System Win 2009 Fine Awards

Local Healthcare Teams Honored for their Commitment to Quality and Excellence in Patient Care

Three local medical teams were recipients of the Second Annual Fine Awards for Teamwork Excellence in Healthcare during a reception at Heinz Hall held Tuesday evening.

Sponsored by The Fine Foundation and the Jewish Healthcare Foundation (JHF), the Fine Awards were established to reinforce the critical role teamwork plays in healthcare by recognizing local healthcare teams who have achieved breakthroughs in patient safety and quality care.

"Breakthroughs are happening every day on the frontlines of patient care," said Milton Fine, president and CEO of The Fine Foundation. "These awards shine the spotlight on those often overlooked achievements and highlight the dramatic improvements our region is making to the healthcare system."

A distinguished national selection committee chose this year's three top winners out of nearly 40 applications that were submitted last June. The committee narrowed the field to 14 finalists and then selected the top three.

"More than a decade ago, JHF formed the Pittsburgh Regional Health Initiative and developed the Perfecting Patient CareSM methodology to illustrate how industrial process improvement principles can be used by healthcare teams on the frontline of care to increase quality, reduce errors and improve safety," said Karen Wolk Feinstein, PhD, president and CEO of JHF. "This year's winners, and all of our finalists, are proof that if teams of people work together on a common goal they can make a significant difference in our healthcare system."

The Gold Award went to a team from St. Clair Hospital for "Improving Patient Flow in the Emergency Department." A team of staff that spanned across disciplines used lean principles and methodologies to redesign the way it delivers care to patients entering the emergency department for treatment. Prior to the process changes, patients waited an average of 47 minutes from the time they walked in the door until the time they were placed in a treatment room. Today, the average wait time is 17 minutes — a 47 percent reduction in wait time. In addition satisfaction scores have improved by 10 points and the hospital is experiencing fewer incidents where patients leave before being seen. Team members will share a $25,000 reward. St. Clair Hospital will also receive $5,000 for its support.

The Silver Award went to a team from UPMC St. Margaret for "Beyond the Bedside: Reducing 30-Day COPD Readmissions. "Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of readmissions in Western Pennsylvania. When examining data from the Pennsylvania Health Care Cost Containment Council, officials at UPMC St. Margaret learned that they had one of the regions highest readmission rates for patients with COPD. The hospital convened a team to address the issue. After examining the way care is delivered to patients with COPD, the team decided to redesign its process. They incorporated evidence-based guidelines for care, developed better methods for patient education and created a new Community Care Manager position to bridge the gap between hospital and community. To date, the team has successfully reduced the readmission rate for patients with a primary diagnosis of COPD by 16 percent. Team members will share a $15,000 reward.

The Bronze Award went to a team from Heritage Valley Health System for "Reducing IV Drug Extravasations." An extravasation is when a vesicant drug, which has a very high or low PH level, leaks out of a vein into the surrounding tissue. Often the drug has the potential to damage not only the tissue but also the muscles, the tendons and even the bone. The patient safety department noticed a series of IV drug extravasations and decided to pull together a team to address the issue. After observing the current process for administering IV drugs, the team noticed that they had no standard procedures. In addition, patients would often wait more than four days to see an IV therapist about their treatment. The team developed an algorithm that succinctly lists out the steps to the new process and consequently reduces variation. With the new process patients often see an IV therapist within 24 hours. The team's goal was to reduce IV drug extravasations by 50 percent. They actually exceeded that and achieved an 84 percent reduction, along with an annual cost savings of about $41,000. Team members will share a $10,000 reward.

The following teams were also 2009 Fine Awards Finalists: Allegheny General Hospital — Eliminating Ventilator-Associated Pneumonia in a Trauma ICU; Allegheny General Hospital — Multidisciplinary Approach to Reducing Door-to-Balloon Time and Improving Patient Outcomes; Charles Morris Nursing & Rehabilitation Center — Transforming the Work Environment to Improve Patient, Family and Staff Outcomes; East Liberty Family Health Care Center — Immunization Improvement Project; John J. Kane, Glen Hazel — Hand Washing Initiative; Monongahela Valley Hospital — Falls Prevention; St. Clair Hospital — Achieving American College of Cardiology Guidelines and Standards for Management of Patients with ST-Elevation Myocardial Infarction; UPMC — Anticoagulation Task Force; UPMC Passavant — Enhancing Patient Safety by Reducing Surgical Site Infections; UPMC Presbyterian/Montefiore — Ticket to Ride: Reducing Risk with Inter-Hospital Transport; and UPMC Shadyside – Improving Pre-Operative Cleansing to Reduce Surgical Site Infections.

HealthSouth Rehabilitation Hospital of Sewickley Receives National President's Circle Award

HealthSouth Rehabilitation Hospital of Sewickley recently received the President's Circle Award.

This distinction recognizes the hospital's outstanding performance in development of clinical programs, quality of patient care services, employee retention and overall operational excellence.

"Being honored with the President's Circle Award is recognition for our commitment to high-quality, cost effective healthcare," said Marlene Hughes, Chief Executive Officer of HealthSouth Rehabilitation Hospital of Sewickley. "Working together as a team, our staff has demonstrated a genuine concern for our patients' satisfaction by always trying to provide whatever it takes for a successful outcome. I applaud our staff and take great pride in accepting this award on behalf of our physicians, nursing staff, therapists and all of the hospital staff."

Six Ways to Make Sure Reporters Throw Your News Release In the Trash Bin

BY MARC JAMPOLE

Every day, reporters and editors endure an overwhelming tide of news releases and story ideas—in their email inboxes, in the mail, by fax. From this ocean of information they hope to fish out a few stories that are truly newsworthy to their audience. Some stories cry out for coverage, and I don't just mean acts of violence or the snafus of politicians. For example, it's newsworthy when two large hospitals merge or if an international rock star gives a benefit concert.

But what if the story is smaller? Perhaps it's the announcement of a hospital's new wellness programs or of a new type of diagnostic equipment by small company. Why do some get selected and some don't?

Although I have been a public relations professional or news reporter for more than 25 years, I still can't tell you how to guarantee media coverage of a smaller news story or one that may be part news and part feature. But I can identify a number of mistakes that will typically guarantee that the news release ends up in the trash bin. When I was a television news reporter years ago, not a day went by in which I did not see at least one news release with one of these mistakes. And, judging from the complaints I hear from reporters and the news releases that I see on company websites today, these mistakes are still quite widespread.

Here are six of the most common errors that organizations and marketing agencies make when approaching the news media:

1. Send the news release to a reporter or to a media outlet that would never consider covering the story because it's not in their editorial scope.

2. Send it to a reporter in a way that he/she doesn't like and perhaps doesn't use. While most reporters like email, some still prefer facsimile transmissions or even regular mail. It's best to find out ahead of time what each reporter prefers.

3. Write the news release from the point of view of your organization or its customers and not from the point of view of the audience for the media outlet.

4. Use too much jargon or make the news release too technical.

5. Make some common syntactical errors that virtually all reporters know are wrong. For a full list of some of the more common of these glaring mistakes of writing, see the Associated Press Style Book or any edition of Strunk & White. Here are some examples:

- Writing "over" instead of "more than"
- Misuse of "comprise": saying that "animals comprise the zoo" when in fact "the zoo comprises animals"
- Referring to a company as an animate object or a plural object in the use of pronouns, "the company who…" and "the company and their employees…" are both wrong. It should be "the company that…" and "the company and its employees." Don't trust the word check function in Word on this point: it is just plain wrong to say "the company who" and "the person that."

6. Use some overworked words that signal that there is more hype than news. Our research shows that many reporters and editors automatically delete email that contains words they hate to see; the words that will most commonly turn off reporters include "solutions," "scalable," "state-of-the-art" and that enduring classic of hyped language, "unique." By the way, a recent study showed that the media receive a news release containing the word "solution" every eight minutes.

The common theme in these mistakes is lack of knowledge of or respect for journalists and the news gathering process. It is a lack of knowledge that causes organizations to misuse words or send a news release to the wrong reporter. It is a lack of respect for the process that is at the heart of focusing the message of a news release on something that is important to the organization, but not to anyone else.

The best way to approach reporters is to treat them like you treat a customer: know what makes them tick, understand how your product—the news story—helps them out, communicate in the language they like to use, and make it as convenient as possible for them to work with your organization.

Marc Jampole, principal of Jampole Communications, Inc., a marketing communications agency headquartered in Pittsburgh with clients all over the United States, can be reached at mjampole@jampole.com.

"Our research shows that many reporters and editors automatically delete email that contains words they hate to see; the words that will most commonly turn off reporters include "solutions," "scalable," "state-of-the-art" and that enduring classic of hyped language, "unique."

Health Care Marketing a Delicate Balance

BY SHAWN PIATEK

> "It's never easy to think about business and competition when it comes to health care because we're talking about an industry where lives truly hang in the balance and everyone has the same drive and the same goals."

John Rezk was staring down at the placemat of a suburban Johnstown eatery pondering what he could do to increase the sales at his Cambria County-based medical equipment supply company.

Rezk, managing partner at Rezk Medical Supply, which has 13 locations throughout western Pennsylvania, saw the answer staring back at him – an advertisement for 1st Team, a strategic marketing, advertising and public relations firm based in Johnstown.

Rezk had never advertised, building his business – which includes subsidiary Punxsy Medical Supply – the old fashioned way; through referrals. In October, the company kicked off its first major ad campaign through 1st Team, which is serving as the equipment supplier's offsite marketing department.

"We think Rezk Medical Supply could see significant growth by virtue of its marketing investment," said Ryan Gindlesperger, president and CEO of 1st Team, noting that Rezk began to see results the first week of the campaign.

"Organizations in all aspects of the health care industry are coming to believe that they could benefit from a more aggressive approach to marketing. Even those built upon traditional referral networks see the value in reaching consumers directly in hopes of affecting their self-referral choice."

Branding is the cornerstone to all marketing campaigns, and that is no different for health care organizations. But the process is a bit trickier within the health care industry because, aside from the subtleties, organizations throughout the industry are jockeying for the same position. It's almost a given that health care organizations will associate themselves with descriptive terms that appeal to the caring nature of their people as well as the technology and expertise possessed to better execute treatment.

It's making the most of the subtle differences that will set apart one health care organization from another. In the case of Rezk Medical Supply, 1st Team found its point of differential in the company's willingness to deliver anything to its customers, regardless of price, any time of the day and any day of the week. This even includes stories of delivery personnel going beyond expectations and picking up personal items for customers, such as a carton of milk, to make their lives easier.

"You really need to spend the time with your clients to find the points of differentiation," said Geoff Miller, vice president of marketing strategies at 1st Team. "It was through hours of conversations not only with company leadership but with employees in the field that allowed us to find what sets apart Rezk Medical Supply."

In some cases, a single health care organization may require multiple concurrent branding campaigns. Such is the case for Windber Medical Center (WMC). 1st Team was selected as the health system's agency in August and is preparing to launch in November separate branding campaigns for the medical center itself as well as the Joyce Murtha Breast Care Center. The WMC campaign will target differentiating itself from other local health systems. The goal of the more regional breast care center campaign is to establish it as a global leader in the treatment of breast cancer.

"It's never easy to think about business and competition when it comes to health care because we're talking about an industry where lives truly hang in the balance and everyone has the same drive and the same goals," Gindlesperger said. "You need to keep that in mind while at the same time identifying the competitive advantages and communicating them to the consumers. You have to find the balance between being promotional and tasteful all at once."

Shawn Piatek, VP of Public Relations at 1st Team, can be reached at shawn@1stteamllc.com or (412) 512-0915. 1st Team is an independent marketing, advertising and public relations firm specializing in the health care industry.

Seeing Through Your Customer's Eyes

BY DAVID M. MASTOVICH, MBA

A woman who calls a senior living community to inquire about the possibility of her Mom moving in is placed on hold for nearly ten minutes.

A marketer presenting her company's products to a group of senior citizens takes three personal calls on her cell phone during the presentation.

A health plan enrollee calls to ask why coverage was denied and is rudely dismissed. When she asks to speak to a supervisor, the customer service representative asks: "Why? So they can tell you the same thing I told you?"

Sadly, these are real life examples of bad customer experiences and lost opportunities.

After investing in technology, recruiting of talented staff, referral source marketing, and training customer service staff, many healthcare organizations neglect a key step.

Market research shows on average only about 10% of dissatisfied customers or prospects complain to someone within the organization. Roughly 90% will not tell you when they are dissatisfied. If they are not complaining, what are they doing? Probably going elsewhere.

It costs a lot more to attract a new customer than to keep an existing one—in many cases as much as six times more. Successful organizations find out what their customers and prospects are seeing and hearing —what they like and don't like—and then do something about it.

You will be amazed at what you can learn from Secret Shopping. Front line staff might be saying or doing things that would make you cringe. Customer Service staff could be rude or impatient.

While sophisticated Secret Shopping can be conducted by outside firms, you can start with a 'do it yourself' approach. Build a simple plan to shop at various times and track your findings. Fortunately, most companies learn many employees are doing what they are supposed to do. In these instances, the findings can be used for positive reinforcement and motivation. When things are amiss, the information helps with mentoring and training of staff.

You've worked hard to bring in new customers and obtain more referrals. Bad experiences lead to lost revenue and negative word of mouth for years to come. Seeing through your customer's eyes and adjusting accordingly is a key part of successful marketing and sales. Secret Shopping can show you what a real customer experience is like. It's definitely something to see.

David M. Mastovich, MBA, is the president of Massolutions, a Pittsburgh based Strategic Marketing firm that focuses on improving the bottom line for client companies through creative marketing, selling, messaging and customer experience enhancement. David can be contacted at (412) 201-2401 or info@massolutions.biz.

Cardiovascular Program Marketing: A Strategic Imperative Now More Than Ever

BY JILL FULLER

In today's economy, intense competition among hospitals has become more prevalent. And, as the cardiovascular service line remains a key revenue generator for hospitals, and as more programs expand their cardiac, vascular, and stroke offerings, hospital leaders are challenged to find successful, cost-effective ways to market their programs in order to bypass the competition and become a market leader.

Corazon believes that hospitals and healthcare systems need to direct focus to their marketing strategies in order to achieve or maintain market dominance. A cardiovascular-specific marketing plan, as a component of an organization-wide strategic plan, is the best strategy to assure your organization is reaping the benefits of marketing efforts. But what should this plan include? Research suggests that direct marketing to consumers is not very effective. Corazon's experience suggests that this holds true, and supports physician to physician referrals and using education as a marketing tool.

Corazon recommendations for effective marketing strategies follow. Implementing just one, or even all of these initiatives, can work to increase market awareness and even "jump start' a new or established program.

Develop strong relationships with referring physicians. Patients are more likely to rely on physician advice about where to go for specialty treatment over any other influence when making healthcare decisions; therefore, cultivating physician loyalty is key. Hospitals should foster positive physician relationships, develop a service of excellence towards physicians – treating them as valued customers, and consider employing or supplementing physician marketing to enhance their CV program's reputation among members of the medical community.

Educate the community on warning signs and risk factors of cardiovascular disease and stroke. Educational programs and collaterals (brochures, pamphlets, newsletters, etc.) are some of the most effective strategies a hospital can employ for patient outreach. Forums such as Q&A with physicians, open houses for the cardiovascular service line, free health screenings, and educational presentations on specific topics such as peripheral arterial disease can increase awareness of treatment options and help to identify new patients. Likewise, it is important to assure that physicians in the community are fully aware of the program capabilities. Corazon is often surprised when working with a client that physicians on staff did not even know that the hospital offered a particular service.

Use high-quality clinical outcomes in marketing. Though this strategy must be carefully considered and planned, increasing numbers of hospitals are publicizing their superior clinical outcomes down to the departmental and service line level, inviting direct quality comparisons with their competitors (who are then challenged to publicize their own outcomes data). For hospitals that can boast true clinical quality, nothing is more impactful than sharing this information. In this era of transparency, quality must be achieved at your organization. But, achieving it is not enough…it must then be communicated effectively to target markets. Only then can a quality-focused marketing message truly be successful.

Internally brand your service line. Ways to brand your cardiovascular and/or stroke program as a "hospital within a hospital" include signage, staff attire, and service specific education material. This branding strategy provides a unified image for a team approach to delivery. Branded educational material for instance allows the patient and physician customers to view the program as organized and consistent in their approach to care.

Use your website and the internet to your advantage. In this era of technologically-savvy consumers, the web is a powerful information tool that can be used as a marketing vehicle as well. Corazon recommends a user-friendly design that communicates a wealth of information, but in easy-to-understand language appropriate for patients of all ages and socioeconomic levels. Including personal elements, such as testimonials and patient success stories does much to positively impact hospital image. We also advise keeping the website current - post events, news, newsletters, and other health information pertinent to your service line.

Become active in research trials and other experimental studies. This strategy does require investments of time, expertise, resources, and in some cases money; however, participation in clinical trials and/or similar efforts reveals a hospital to be "cutting-edge" and can lead consumers to believe in the expertise of the organization and the clinicians that work there. Promoting such involvement even in the community hospital setting blurs the lines between what has traditionally been in the purview of the tertiary provider and tells the consumer that the community hospital is now on par with larger programs.

Ongoing marketing efforts, so crucial to cementing and enhancing the success of a CV program or an entire hospital, must be constantly analyzed and rethought, and, through use of the best research and planning possible, pitched at the right level and with the right message, to the right audience.

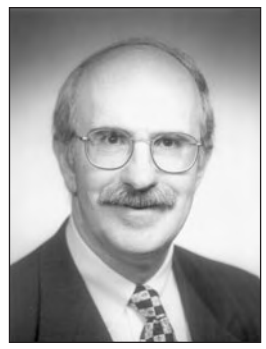
Jill Fuller, Director of Marketing, Corazon, can be reached at jfuller@corazoninc.com. Corazon is a national leader in consulting, recruitment, and interim management for the heart, vascular, and stroke specialties. For more information, visit www.corazoninc.com or call (412) 364-8200.

Butler Health System PR/Marketing Team Wins Regional Award

The Butler Health System Public Relations and Marketing departments, along with their agency partner Fitting Group of Pittsburgh, won a regional award for the campaign announcing the opening of health system's Heart & Vascular Center.

"It's always gratifying to win an award," said John Righetti, Vice President, Strategic Relationship Management at BHS. "But this one is meaningful because the campaign was a great success in terms of bringing people to our new Heart & Vascular Center who really needed the service we offer."

HITECH Act Heightens Protection of Personal Health Information



BY JOSEPH A. VATER, JR.

Electronic health records streamline the delivery of health information by compiling a patient's entire medical history into one easily accessible electronic file. Tests, diagnoses and all other relevant data are stored and transmitted through a hospital's computer network, making them instantly available to health care providers and minimizing costly mistakes like duplicate tests, prescription errors and lost information. But while the increase in accessibility improves the accuracy and quality of care, it puts the confidentiality of private information at a much higher risk.

To address the heightened risks of storing medical records electronically, Congress mandated improved enforcement of privacy and security regulations in the Health Information Technology for Economic and Clinical Health Act (HITECH), part of the American Recovery Act of 2009. Among other provisions, the HITECH Act expanded the reach of the Health Insurance Portability and Accountability Act (HIPAA), which sets the federal standards for protecting personal health information.

In response to the HITECH Act's call for tightened regulation, Department of Health and Human Services Secretary Kathleen Sebelius transferred the authority to administer and enforce the security standards for the protection of electronic protected health information, otherwise known as the security rule, to the Office of Civil Rights (OCR) in July of 2009. The OCR was already responsible for administering and enforcing the HIPAA Privacy Rule.

The HIPAA privacy rule provides federal protection for personal health information by giving patients specific rights involving their medical records and regulating how health professionals handle the use and disclosure of private information. According to the law, "covered entities" such as health plans, health care providers and healthcare clearinghouses must implement administrative safeguards to protect personal records such as physician comments, test results, diagnoses and insurance information, or face criminal penalties.

Similar to the HIPAA privacy rule, the HIPAA security rule sets federal standards for the protection of health information stored electronically. The law requires hospitals and health care facilities to implement not only administrative, but also physical and technical safeguards to protect the confidentiality of private medical records when storing, transmitting or accessing electronic health data.

Combining the authority to administer and enforce the privacy and security rules in one agency within the HHS is meant to facilitate improvements by eliminating duplication and increasing the efficiency of investigations and resolutions of failures to comply with both rules.

The OCR has already set new regulations to bolster enforcement of the security rule. "Data breach notification rules" now require that covered entities notify individuals if their private records are breached. The new regulations include updated guidelines for technological safeguards that render electronic personal health information unreadable to unauthorized users.

The HITECH Act also tightened HIPAA regulations by:

- Extending the reach of HIPAA requirements to include businesses associates of "covered entities"
- Raising the penalties for businesses and employees who violate the HIPAA Privacy rules
- Tightening the rules regarding the disclosure of personal health information to outside parties.

As the OCR continues to amp up enforcement, more changes to privacy and security requirements will inevitably ensue. Hospitals and other covered entities must take special care in ensuring compliance with new regulations to avoid costly penalties for security breaches and mishandled information. To make certain their facilities are up to date with federal standards, administrators should:

- Review current policies and procedures related to the privacy of medical information
- Review technological safeguards for protection of electronic personal health information
- Provide regular training to employees on the proper handling of protected information
- Communicate frequently with employees about the importance of compliance with HIPAA policies
- Implement all HIPAA policies and procedures fairly and consistently.

Protecting both personal health information and electronic personal health information has become even more important in light of the passage of the HITECH Act and its implementing regulations.

Joseph A. Vater, Jr., partner at Meyer, Unkovic & Scott LLP, can be reached at jav@muslaw.com.

Collaboration: The Future in Designing Healthcare Technology

Nursing Students Aid in Voice Assisted Care Technology Development

BY MARISA WILSON DNSC., MHSC., RN-BC, AND JESSIE KINTZEL

Collaboration is becoming more and more essential for the advancement of healthcare technology that is not only effective, but also relevant to today's healthcare professionals. Recently, the University of Maryland School of Nursing teamed with Vocollect Inc. to further improve the Pittsburgh based company's Voice Assisted Care Technology while educating nursing students in the process. This technology, referred to as AccuNurse, enables nurses to document patient care, to manage tasks, and to communicate with patients and peers using their voice. Nurses are able to do this by utilizing a small, wearable computer and lightweight headset which permits them to document hands and eyes free, in real time at the point of care via a wireless network. In this collaborative effort, undergraduate and graduate students at the University of Maryland School of Nursing were trained for a short period of time to use the device and were then asked to utilize the Voice Assisted Care Technology to complete tasks such as inserting an IV on simulated patients. Once all the tasks were completed, the students provided valuable feedback about the system such as the tasks that proved challenging, ergonomics of the device and headset, voice dialog flow, HIPAA considerations, and other issues that could be improved upon from a nursing perspective.

Jennifer Istre, Clinical Nurse Leader student University of Maryland School of Nursing.

This alliance proved not only to be beneficial in improving Voice Assisted Care Technology, but also to the students who participated. Collaboration is a win-win opportunity for students, vendors, and even nurses in the field. With vendor collaboration, students are able to experience the functionality of cutting edge nursing technology first hand instead of simply seeing a video clip or picture and provide input into usability. This introduction to new technology expands students' minds while they are also able to gain valuable insight into the product development cycle. Additionally, students are able to see what is involved behind the scenes for a vendor to develop a nursing product.

Working with the University of Maryland School of Nursing offered considerable benefits from the vendor's perspective too. University of Maryland School of Nursing has a variety of students, from first year nursing students to experienced nurse doctoral students, as well as nurse anesthetist and nurse practitioner students. This variety allows for the opportunity to work with subject matter experts in different aspects of nursing while also utilizing numerous University of Maryland School of Nursing simulation labs which replicate different healthcare settings ranging from home health to surgery to critical care. Using simulation labs allows for a practice run with the product making product uptake in the actual hospital setting smoother. Furthermore, many questions and issues can be addressed prior to product implementation giving ample time to create FAQ lists, training material, etc. aimed at further simplifying the implementation process. Likewise, working with University of Maryland School of Nursing, the oldest and first nursing informatics graduate program, the vendor has the unique opportunity to get input from nurses who will become future decision makers in informatics.

This collaborative effort was such a success that information attained by Vocollect during the trial at University of Maryland School of Nursing was able to positively influence a Voice Assisted Care Technology pilot program conducted at Butler Memorial Hospital. In fact, Butler Memorial Hospital was awarded the 2009 Nursing I.T. Innovation Award from Health Data Management for their work with Vocollect on the pilot program.

Marisa Wilson is Assistant Professor at University of Maryland School of Nursing. Jessie Kintzel is Independent Consultant, Vocollect Healthcare Systems. For more information, call contact (412) 349-2429 or healthcare@vocollect.com or visit www.accunurse.com/acute.

Is HIT a Hit with Nurses?

BY SHELLY MCGONIGAL, M.S.N.

Healthcare technology has grown in leaps and bounds over the past decade. The industry is swirling in technology demands and striving to be on the forefront of upcoming legislative stimulus packages that include $17 billion dollars slated to the promotion of electronic health records. Routine nursing care has been affected by the changes occurring in the information technology sector. The question is whether this is a positive change for the profession, or a change that is affecting bedside nursing care of the patient. Simply said, is the nurse spending too much time on the computer? This is a hard question to answer.

On the positive side, computerized programs have escalated patient safety initiatives. In the computerized physician order entry system, the nurse no longer will have to decipher a physician's handwriting thus preventing medication and treatment mishaps due to legibility errors. Issues with medication dosages, interactions and allergy status, to name a few, are virtually eliminated with electronic medication prescribing. In addition, electronic documentation can put the patient's medical record at the fingertips

of the healthcare provider. In minutes, a nurse can ascertain results radiology reports, laboratory tests consultation reports, etc. The physician can access a patient's record remotely and order necessary treatments without the nurse having to intervene with phoning results to the doctor. Additionally, electronically generated health records can be accessed by multiple providers at one time, thus eliminating the battle of who has the patient chart at a given time.

Challenges do exist with the conversion from paper documentation to computerized medical records. Nursing competency in regards to computer skills has been noted to be a challenge in some areas. The average age of the nurse is increasing nationally. There are professional nurses that have little to no experience in information technology. Adjusting their practice to electronic documentation can be a time and labor intensive process. Education is the key point in a successful conversion to computerized documentation.

The cost of conversion has also been taxing on the health care industry. The price tag of obtaining the computer systems is daunting, followed by the cost of maintaining a current system. Hospitals are struggling financially, implementing a high price tag computerized medical record initiative could be out of reach for some organizations.

An issue that affects nursing at the bedside is multiple computerized programs that do not integrate with each other. For instance, the laboratory system may be a different program than the clinical documentation program. The nurse may need to toggle back and forth to obtain necessary patient information, thus increasing time in the computer and preventing the nurse from being with the patient at the bedside. Purchasing integrated systems that work together is a key point for health care administrators.

Healthcare information technology is changing the work of the nurse at the bedside. It is imperative that nurses are involved with the purchasing of programs that are user-friendly, as well as patient-friendly. The implementation of computerized programs into the workforce must be clear and concise. Involving nurses at the beginning of evaluating programs could save frustration with implementation challenges after purchasing.

It is unclear how much time nurses are spending "in the computer" but what is known is that as healthcare becomes more technologically savvy, the nurse's work will be affected. Administrative teams will need to proactively assess the imminent challenges and design implementation processes that address the implications to nurses and front-line users. Then, HIT could be a hit for nursing!

Shelly McGonigal, Nursing Director of Quality, West Penn Allegheny Health System, Allegheny General Hospital, can be reached at smcgonig@wpahs.org or (412) 359-3929.

COVER STORY: *Two Best Practices for Successfully Implementing New Technology*

Continued from page 1

tations far outweighs all other factors. People matter, plain and simple. If the people expected to use a new technology are unmotivated to use it, uninformed on why it's important, and inadequately trained, there will be resistance for any new technology.

To achieve success in implementing new technology, it is critical that a strategy for engaging, informing, and training people be given higher priority than it typically receives. In our experience and research, we have found that the budgets allocated to support the people side of implementations are usually around five to ten percent of the total budget. However, research from Baylor University suggests that organizations should be investing ten to fifteen percent of their budgets for change management, communication, and training. This increase in investment has been found to increase an organizations overall chance of a successful implementation to 80%!

BEST PRACTICE #2 – Identify and Engage an Executive Sponsor throughout the Entire Project

Perhaps you have heard this story before. A small team of people (usually Senior Executives) have determined that a new technology or system is required to improve efficiency or reduce operating costs. A budget is set, a solution is purchased, and a small project team of IT and business professionals is assembled and charged with meeting aggressive implementation milestones. Although initially engaged in the process of designing the technology, the senior leader(s) of the organization eventually start to invest their time and energy into other critical priorities in the organization. As a result, the project team is forced to continue the project with limited executive involvement and authority to make changes required to ensure success. Sounds familiar? Sadly, this situation happens far too often in organizations seeking to roll out both small and large technology projects.

Before embarking on a new technology implementation, we recommend that you draft a job description for each role on the project team; including the role of the Executive Sponsor. In developing the role description it is vital that you focus on three major areas of responsibility for the Executive Sponsor. These include:

1. **Linking the project to the overall vision of the organization.**
   Leaders plant the seeds of success at project inception. For any implementation to flourish, leadership must provide a solid base by connecting individual effort to your organization's business objectives.
2. **Gaining support and communicating status of the project to the workforce.**
   The executive sponsor needs to be visibly supportive of the initiative and explain and reinforce the compelling business purpose for making the change to the new system. He or she must ensure that all leaders are directly and indirectly aligned around making the implementation a success.
3. **Removing obstacles and coaching team members.**
   By nature of their role within an organization, Executive Sponsors can help remove roadblocks hindering success. In addition, the leaders coaching their employees to reinforce right behaviors and correct wrong behaviors.

It's just plain naive to think that a technology implementation will go smoothly all on its own. That being said, it certainly doesn't have to fail! To achieve success, you must be aware of potential icebergs that may be in the waters ahead and take preventive measures so you don't need those lifeboats.

Justin Dumont is Director, Product Strategy and Development, at Five Star Development, Inc. To read more articles on how to implement technology and other strategies with your organization, visit www.fivestardev.com/blog.

Bounce back!

Get back to the activities you enjoy with Golden Rehab, our short-term rehabilitative services available at Golden LivingCenters. Our goal is to help you restore your strength and confidence so you can get back to enjoying life.

Experience the Golden Difference. Give us a call today!

Golden LivingCenter – Cambridge Springs
110 Canfield Street
Cambridge Springs, PA 16403
814-398-4626
Fax: 814-398-2803

Golden LivingCenter – Clarion
999 Heidrick Street
Clarion, PA 16214
814-226-6380
Fax: 814-226-5177

Golden LivingCenter – Kinzua
205 Water Street
Warren, PA 16365
814-726-0820
Fax: 814-726-9717

Golden LivingCenter – Meadville
14714 Park Avenue Ext.
Meadville, PA 16335
814-337-4228
Fax: 814-336-5345

Golden LivingCenter – Monroeville
4142 Monroeville Boulevard
Monroeville, PA 15146
412-856-7570
Fax: 412-373-4383

Golden LivingCenter – Mt. Lebanon
350 Old Gilkeson Road
Pittsburgh, PA 15228
412-257-4444
Fax: 412-257-8226

Golden LivingCenter – Murrysville
3300 Logans Ferry Road
Murrysville, PA 15668
724-325-1500
Fax: 724-325-3859

Golden LivingCenter – Oakmont
26 Ann Street
Oakmont, PA 15139
412-828-7300
Fax: 412-828-2669

Golden LivingCenter – Oil City
1293 Grandview Road
Oil City, PA 16301
814-676-8208
Fax: 814-677-4877

Golden LivingCenter – Shippenville
21158 Paint Boulevard
Shippenville, PA 16254
814-226-5660
Fax: 814-226-9896

Golden LivingCenter – Titusville
81 East Dillon Drive
Titusville, PA 16354
814-827-2727
Fax: 814-827-7911

Golden LivingCenter – Western Reserve
1521 West 54th Street
Erie, PA 16509
814-864-0671
Fax: 814-866-5681

OPENING THIS FALL!

Golden LivingCenter – Walnut Creek
4850 Zuck Road
Erie, PA 16506
1-877-8-Walnut

golden rehab™

Available at Golden LivingCenters

www.goldenlivingcenters.com

This facility welcomes all persons in need of its services and does not discriminate on the basis of age, disability, race, color, national origin, ancestry, religion, gender, sexual orientation or source of payment. GLS-04829-09 CN

National Medical Leaders Discuss a Primary Care Solution for Health Care Reform

As the debate over health care reform continues, primary care medicine remains one of the key factors that would make health care more affordable. One solution, which could get funding in a federal reform bill, is the delivery model called Patient-Centered Medical Homes. PCMH connects patients with personalized healthcare teams in their communities, which in turn provide more focused, efficient and less costly medical services.

(l-r) Dr. Nancy Nielsen, Dr. Stanley Kozakowski, and Dr. Carlo DiMarco preside over a panel discussion of the Patient-Centered Medical Home personalized health care model.

The Lake Erie College of Osteopathic Medicine, in conjunction with the Erie County Medical Society, hosted three nationally recognized experts who spoke with local physicians regarding these issues. Physicians and physician extenders were in attendance. Carlo DiMarco, D.O., Immediate Past President of the American Osteopathic Association, facilitated the discussion during this program.

Guest speaker Stanley Kozakowski, M.D., is the Director of the Hunterdon Family Practice Residency Program in Flemington, N.J., as well as the President of the Association of Family Medicine Residency Directors. Guest speaker Nancy Nielsen, M.D., Ph.D., is an internist from Buffalo, N.Y., and is the Immediate Past President of the American Medical Association.

These health care leaders conducted a conversation about the PCMH: what it is, why it is important, and how to move toward its implementation as well as address healthcare reform and the future of medicine.

The PCMH concept has become a very popular on Capital Hill, in business board rooms, and in medical conferences around the country. Despite all of the discussion, there remains much confusion as to what this means and how does it differ from other health care reform models that have come and gone in the past.

The concept of the medical home has evolved from its first description in 1967 by the American Academy of Pediatrics as a place of usual care of children with complex chronic illness to most recently a joint statement of principles by the American Osteopathic Association, the American Academy of Family Physicians, the American College of Physicians, and the American Academy of Pediatrics.

The important difference between previous health reform movements and the PCMH is what appears to be a subtle but truly profound philosophical shift as well as definite changes in the delivery of care. It involves providing continuous care for the patient in front of the physician as well as care for the well-being of a population of people entrusted to the care of the healthcare team.

Paul Grundy, M.D., President of the Patient Centered Primary Care Collaborative recently described the principles of the PCMH as follows:

Personal Relationship: Each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.

Expanded Access: Enhanced access to care is available through systems such as open scheduling, expanded hours, and new options for communication between patients, physicians, and practice staff.

Team Approach: The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing patient care.

Comprehensive: The personal physician is responsible for providing for all the patient's health care needs at all stages of life or taking responsibility for appropriately arranging care with other qualified professionals.

Coordination: Care is coordinated and integrated across all domains of the health care system, facilitated by registries, information technology, health information exchange and other means to assure that patient get the indicated care when and where they want it.

Quality and Safety: Quality and Safety are hallmarks of the medical home. This includes using electronic medical records and technology to provide decision-support for evidence-based treatments and patient and physician involvement in continuous quality improvement.

Added Value: Payment that appropriately recognizes the added value provided to patients who have a Patient-Centered Medical Home.

Department of Health Policy and Management Welcomes New Students

BY ELIZABETH GONZALES

The Health Policy and Management Department (HPM) at the Graduate School of Public Health, University of Pittsburgh, recently welcomed 28 new students into its Master of Health Administration (MHA) and Master of Public Health (MPH) Programs. This year's cohort of students is exceptionally diverse in terms of geographic region, ethnicity, undergraduate major and work experiences. The five students profiled below suggest the breadth of life experience, skills and career interests our students bring to the Department as a foundation for their further career development.

Shawn Flanagan

Shawn graduated with his bachelor's degree in Physical Education from Denison University. Upon graduation he attended the University of Connecticut to obtain his Master of Arts in Kinesiology, before enrolling in the MHA program at Pitt. During the past few years, in his academic environments, Shawn as worked as a research assistant, teaching assistant, and graduate student assistant. These experiences have all been focused on healthcare and he has gained many tools to better understand the healthcare field. Shawn plans to use his MHA to one day lead an innovative organization that is focused on driving world progress. In his extra time, Shawn works with the Greater Pittsburgh Food Bank, is an avid exerciser, and enjoys good food and drinks with his friends.

Derek Ginos

Derek is currently pursuing his MHA and is working in the department of HPM as a graduate student researcher. He received his BS in Biology from Brigham Young University in Utah and prior to attending Pitt worked for Comphealth, a sister company of CHG Healthcare Services. At Comphealth Derek worked as a licensing coordinator for physicians to work locum tenen positions. With his MHA, Derek plans to be involved with the operations of health systems. He has a special interest in pediatric health as well as acute ambulatory care. In his free time, Derek serves in his church and spends time with his wife.

Jen Johns

Jen recently graduated from the Ohio State University where she studied political science and African-American and African studies. She spent her undergraduate time working as both an government relations intern at Nationwide Children's Hospital in Columbus, OH, as well as an intern for Governor Ted Strickland in the Office of Public Liaison. Her combined 3 year experience working in policy and healthcare has attracted her to pursue her MPH, hoping to work in health policy and/or lobbying for a children's hospital. In addition to her work experience, Jen is currently serving her second term as National Public Director for the College Democrats of America, overseeing 8 minority issue caucuses. She was previously the National Women's Caucus Chair for the College Democrats of America and has served two terms as the statewide President of the Ohio College Democrats. Jen is currently working within the Department of HPM as a graduate student assistant.

Katsumi Kawano

Katsumi recently graduated from the University of Florida where she studied anthropology and psychology. She has spent extensive time volunteering her time in various hospitals and outpatient facilities in Florida including Holy Cross HealthPlex, Shands at the University of Florida, Coral Springs Medical Center, Northwest Medical Center, and West Boca Medical Center. She brings these experiences with her as she begins to pursue her MHA degree at Pitt. Katsumi is interested in acute care as well as global health, and in the overall improvement of health and quality of life. Katsumi is an active member of the Health Policy and Management Association within the department as well as the Global Health Student Association in GSPH.

Colleen King

Colleen has her BS in biobehavioral health from Pennsylvania State University. Her previous health experience includes working as a personal health consultant for Principal Wellness Company . Colleen is pursuing her MHA and has an interest in working for the government in a health related field. Colleen is currently the First Year liaison for the student organization in the department, Health Policy and Management Association.

As these profiles illustrate, the new HPM class at the University of Pittsburgh's Graduate School of Public Health is an extremely diverse and talented group of emerging leaders in health care and public health. They and their colleagues have already demonstrated the capacity and intention to make a difference in shaping the future of the our health care system.

For more information on any of the programs offered in the HPM department, contact Donna Schultz at dschultz@pitt.edu or (412) 624-3123.

Flexible Online Graduate Education: Saint Francis University's Master of Health Science Program

BY DEBORAH BUDASH

Are you feeling like you need a change at work? Are you ready for something more but can't imagine how? For many people, feelings such as these can prompt consideration of going back to school, but life is so busy! How, students have wondered, will they fit anything more into their day?

Saint Francis University and the Master of Health Science (MHS) Program may be a solution for you! The MHS Program is an online Master's degree program designed for health care professionals. Our students include working professionals from diverse health care backgrounds such as pharmaceutical sales, occupational therapists, health educators, nurses, and (health care) accountants. Our students share the goals of desiring graduate education and are looking toward leadership posts in the health care industry.

The MHS curriculum includes courses in research, leadership, ethics, strategic planning, and policy analysis. Our courses involve asynchronous interactions between students, encouraging the exchange of ideas and experience, all from within the health care arena, but from each student's unique point of view. We consider this a great strength of our program, wherein students gain a greater understanding of the health care industry from multiple perspectives.

Saint Francis University's mission includes addressing unmet service needs within the community, particularly in rural areas. This charge directs our students to creatively meet needs within their realm of influence, based on current evidence. Our students strive to bridge academic theory to meet these pragmatic needs based on research for optimal and meaningful results.

The MHS Program requires 30 credits and is typically completed in two years. The MHS faculty are committed to our students' success and are all health care providers themselves, from varied clinical backgrounds. There are no residency requirements and our students currently are from several states in the US. Local students are invited and encouraged to participate in events on the Loretto, Pennsylvania campus. The program is growing in enrollment and new elective courses are under development.

Deborah Budash, Interim Director, Saint Francis University, can be reached at (814) 472-3919 or dbudash@francis.edu. For more information, visit http://www.francis.edu/mhshome.htm.

CCAC Receives MetLife Foundation Caregiver Grant

The Community College of Allegheny County (CCAC) has been awarded a grant from MetLife Foundation and the International Longevity Center for caregiver training programs.

The grants are part of the Caregiving Project for Older Americans, a partnership of the International Longevity Center and the Schmieding Center for Senior Health and Education. The initiative is focused on addressing a growing caregiving crisis by encouraging the expansion of caregiver training programs for family caregivers and in-home care workers.

CCAC's grant will provide funding for the Elder at Home program, which is designed to provide quality training for paid caregivers and family caregivers of older adults living in their homes. The program has a multicultural context, designed to promote quality care, nursing and gerontology skills development for caregivers.

For this project, CCAC will partner with the University of Pittsburgh Institute on Aging, in cooperation with the University of Pittsburgh Medical Center. CCAC's Office of Institutional Diversity and Equity will help to identify family caregiver program participants.

Carlow University Offers Management in Health Services Major

BY RYAN MINOSKI


Susan M. Rubisch-Gisler

One of Carlow University's newest degree programs, Management in Health Services, will see an increase in graduates this school year. Having first been offered at Carlow only four years ago, the major, a 65 percent business to 35 percent natural sciences hybrid, will soon begin producing graduates in regular intervals.

"Human resources, physician practice services, and health insurance are just several of the fields available to MHS graduates," said Susan M. Rubisch-Gisler, interim dean of the College of Professional Studies at Carlow. "The major is flexible. There are many positions available with this degree."

Ashley Ayres, one of the first MHS graduates, now works as an infection control assistant with a local hospital. Thus far, Ayres feels that the major has assisted her career through teaching her "how to work in an office setting, but being able to do so with empathy. Decisions impact patient lives. You can't just think about business, you have to think of the patient as a person," Ayres said.

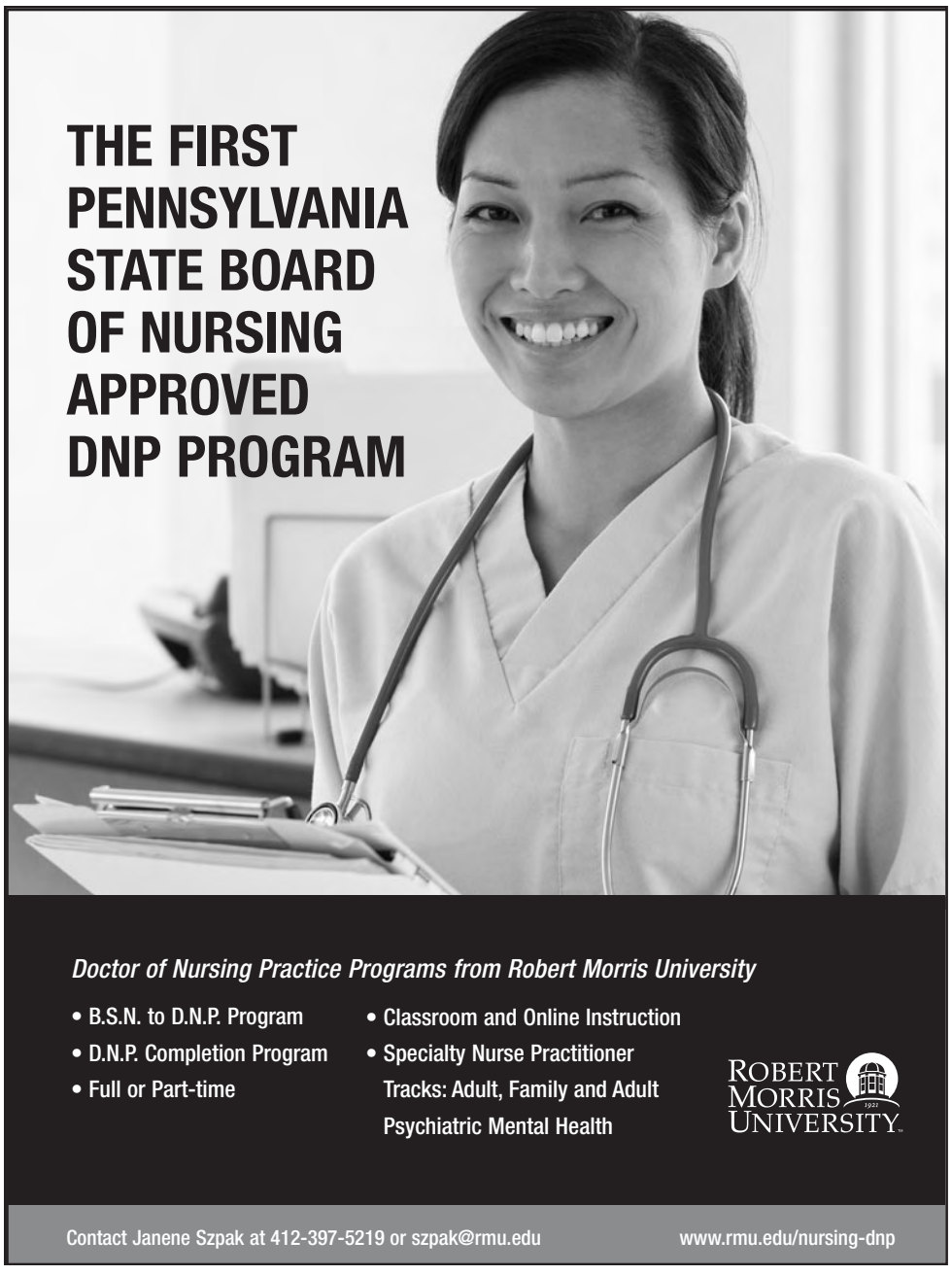
Although Ayres was a traditional aged college student, students within the program are roughly two-thirds adult and only one-third traditional. "A majority of the adult students are already involved in the healthcare field. Some earn this degree and remain at their position. Others earn it and become managers or administrators," said Rubisch-Gisler. The differences between traditional day classes and the accelerated adult classes are mainly structural. While the day program meets for three hours a week over the course of 15 weeks, the adult program meets only once a week for three hours throughout an eight week span.

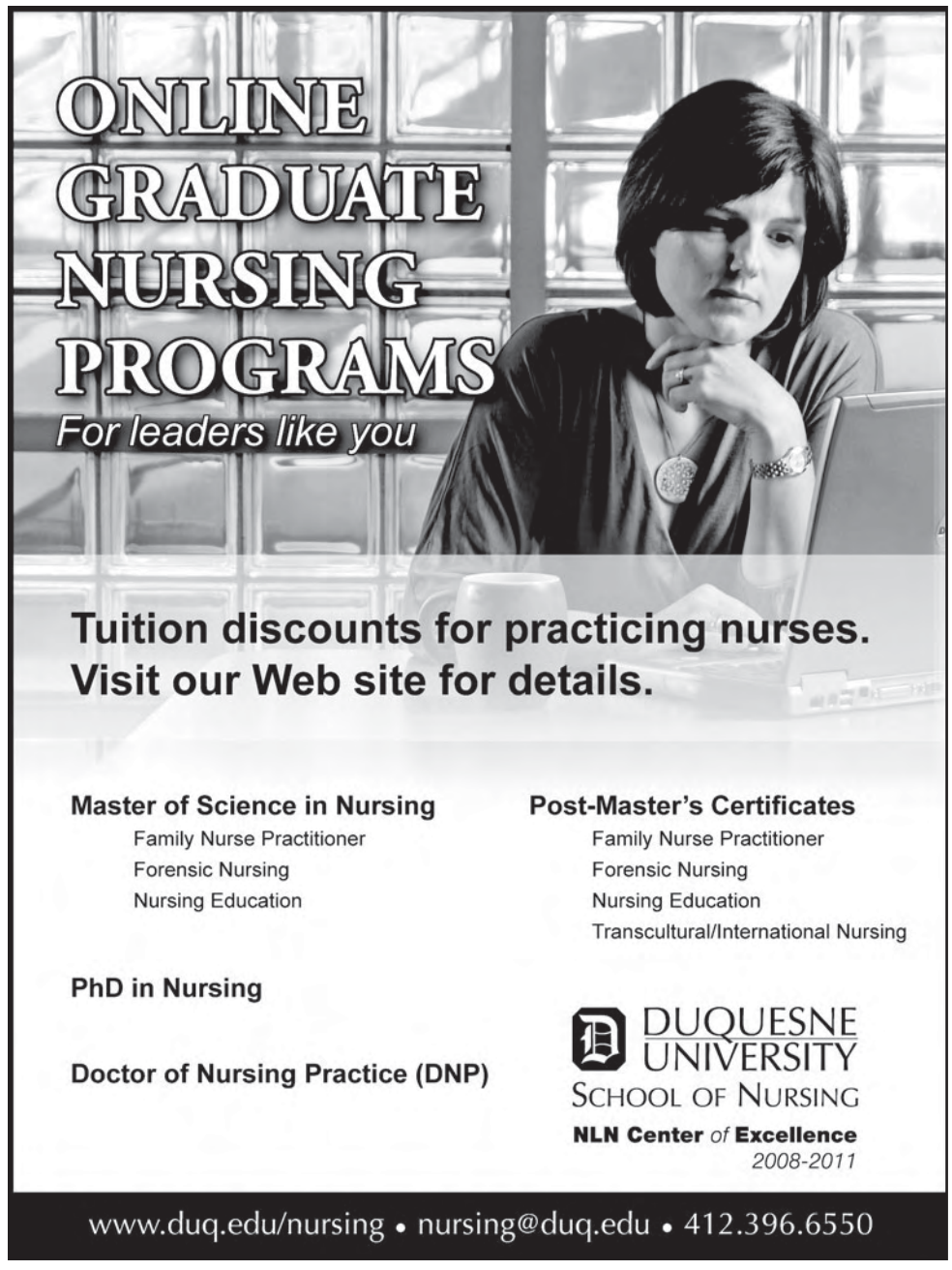
"Students should realize that the major is heavy in business and natural sciences. If you dislike one, this major may not sit well with you," said Rubisch-Gisler. "Many students change majors. You may declare one major and graduate with another. Realize that you will change." Interestingly, a number of nursing students leave their major and become MHS students each year.

What initially attracted Ayres to the program could potentially explain the migration of nursing students to the major. "I was interested in the healthcare field but didn't want to work in a clinical atmosphere necessarily," Ayres explained. Of the programs strong points, Ayres stated "they tied everything together. The major mixed the knowledge of healthcare with the knowledge of management. I learned to be a manager, but specifically a manager in the healthcare field."

To upcoming MHS graduates, both Ayres and Rubisch-Gisler offered advice on maintaining a successful career: "Make sure you take your internship seriously," Ayres warned. "Once you graduate, put this degree to use. Don't follow an unrelated career path. Not many people have this degree." Rubisch-Gisler added: "A career in healthcare services is people oriented. You must have communication skills and be able deal with a variety of patients and clientele. Be a people person. Keep abreast of the ever-changing world of healthcare." Most importantly, Rubisch-Gisler said, "Be a lifelong learner."

Susan Rubisch-Gisler, the interim dean of the College of Professional Studies at Carlow University, can be reached at srubisch-gisler@carlow.edu.





LECOM President Receives Distinguished Citizen Award

(l-r) French Creek Council Scout Executive Duane Havard presents the 2009 Distinguished Citizen Award to John M. Ferretti, D.O., president and CEO of the Lake Erie College of Osteopathic Medicine.

The French Creek Council, Boy Scouts of America proudly announced that the 2009 Distinguished Citizen Award winner is John M. Ferretti, D.O., President and CEO of the Lake Erie College of Osteopathic Medicine.

In accepting the Distinguished Citizen Award, Dr. Ferretti noted that the honor called to mind several key values and principles championed by the Boy Scouts of America and held in common with those taught to students at LECOM. "One of the most important Boy Scout mottos is to 'Be Prepared,'" he said. "At LECOM, we've embraced that point of view and even incorporated it into our marketing brand: 'Prepare Yourself – For Medicine Above and Beyond.'"

LECOM Pharmacy Club Earns Recognition

(l-r) Elizabeth Reist, SSHP secretary; Dr. Hershey Bell, Dean of the LECOM School of Pharmacy; Amanda Carine, SSHP treasurer; Dr. Abir Kahaleh, Associate Professor of Pharmacy Practice and Director of Experiential Education; Rodney Turner, SSHP president; and Joseph Spencer, SSHP vice president. Not pictured is Jennifer Tuttle, immediate past president.

The Lake Erie College of Osteopathic Medicine School of Pharmacy's chapter of the Student Society of Health-System Pharmacists (SSHP) received a national award from the American Society of Health-System Pharmacists (ASHP). The award acknowledges the organizational success the chapter has had on a local and national level, and affords the school's chapter official recognition by the ASHP.

In addition, two of the student leaders of the local chapter were acknowledged for their commitment to the organization, based off the recommendation of Abir Kahaleh, Ph.D., Associate Professor of Pharmacy Practice and Director of Experiential Education at LECOM. Jennifer Tuttle, third-year pharmacy student, was acknowledged for her role as the organization's immediate past president. Rodney Turner, a second-year pharmacy student, was acknowledged for his role as the chapter's current president.

UPMC Shadyside School of Nursing Earns Center of Excellence Designation

BY LINDA KMETZ

(l-r) Beverly Malone, CEO, National League for Nursing; Marci Zsamboky, faculty, UPMC Shadyside School of Nursing; Joanne Vukotich, associate director, Recruitment, Admissions and Student Support Services, UPMC Shadyside School of Nursing; Linda Kmetz, director, UPMC Shadyside School of Nursing; Deborah Struth, associate director, Quality Improvement, Curriculum and Faculty Development, UPMC Shadyside School of Nursing; Amy Stoker, faculty, UPMC Shadyside School of Nursing; Wendy Grbach, faculty, UPMC Shadyside School of Nursing; and Elaine Tagliareni, president National League for Nursing

UPMC Shadyside School of Nursing is one of five nursing schools in the United States to receive a designation as a Center of Excellence in Nursing Education by the National League for Nursing (NLN). The school is the third hospital-based diploma program to receive this acknowledgement since the Center of Excellence Program was established in 2004, and was recognized for creating environments that enhance student learning and professional development.

"The NLN identified our student support services as a strength of our program," said Joanne Vukotich, associate director, Recruitment, Admissions and Student Support Services, UPMC Shadyside School of Nursing. "We are committed to serving the needs of our diverse student body by offering full-time day, part-time evening and weekend program options."

UPMC Shadyside School of Nursing graduates also have the opportunity to complete a bachelor of science in nursing (BSN) at Chatham University for 26 additional credits, offered online.

"Essentially, we created a three-year BSN program with Chatham, enabling students to complete our 22-month full-time program, enter the work force and complete an online BSN in as little as one year," said Linda Kmetz, director, UPMC Shadyside School of Nursing. "This unique relationship has been an asset to providing a scholarly environment that promotes student learning and makes ongoing professional development a seamless process."

Student recognition

The school created a structure in which students participate in governance at every level in the program and receive academic recognition through an Honor Society – a first of its kind for a hospital-based nursing program. Honor society members are students who have completed the first level of the program, have a grade point average of at least 3.3 and are recommended by a clinical faculty member. These students are awarded honor cords and recognized during graduation.

UPMC Shadyside School of Nursing developed the Student Nurse Quality and Safety Grand Rounds, now a systemwide initiative. This program enables students to learn to prepare abstracts, poster and podium presentations about topics that are relevant to the current state of health care and patient safety.

Students also are acknowledged through the Student Innovator Award, which was developed in collaboration with the UPMC Center for Quality Improvement and Innovation. This award recognizes outstanding projects by senior students who demonstrate a commitment to improving the quality and safety of patient care.

Faculty advancement

The scholarship of teaching also is recognized and rewarded through the school's Faculty Advancement Program. This program incentivizes faculty creativity and continued professional development through serving in leadership roles, completing scholarly projects, holding memberships in professional organizations, and continuing their education.

"Faculty are committed to educating graduates who are ready to assimilate into the practice of nursing," said Deborah Struth, associate director, Quality Improvement, Curriculum and Faculty development, UPMC Shadyside School of Nursing. "Through our clinical partnerships with UPMC hospitals and our state-of-the-art human simulation laboratory, we are able to graduate nurses who are trained and ready to provide exceptional patient care."

Linda Kmetz, Director, UPMC Shadyside School of Nursing, can be reached at (412) 623-1076 or kmetzll@upmc.edu.

Ameri

OUR JOB

THAT'S HOW

Today's healthcare challenges re
just a better contract, but a mo
improving not only cost, but al

At Amerinet, our members rely
money. We offer a full suite of

DATA. SAVINGS. TRU

www.amerinet-gpo.com |

net®

GOES BEYOND CUTTING COSTS.

/ WE OPERATE.

quire sharper thinking. Not
re surgical approach for
lso quality of care.

y on us for more than saving
performance solutions, from

supply chain management to data analytics and revenue enhancement. Plus, improvements to technology, quality, safety and education. Then we do what no other GPO can – connect like-minded healthcare organizations together to solve issues and share insights that improve the health of healthcare. That, perhaps, is the most important contract of all.

ST. THE AMERINET DIFFERENCE.

877-711-5700 | *Reducing healthcare costs. Improving healthcare quality.*

"Preserving a legacy... treasuring memories"

This year's theme, Preserving a legacy… treasuring memories, reminds us that every person we care for is a unique individual with a lifetime of experiences, relationships and gifts to share. Hospice and palliative care community honor patients and families and support them during the journey at life's end.

Cedars Community Hospice to Offer a Comforting Option For End-of-Life Care

By early 2010, Cedars Community Hospice will offer inpatient services at Cedars Hospice Center, a newly constructed building designed exclusively for hospice care. Cedars Hospice Center will provide a supportive environment for those whose care can no longer be managed at home when their condition is declining. Cedars Hospice Center will also offer short-term respite stays to provide families and caregivers with a much-needed break. While the building is designed for the utmost in comfort for the ailing, Cedars Hospice Center will be a comfortable place for family members as well. There are overnight accommodations for family members in each of the sixteen private patient rooms, a children's playroom, lounges for privacy or family meetings and a non-denominational chapel. A spa equipped with a massage table, therapeutic whirlpool tub, and a sauna will be available for patients and their families. The building will be surrounded by beautiful garden areas, and the lobby will feature a serene, two-story waterfall. Cedars Hospice Center will be the first LEED Certified Green Building built in Monroeville.

Cedars Hospice Center will be staffed 24-hours per day with registered nurses and nursing assistants. There also will be social workers, spiritual and bereavement counselors available to assist individuals and families. Those staying at Cedars Hospice Center will have the benefit of round the clock care by hospice employees who have been trained and educated in hospice care, including pain and symptom management, comfort and counseling.

Cedars Community Hospice is one of several services available in The Cedars continuum. Since 1998, the organization has been committed to providing quality senior living and health care services to Monroeville and the surrounding communities. By offering several options, seniors and their families can make choices about their care that will best meet their needs, maximizing their independence and quality of life. Cedars offers a senior living community with skilled nursing care, assisted living and independent living services. Our residential services include in-home medical nursing, mental health nursing, and therapy services, as well as an option for supplemental and private duty staffing.

Cedars Community Hospice, founded in November 2005, is a nonprofit organization that provides compassionate care and services to individuals suffering from any life-limiting illness who have elected hospice care for comfort and support instead of aggressive medical treatments. The hospice philosophy promotes quality of life, allowing individuals to pass with comfort and dignity, using the most current methods of pain and symptom control. Support services are also provided to loved ones and caregivers. The hospice team is comprised of Registered and Licensed Practical Nurses, Nurses' Aides, Social Workers, Spiritual and Bereavement Counselors, and Volunteers. Our Medical Director, Dr. Isaac Levari, works closely with the team to develop and maintain an appropriate and individualized plan of care for each hospice patient. Routine hospice services are provided to individuals in the places they call home. As an individual's condition declines, it often becomes difficult and unsafe to continue providing care in the home, and many hospice patients need placement in a 24-hour staffed environment, usually a nursing facility or a hospital. In most instances, this is the very setting they and their families had been hoping to avoid. Cedars Hospice Center will provide a comforting alternative for end-of-life care.

Construction of Cedars Hospice Center is currently underway and will be completed early next year. The new building is located adjacent to The Cedars Assisted Living and Skilled Nursing in Monroeville.

For more information, call (412) 373-3900 or e-mail info@cedarscommunityhospice.com.

Advance Directives Help Patients Make Their Healthcare Wishes Known

BY ALYSON PARDO, RN, CHPN

The patient, a 78-year-old woman, was in a persistent vegetative state as a result of a severe hemorrhage. Her daughter—her designated healthcare surrogate—consulted the family physician for advice.

The doctor reviewed the patient's advance directives, which stated that she did not want to be kept alive if she could not recover. Reassured that she was following her mother's wishes, the daughter authorized the withdrawal of her mother's feeding tube.

Another patient rejected a surgeon's recommendation of cardiac bypass surgery. While still lucid with full mental capacity, the patient understood that—without surgery—he faced the risk of myocardial infarction, which could lead to stroke, coma and death. The family physician advised the patient to put his decision in writing and discuss his end-of-life wishes with his family.

Shortly thereafter, the patient had a heart attack. He was hypoxic and no longer capable of making medical decisions. The surgeon again recommended cardiac bypass, but the family—knowing the patient's wishes—chose palliative care, instead.

The importance of written advance directives cannot be overstated. Physicians have seen first-hand the pain, anguish and cost that can result when patients no longer can confirm with their loved ones what kind of healthcare they want or which "heroic measures" they would accept.

The consequences of not making one's healthcare wishes known have been made all-too-publicly clear over the past several decades in three dramatic cases:

- The 1975 case of Karen Ann Quinlan led to the establishment of advance directives and hospital ethics committees.
- In 1990, the case of Nancy Cruzan marked the first time a court ruled in favor of discontinuing PEG feeding based on a previous statement the patient had made to a friend. This and the Quinlan case led in 1991 to the passage of a Federal law known as the Patient Self-Determination Act (PSDA), which gives Americans the right to refuse any medical treatment, including ventilators and feeding tubes.
- More recently, the Florida case of Terri Schiavo demonstrated the importance not only of making your end-of-life wishes known, but of documenting those wishes, even at a young age.

Physicians can play an important role in the execution of advance directives by encouraging their patients to talk about and document their healthcare wishes before a healthcare crisis arises. Physicians can initiate and guide the care-planning process by making this conversation a routine part of patient visits—especially with elderly patients.

Discussing end-of-life choices can be uncomfortable, but it's important for physicians to know what their patients want so they can care for their patients when their patients can no longer speak for themselves.

Advance directives typically consist of one or both of the following:

- A living will—which outlines the patient's wishes as to medical treatment should he or she become unable to communicate.
- A medical power of attorney—which appoints a trusted family member or friend to make decisions about medical care, if necessary.

Sometimes a patient's advance directive will include a "do-not-resuscitate order" (DNR). But a DNR should not be confused with an advance directive, since it actually reflects a physician's orders—not necessarily a patient's—and can be put into place after a patient has lost decision-making capacity.

Once advance directive documents are signed, it is important for the patient, the patient's physician and the patient's surrogate or family members to know where the documents are. Often our patients will tell us that they signed an advance directive at a hospital or at another doctor's office. Patients' directives should travel with them, from home to nursing home to hospital, so all caregivers are aware of its location and what it contains.

In some cases, a patient's healthcare surrogate or family members might disagree with the patient's plan of care, even if advance directives exist. Hospice is uniquely suited to help in these cases. Because they are uniquely trained in palliative and end-of-life care, hospice physicians and nurses can help a patient's surrogate or family members understand that continuing "extreme" measures, such as using IV fluids or feeding tubes, actually can harm the patient and cause greater discomfort and pain as death approaches and the body begins to shut down.

Every member of the medical community wants to provide the most appropriate treatment to patients. By asking patients what their wishes are and encouraging them to document those wishes, physicians can make sure their patients are in control of their own medical decisions—even at the end-of-life.

Alyson Pardo is General Manager, VITAS Innovative Hospice Care® of Greater Pittsburgh. For more information about advance directors, call VITAS Innovative Hospice Care® of Pittsburgh at (412) 799-7201, call 1-800-93-VITAS, or visit www.VITAS.com.

Hospice. What is it? Who do I refer? When do I refer?

Referring to hospice is hard. It means that someone is not responding to treatment. Hospice can have such a positive impact on quality of life. Hospice goal is to neither prolong life, nor hasten death. It is important to identify what hospice is; how hospice can benefit those who are eligible for hospice.

What is hospice care?

Hospice care is form of palliative care, designed for clients who no longer benefit from medical treatments" (1) "Palliative care is the prevention, relief, reduction, or soothing of symptoms of disease or disorders throughout the entire course of an illness, including care of the dying and bereavement follow-up for the family

Benefits of Hospice

"Less than one-third of patients receive hospice care near the end of life, however, and many referred patients die within days" (2)

The benefits of early hospice referral are many and include increased relief of pain for patient and wellbeing of caregiver. Early referrals provide patient and family with significant physical and emotional relief. Early intervention with hospice allows the patient and family to fully embrace quality of life at end of life.

Hospice Referrals

Medicare provides specific guidelines regarding its criteria for hospice. One indicator is when the client is no longer responding to current treatments and no longer wants aggressive treatment. A crisis or change in status can cause a chronically ill client to seek hospitalization. This may trigger a need to reconsider treatment and care goals and necessitate a referral to hospice. It is imperative that the individuals involved in the hospice decision are well informed of services and supported. This consultation may ease some of the client's fear of the unknown.

It is important patients know that hospice care is provided wherever the client calls home – any setting can receive hospice care. Most hospice care is covered under the Medicare Benefit at no cost to the patient/family. Private insurance is also accepted by many.

By focusing on care and comfort, the hospice Multidisciplinary Team manages the physical symptoms that accompany diagnoses while providing a full range of services to assist the client both emotionally and spiritually.

It is important for both the client and their family that the hospice benefit is discussed early. An early referral provides the opportunity for the client to make an educated decision on whether or not to elect hospice services and also when they would like these services.

An informative hospice consultation can provide information directly to the client to clarify any questions the client may have about hospice services and insurance coverage. Often this informative meeting eases the transition into hospice care. By focusing care on the client, hospice is able to assist the client in their personal journey during end of life while maintaining the client's dignity and quality of life.

For more information, contact Gateway Hospice at 1-877-878-2244 or visit www. gatewayhospice.com.

1) Potter and Perry, Mosby Elsevier, 2009 Fundamentals of Nursing, p 26.
2) Prince-Paul, Maryjo, PhD, APRN, ACHPN. Oncology Nurse Edition Vol. 23, No. 4, "When Hospice is the Best Option: An Opportunity to Redefine Goals"

Windber Hospice Adds New Counseling Service

Paying the bills, having the oil changed in your car and even grocery shopping may seem to be simple tasks to many people who handled those duties on a regular basis. Now imagine if your spouse had been balancing the checkbook and paying all the bills for decades. Would you be able to pick up where your spouse left off in the event of his or her passing?

The answer for many widowed spouses is "No." As a result, Windber Hospice is instituting a new life skills counseling program, "Next Step," in November. The hospice realized the need for the group counseling service via feedback from surviving spouses who long relied on their mate to care for some of their necessities.

"If all of a sudden you find yourself responsible for shopping or paying bills and you have never done it in your life, you need to learn how to do those things," said Roxann Berkey, director of the Windber Hospice program at Windber Medical Center. "In many instances, one spouse handled many of the day-to-day necessities and now the surviving spouse needs to learn how to do those things."

Next Step is one of several counseling services provided through the Windber Hospice program. The hospice's counseling programs care not only for the needs of the patient, but also their spouse and other family members. Many of the counseling programs are led by social workers and provide holistic care for the patient and their loved ones rather than just attending to their medical needs.

"Social workers meet with family members independent of the patients themselves," Berkey said. "It is our philosophy that we are caregivers and that means caring for all those who are affected by this significant life change."

Windber Hospice's dedication to caring for loved ones as much as the patient themselves is also seen in its respite program. Respite services are provided at the Palliative Care Unit of Windber Medical Center. The Palliative Care Unit is a state of the art facility designed to deliver the best medical care possible in a comfortable and home-like setting.

Caretakers with a loved one in the Windber Hospice Program who need a rest from serving as the primary caregiver at home can enter the respite program for as long as five continuous days. The comfortable facilities at Windber Medical Center's Palliative Care Unit afford the caregiver the opportunity to stay in the same room with their loved one but not have to worry about all of the duties they conduct at home.

"Caregivers can come and be our guest while still being with their loved one, if they elect to do so," Berkey said. "And we will take care of them the same way we do any patient that is there. We will take care of the cooking, cleaning and all of the care for the patient while making them as comfortable as they are in their own home."

INSIDE Washington

Increased Hospice Scrutiny Likely

BY JULIA KREBS-MARKRICH, ESQUIRE

Hospital systems with nursing home or hospice components should note the Office of Inspector General ("OIG") reports regarding hospice care released in September 2009. Collectively, the OIG issuances signal a probable increase in active enforcement activity with regard to hospice care in all settings in which hospice care is provided.

The September reports are the latest in a series of analyses the OIG has conducted with regard to hospice care.1 The OIG documents a substantial increase in the number of individuals receiving hospice care, a significant increase in Medicare spending as a result, and the rapid growth of hospice care in nursing facilities in particular.2 According to the OIG, a stunning 82% of hospice claims for beneficiaries in nursing facilities in the review sample did not meet at least one Medicare coverage requirement.3

In its report examining the extent to which hospice claims for beneficiaries in nursing facilities met Medicare coverage requirements the OIG spoke bluntly. The OIG stated that "[t]he extent to which hospices did not meet coverage requirements raises concerns about the services that Medicare is paying for and the quality of care that hospices are providing to beneficiaries during their last months of life. The results of our review … indicate that CMS's current oversight procedures are inadequate and that it must do more to ensure that hospices deliver care that meets Medicare requirements. Given the nature of hospices' noncompliance – which does not appear to be related to the beneficiaries' setting – these concerns extend to all Medicare beneficiaries receiving hospice care."4 (emphasis added)

The OIG does not appear to have exaggerated the scope of the deficiencies in the hospice claims examined. Individuals who are terminally ill and entitled to Medicare Part A may elect hospice care by filing an election statement with a particular hospice. The election statement must meet federal requirements which are designed to ensure that the individual understands that he will receive palliative, rather than curative care as it relates to the terminal illness, and that he is waiving certain Medicare services and benefits. 42 CFR § 418.24. Four percent of the claims examined did not contain any election statement as required, and another 29% did not comply with election statement requirements. Most commonly, the statements did not explain that hospice care was palliative rather than curative, or that certain Medicare services related to the terminal illness were being waived. This is the core of the hospital benefit. The absence of an effective election statement calls into question the adequacy of any patient consent provided.

Sixty-three percent of the claims examined did not meet hospice plan of care requirements. To be covered, a plan of care must be established for an individual before hospice services are provided. 42 CFR § 418.200. The plan of care identifies what the patient needs and what is to be done for him, both in terms of scope and frequency. One percent of the claims examined did not include a plan of care at all. For the remaining 62%, the plans did not meet at least one federal requirement, such as detailing the scope and frequency of services.

In 31% of the hospice claims examined, the hospices provided fewer services than were outlined in the beneficiaries' plans of care. Most commonly the hospice did not provide the services necessary as frequently as the plan of care called for. In some cases there was no documentation of any visit for a particular service. Four percent of the claims examined did not include a certification of terminal illness as required or the certifications were inadequate.

Based on the material deficiencies observed in the review sample, the OIG has recommended that the Centers for Medicare & Medicaid Services ("CMB") educate hospices about coverage requirements and use targeted reviews and other enforcement mechanisms to improve hospice performance and compliance. The OIG has also recommended that CMS conduct more frequent certification surveys to enforce hospice requirements.

In the OIG Work Plan for Fiscal Year 2010(5), the OIG announced its intent to examine the characteristics of hospice beneficiaries, geographical variations in utilization and differences between for–profit and not-for-profit providers, as well as the frequency of and total expenditures for physician services for hospice beneficiaries. When the various OIG issuances are viewed as a whole, the conclusion that enforcement activity is likely to increase is inescapable.

Hospice providers should familiarize themselves with the conditions of participation applicable to hospice issued June 5, 2008 as well as recently issued Hospice Program Interpretive Guidance, which provides guidance for implementing the conditions of participation. Both the CoPs and the Interpretive Guidance are available on the CMS website.

Julia Krebs-Markrich is a partner in the law firm of Reed Smith LLP. She is a member of the firm's Life Science Health Industry group, practicing in the area of health care regulatory law. Julia can be reached at jkrebs-markrich@reedsmith.com.

1. Earlier reports include OIG, "Medicare Hospice Care: A Comparison of Beneficiaries in Nursing Facilities and Beneficiaries in Other Settings," OEI-02-06-00220; OIG, "Hospice Beneficiaries' Use of Respite Care," OEI-02-06-00222.

2. OIG, "Medicare Hospice Care: Services Provided to Beneficiaries Residing in Nursing Facilities," OEI-02-06-00223.

3. OIG, "Medicare Hospice Care for Beneficiaries in Nursing Facilities: Compliance with Medicare Coverage Requirements," OEI-02-06-00221.

4. Id, p. 17.

5 OIG Work Plan FY 2010, October 1, 2009.

How to Choose Hospice Care

Hospice is a philosophy of care which enables patients and families to make positive choices concerning physical, emotional, and spiritual care during life's final stages. Choosing hospice care for your loved one can be a difficult decision during a stressful time. Following are some guidelines from VNA Hospice Services you may want to consider when choosing an agency that is right for you or your loved one.

Community Reputation. It is important to choose an agency with a long-standing reputation in the community. Ask trusted friends or family members about services they may have had in the past or consult your physician for recommendations. It is also important to know if the hospice care you will be receiving is based in your local area, or in another city or state. Hospice nurses are members of the community, your neighbors, and when you need assistance, it is important to have someone close by.

Services Provided. Hospices are regulated under Medicare guidelines, thus the required basic services provided by all hospices are the same. A team of specialists consisting of doctors, nurses, home health aides, clergy, counselors, social workers, therapists and volunteers are available to assist patients and family members during this difficult time. It's the specialty services that may make a difference and make choosing a hospice provider easier. Inquire about the credentials of the staff. It is beneficial to choose an agency with Clinical Nurse Specialists or nurses with advanced education in hospice care. Find out what the hospice does that is above and beyond what is required.

Medical Director. All hospices are required to have a medical director. When you are looking for a hospice, ask about the clinical experience of the medical director. Choose an agency with a medical director who has a background in or is certified in cancer care and/or palliative care.

Pharmacy: One of the main focuses of hospice care is to keep the patient comfortable and pain-free. Find out if the agency has a good working relationship and contracts with a reputable pharmacy to provide necessary medications for pain and symptom relief. There are pharmacists specially trained in end-of-life symptom and pain management who not only excel in that area, but will review all the medications a patient is taking to guard against interactions. It is also important that the pharmacist be readily available to answer questions.

Interview prospective hospices. Call and interview prospective hospices to see if they would be a good fit for you or your loved one. You should feel comfortable when talking with the agency representative, and they should be helpful and answer your questions to your understanding. Here are some questions you may want to ask:

- How quickly can you see a patient once a referral is made?
- Will you make an evaluation visit?
- Will you involve the family and physician in planning care for the patient?
- What is your on call or after hours procedures, do your staff work 24/7?
- Are your staff readily accessible?
- How much experience does your staff have or how long have they worked in hospice care?
- Is there a physician on staff who will make house calls?
- Are your nurses, aides, bereavement professionals and spiritual counselors certified through special training in hospice care?
- What types of bereavement programs do you offer?
- Do you offer any type of programs for caregivers?
- Do you provide additional non-required services offering support to the community?
- What is your philosophy regarding keeping people in their own home versus an institutional setting in the final days.

Deciding upon which hospice provides care to you or a loved one is your choice. Ask questions — the answers can make a big difference in the care and support you and your loved one receives.

If you need any assistance with this process you can contact VNA Hospice at (724) 282-6806.

BEYOND COMFORT:
Hospice Care for the 21st Century

BY MARYANNE FELLO

Given the current health care reform controversy, I have been reflecting over the last few months about just what we Americans expect at the end of life.

I will always remember Dr. Joanne Lynn (Americans for Better Care of the Dying) saying in a speech she gave here in Pittsburgh "when we (Americans) have a loved one who dies without suffering, we say that we were terribly lucky."

We who have wealth, luxuries, independence, and all the comforts of living in today's world, have great expectations for most of our life transitions. We expect great celebration and meaning at graduations, weddings, anniversaries. Even for a birth we expect that mom is pain-free, dad is present, and family is part of the event.

But when it comes to dying, we expect that we will need to be extremely lucky to have it go well.

Most of my colleagues have heard by now that Forbes Hospice has a full-time medical director, Randy Hebert. Over the almost two years of watching his work, I have come to believe that we can expect, and should demand, that physical suffering be eliminated from the dying process.

On a day a few weeks ago, I heard Dr. Hebert say to one of our families, "I can guarantee you we will have your mom comfortable in 24 hours.' And she was. Time and time again, I have watched the relief in a son or daughters eyes as they see their parent finally able to smile…or sleep!

I have been with Forbes Hospice since its inception 30 years ago and I have seen the tremendous strides our society has made in improving end-of-life care. Back then, hospice was a scary, misunderstood concept. We have come a long way, yet we have a long way to go

Hospice does not mean choosing to die, it means choosing to live the end of one's life in comfort, in the company of family and friends, with attention paid to spiritual, emotional and physical needs.

As we consider our goals for the American health care system, hospice providers and people who have experienced hospice care for their loved ones need to be a vital part of the conversation. We need to talk openly and honestly about end-of-life care, and what we want for ourselves and loved ones during this important time.

Once we can trust the American health care system not to abandon our family members, to fully utilizing hospice care, it is only then we will be able to expect that this very important life transition can be seen as time free of fear and filled with meaning, where mom is pain-free, dad is present and family is part of the event.

Maryanne Fello, Forbes Hospice Director, can be reached at mfello@wpahs.org. Forbes Hospice is part of the West Penn Allegheny Health System.

Happy Holiday Grief!

BY PASTOR TIM WHEELER, MDIV

Hard to believe, but it's upon us again; these crazy last weeks of the year filled with more than we can possibly keep up with. Thanksgiving, Hanukkah, Christmas, Kwanzaa, and New Years, to name the biggies. In addition, for many there are also birthdays, anniversaries and other memorable dates that are penciled in on the calendar.

Holidays have a special place in every culture. Holidays encourage remembering. Whether it's a wedding anniversary, a significant religious event, a national event or a personal one, holidays and special days keep alive memories that are precious and dear to us. Holidays also mark the passing of a year and more importantly they unite us. Families often are reunited, church or temple is full and often relationships with those we haven't seen in some time are renewed. If you're fortunate enough to actually have some time off during the holidays, they also provide for us time to revive and renew.

Yet not everyone will be celebrating in the upcoming weeks. Around us are many who are in the midst of loss, whether in the form of unexpected unemployment, divorce, receiving a terminal diagnosis, broken relationships, miscarriage or the death of someone close. The holiday season that for so many brings great joy and celebration, for others will be a difficult and painful experience. What a sharp distinction to this season will be the grief and tears that some will experience this holiday season. In addition, holidays often have religious significance, but instead of encouraging and celebrating faith, some will find their faith challenged and God may seem distant and silent.

How do those of us who look forward to the holidays best help those experiencing this holiday grief? I've summed it up under five different headings for myself, perhaps these will help you as you joy in the holidays while helping those who are hurting.

Remember

- Remember that the expression of grief is unique, just as each of us are unique.
- Remember that what helped us through grief may not help others.
- Remember that we cannot assume how a person is doing unless we ask, don't be afraid to ask about a person's grief journey.
- Remember that we can only help if we are available, it may cost us, but the gift

of availability is priceless.
- Remember, grief takes time, we must be patient, willing to bear this difficult journey with them.

Listen

- We have one mouth and two ears for a reason!
- Listen without changing the subject or being afraid of tears.
- Listen no matter where the conversation may lead.

Support

- Support by being willing to attend a holiday event with the person that they want to attend.
- Support by helping to accomplish holiday traditions that are important to them.
- Support their joy, laughter and happiness, remind them that this does not betray their grief or loss.

Encourage

- Encourage them to embrace their grief. Remind them that it's ok to cry when others are laughing.
- Encourage writing a letter to their loved one expressing their joy and pain.
- Encourage self care, grief is exhausting physically, emotionally and spiritually.
- Encourage the giving of time or service to help others.

Hug

- Hugs often communicate more than words could ever hope to.

The holidays are wonderful times, healthy times, joyful times and yet in the midst of grief they can be painfully difficult. If there is someone around you that has experienced significant loss recently, you may be the one placed in their life to listen, support, encourage and hug them. We cannot take away the pain of grief but we can help to shoulder the load, hearten the weary and make the path through this holiday season a bit easier to walk.

Pastor Tim Wheeler, Chaplain and Bereavement Care Coordinator, Celtic Healthcare and Hospice, Carlisle, can be reached at (717) 245-5600.

Caring Companions Provides In-home Care for Clients, Respite for Family Members

BY VANESSA ORR

For many seniors, or people who for medical reasons may have problems living at home alone, the opportunity to have a person come in and help with medications, light housework, meal preparation and more can be a godsend. Having this type of help not only makes the activities of daily living less difficult, but also allows the person to live independently in his or her own home for a longer time.

One benefit that is often overlooked when families are discussing the possibility of hiring in-home care for a loved one is that they too will find relief in having the extra help. While children whose parents need assistance would like to be able to be there for their loved one 24 hours a day, the fact is, most people have very busy lives of their own either taking care of their own families, or holding jobs that may limit the time they can devote to someone else.

"Many caregivers skip lunches, leave work early, postpone vacations or even take days off from work to care for their loved ones," explained Caring Companions CEO Brenda Metal. "In some cases, a person may even take a leave of absence or change jobs so that they can reduce the number of hours that they work. Some of our clients need care five or more times a week, which requires a really large time commitment – and if family members can't be available that much, they often feel guilty."

The quality of time spent with a loved one suffers as well. "Because family members spend most of their visits cleaning, preparing meals, running errands and making sure that the person's medications have been taken, they don't really get a chance to visit and to provide the type of companionship that their loved ones need," she added. "By allowing Caring Companions' caregivers to provide these types of services, family members can spend more time with mom or dad, which is better for everyone."

Metal started Caring Companions after acting as a caregiver for her own grandmother who had severe heart disease and emphysema. Though she and her mother both appreciated the time that they were able to spend with her grandmother, there were times that they also felt the need for a break.

"At the time, it just wasn't possible," said Metal. "But the experience helped motivate me to create my own in-home care company that would provide assistance to both

Brenda Metal and patient

the elderly and their caregivers."

Caring Companions offers a number of non-medical services, including companionship, rehabilitation assistance, meal preparation, errand service, personal care, light housekeeping and laundry, transportation to appointments, medication reminders and grocery shopping. Each client is assisted by the same caregiver each time so that he or she can develop a level of comfort and familiarity with the person who is providing their care.

"As people age, it becomes more difficult to keep up with the responsibilities of running a household," said Metal. "But a lot of seniors, especially mothers, don't want their children to take care of them. They worry about becoming a burden, or taking their children away from their own lives.

"One of the positive things that happens when they have a caregiver outside the family is that it relieves them of this worry," she added. "Their caregiver also often becomes a friend and a companion, and they look forward to having their help."

While some people may look at the idea of having a caregiver as a loss of independence, the fact is, having help can actually enable a person to remain longer in his or her own home. And while it's never an easy subject to bring up, it is often necessary for a person's own safety, as well as family members' peace of mind.

"In most situations, you just have to be honest," said Metal of how to approach the idea of in-home care. "Family caregivers have to explain to their loved ones that physically they just can't be in three places at once – it simply isn't possible.

"Our caregivers don't just come in and take over – they are not there to take anyone's independence away. Our goal is help people remain independent for as long as possible and to enable them to continue living the way they want."

For more information, call (724) 337-7581 or visit www.stayathomecare.net.

End-of-Life Care

BY JANE A. BLACK

November is National Hospice Month, and thousands of agencies along with National Hospice and Palliative Care Organization are raising awareness of hospice care. Hospice provides pain and symptom management for people with a terminal diagnosis. Hospice care has been covered under Medicare for 27 years, yet only 30 percent of eligible people utilize the benefit.

As a hospital liaison for Heartland Home Health Care and Hospice, my job is to educate health care providers on the benefits of hospice, and to help people realize they have a choice about end-of-life care. As you read this article, think patients who have irreversible, incurable, terminal conditions whose quality of life could improve with hospice.

The majority of Americans say they would like to die at home, pain-free, surrounded by loved ones. They also don't want to be a burden financially, physically or emotionally.

Sadly, when referrals are made, they often come in late leaving the average patient only 30 to 50 days on hospice care. The benefit allows patients 180 days per certification.

At Heartland, our patient and family satisfaction surveys results show that the majority of family members said "I wish I would have known about hospice sooner." The results also show that 100 percent of family members would recommend Heartland Hospice care to someone else.

A patient's physician refers them to hospice care. In my own experience with my dad, none of his health care professionals ever mentioned hospice even though the cardiologist told us my dad had three to six months to live.

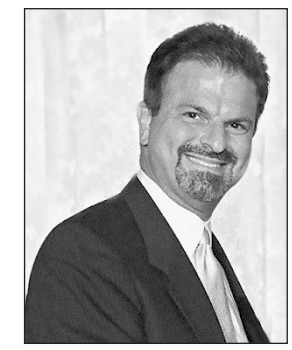
Nurses and hospice aides spend more time caring for a hospice patient at their beside during end-of-life care, so it is vital that they get up-to-date education. Studies have discussions between a clinician and patient about hospice care is associated with reduced medical interventions and improved quality of life in patients near death. When a patient's quality of life improves with pain and symptom management under hospice care, the family and caregiver's quality of life improves during the bereavement period.

A physician can recommend a provider of choice as long as the patient and family understand there are other providers. Insurance rarely dictates who to use in the case of hospice because 97 percent of hospice patients are covered under Medicare Part A. Physicians are absolutely key in patients getting hospice care.

Jane Black, Account Liaison, Heartland Home Health, Hospice and I.V. Care, can be reached at (412) 327-2934.

The Journey to Improve Hospice Care in America

Providing Patients and Caregivers a "Lifeline at Night"



BY RAFAEL J. SCIULLO, MA, LCSW, MS

If you've ever watched the popular early 1960s space-age cartoon "The Jetsons," you may recall George and Jane Jetson having conversations via their videophones.

Well, as the saying goes, "the future is now."

Today, many of us keep in touch with far away friends and loved ones via the computer with services such as Skype™. Now, Family Hospice and Palliative Care, in partnership with the University of Pittsburgh School of Nursing, is making similar technology available to patient families, with a program of after-hours communication support for hospice caregivers and patients. The initiative is called "Telehospice."

Telehospice was born out of the need for improved communication between hospice care providers and hospice nurses, especially during late night and overnight hours. The system allows patient families and nurses to speak virtually face-to-face, bridging the geographic distances in health care delivery. It has been described as "the lifeline at night."

Family Hospice and Pitt are in the midst of a two-year study, funded by the National Institutes of Health, which will help determine the effectiveness of Telehospice for caregivers and nurses.

Imagine communicating with your doctor when you're sick. A visit to your doctor's office allows him or her to get a better sense of your condition simply because you can "show where it hurts." Since after-hours personal time with a physician or nurse is not always available to hospice patients, Telehospice provides the next best thing.

Telehospice is available to most patients and caregivers under the care of Family Hospice and Palliative Care. The Telehospice device easily connects to a land line phone and operates on that existing phone line – no high speed internet connection is needed and there is no extra cost to patients. Those on each end of the call still speak via the telephone receiver, only now with the added benefit of face-to-face video conferencing.

Here's an example of how Telehospice can benefit patient families - and how it works:

Oftentimes, pain management for hospice patients falls on the primary caregiver, with the support of hospice staff. If pain is not managed effectively, it can negatively affect the quality of life for both the patient and their loved ones. Caregivers are supplied with a Telehospice videophone, which improves after-hours communication with hospice nurses, by making their conversations more personal – and more accurate. By actually being able to see the patient, nurses can rely on visual information when advising the caregiver. The opportunity for non-verbal communication – viewing a patient's expressions, gestures or body positioning – coupled with conversation, can allow the nurse to more effectively advise the caregiver on the appropriate course of action.

In utilizing Telehospice, the goal is for the increased social presence provided by the device to allow for a rapport to be established more quickly between nurses and caregivers. For example, the live video may allow the nurse to assess the patient's discomfort and realize that he or she needs re-positioning. Without the benefit of seeing the patient, something like that may not be as obvious. The ultimate goal is to improve care and comfort for our patients and secondly, to make the process easier for caregivers.

The opportunity for enhanced "contact" with the caregiver is an important one. The Medicare Hospice benefit does not provide round-the-clock professional care, which means the bulk of daily hospice care falls on the family, or other loved ones.

With our lives – and how we live them – changing more rapidly than ever before, it's easy to make a case for Telehospice. Technological advances continue to influence our daily activities, and this is evidence that hospice care is no different. The greatest benefit of Telehospice is its potential to play a large part in improved care for patients and caregivers.

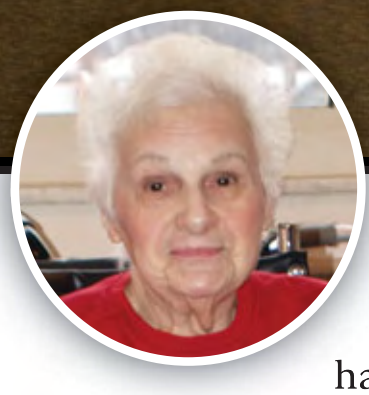
Rafael J. Sciullo, MA, LCSW, MS, is President and CEO of Family Hospice and Palliative Care and Past Chairperson of the National Hospice and Palliative Care Organization. He may be reached at rsciullo@familyhospice.com or (412) 572-8800.

"The Rehab Program Was Really Different."

The Commons at Squirrel Hill
SKILLED NURSING & REHABILITATION
A Member of Berkshire Healthcare

–Rosemarie Battaglia, Pittsburgh

Director of Rehab Phil Ricci watches Rosemarie on the GameBike.



"I had back surgery at age 85, and my life changed. I had my own home, and more than 50 years invested in my jewelry and watch repair business. Suddenly, I was partially paralyzed. Nobody expected me to walk again.

"After my hospital stay, I was admitted to The Commons at Squirrel Hill. I was determined to get better, and the physical therapy staff encouraged me all the way. They even made it fun! I was one of the first patients to use the rehab gym's new GameBike, an exercise bike with a video console.

"Three months after being wheeled into The Commons, I came home. The staff arranged for a visiting nurse and rehab services to help me continue to get stronger at home. The rehab program at The Commons helped me get my life back."

To find out more, call 412-421-8443.

We're Perfecting the Art of Superior Care.

The Commons at Squirrel Hill
2025 Wightman Street • Pittsburgh, PA 15217 • thecommonsatsquirrelhill.org • **412-421-8443**

Western Pennsylvania Hospital News
THE REGION'S MONTHLY HEALTH CARE NEWSPAPER

27 Suncrest Drive
Delmont, PA 15626

Phone: (724) 468-8360
E-mail: hdkart@aol.com

Website:
www.hospitalnews.org

HARVEY D. KART
Publisher/Editor

MARJORIE ANN WILSON
Director of Advertising

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

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

SISTER PUBLICATIONS

Atlanta Hospital News
Kristen & Josh Felix, Publishers
info@atlantahospitalnews.com

Chicago Hospital News
Kristen & Josh Felix, Publishers
info@chicagohospitalnews.com

South Florida Hospital News
Charles & Carol Felix, Publishers
sflahospitalnews@aol.com

TO REACH US FOR ADVERTISING OR EDITORIAL
Call (724) 468-8360 or
e-mail advertising@wpahospitalnews.com

REPRINTS
Call (412) 835-5796 or e-mail
adsjmcgraphics@aol.com

SUBSCRIPTIONS
One Year $30
Two Years $45
Three Years $60

Western Pennsylvania Hospital News

Healthcare Professionals in the News

ALTOONA REGIONAL HEALTH SYSTEM


STACEY MARTILOTTA

The Altoona Regional Health System Foundation for Life has hired Stacey Martilotta as a development associate. Martilotta, who has worked most recently as an independent development consultant in New York and Los Angeles, has also worked as a research manager for the Los Angeles Philharmonic and a database administrator for the Chamber Music Society of Lincoln Center in New York City.

BUTLER MEMORIAL HOSPITAL


DR. JAMES A. CRAIG JR.

James A. Craig Jr. D.O., has recently been appointed to the medical staff at Butler Memorial Hospital. A member of Tri Rivers Surgical Associates, he will primarily be seeing patients at their Cranberry/ Mars location as well as the Back and Neck Center of Butler Memorial Hospital.

CANONSBURG GENERAL HOSPITAL


CATHERINE ANGLE

Catherine Angle was recently appointed the Director of Nutritional Services at Canonsburg General Hospital. Cathy had previously worked for 24 years in long term care at the Greenery Specialty Care, a skilled nursing and rehabilitation facility. The last 14 years Angle had held the position of the Director of Nutritional Services.


JUDY ABEL

Judy Abel, Mammography Technologist at Canonsburg General Hospital was honored with the 2009 Tradition of Caring Award in October. This award recognizes an employee that exemplifies the tradition of caring expected by Canonsburg General Hospital's patients, physicians, fellow staff members, and the community.

CARBIS WALKER LLP

Carbis Walker LLP, Certified Public Accountants & Consultants, has announced the following promotions: Supervisor level – Tim Adams, CPA, Darrell Carley and Rachel Gordon, and Jessica Kline. Promoted to the Senior Associate level is Christina Marinoff. In addition, Kelly Domenick, CPA, and Kelly Nord, CPA, have both been promoted to the Senior Manager level.

Carbis Walker LLP is pleased to announce the addition of the following team members to its Associate level staff: Zachary Tappe, Robert Regan and Ashley Kujbus.

Carbis Walker LLP announced team members recently passed all of the requirements necessary for the designation of "Certified Public Accountant". Those individuals are Kelly Teets, CPA, Travis Fox, CPA, and Brandon Harlan, CPA.

CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC


DR. DOROTHY J. BECKER

Dorothy J. Becker, MBBCh, chief of the Division of Endocrinology and Diabetes at Children's Hospital of Pittsburgh of UPMC and a professor of pediatrics at the University of Pittsburgh School of Medicine, has been elected president of the prestigious Lawson Wilkins Pediatric Endocrine Society (LWPES).


DR. DAVID HACKAM

David Hackam, M.D., Ph.D., a pediatric surgeon at Children's Hospital of Pittsburgh of UPMC, and researcher at the University of Pittsburgh School of Medicine, has been named one of 12 winners of the prestigious Hartwell Individual Biomedical Research Awards for his research into necrotizing enterocolitis (NEC), a leading killer of premature infants.

EXCELA HEALTH


ROBERT J. ROGALSKI

The Excela Health Board of Trustees has named trustee Robert J. Rogalski transition chief executive as the search for Excela Health's next CEO advances. Kim N. Hollon, who has served as interim CEO since April, has been named to the newly created position of Chief Operating Officer. Rogalski, senior counsel and health care practice group co-leader at Thorp Reed and Armstrong, brings to Excela Health more than 17 years of experience advising health care systems and hospitals on a variety of legal matters.


DOUGLAS DASCENZO

Douglas Dascenzo, M.S.N., joins the leadership team at Excela Health Latrobe Hospital as Vice President, Clinical Services. Dascenzo most recently worked at UPMC South Side Hospital as Vice President of Patient Care Services and Chief Nursing Officer.

HEALTH HOPE NETWORK

Health Hope Network (formerly Visiting Nurse Foundation) is proud to announce the election of Robert Fragasso, Chairman and CEO of Fragasso Financial Advisors, to their Board of Directors. Fragasso is a member of the Financial Planning Association.

HERITAGE VALLEY HEALTH SYSTEM


DR. PHILIP C. OVADIA

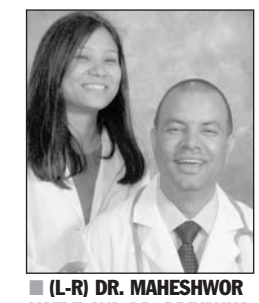
Philip C. Ovadia, M.D., F.A.C.S., a cardiovascular and thoracic surgeon with Heritage Valley Tri-State Medical Group – Cardiovascular and Thoracic Surgery, was recently inducted as a Fellow in the American College of Surgeons. He has practiced at Heritage Valley since 2006.

JAMESON HOSPITAL


AMY PATRICK

Amy Patrick has accepted the position of Out-Patient Pharmacy Manager at Jameson Hospital - North Campus. A native of New Castle, Amy graduated from Neshannock high school. Amy graduated with a PharmD in 2009 from Duquesne University, Pittsburgh.

J.C. BLAIR MEMORIAL HOSPITAL


(L-R) DR. MAHESHWOR KAFLE AND DR. PRIYANKA SHERCHAN

J.C. Blair Memorial Hospital is pleased to announce the appointment of two new Pediatricians Maheshwor Kafle, M.D., and Priyanka Sherchan, M.D., to its medical staff. Drs. Kafle and Sherchan both graduated from the Nepal Medical College and were awarded degrees by Katmandu University in Katmandu, Nepal. They completed their pediatric residencies at Elmhurst Hospital Center in Elmhurst, NY.

MEMORIAL MEDICAL CENTER


DR. STEVEN D. PERRY

Board certified in Internal Medicine, Steven D. Perry, D.O., is the newest physician to join The Hospitalists at Memorial Medical Center program. Since April 2008, Dr. Perry has served in a Hospitalist role at Westmoreland Hospital in Greensburg.

MONONGAHELA VALLEY HOSPITAL

Adil Chaudry, M.D., has been appointed to the Medical Staff at Monongahela Valley Hospital. He is board certified in Diagnostic Radiology and has joined the hospital staff in the Department of Medical Imaging.

DR. ADIL CHAUDRY

Andrew J. Zahalsky, M.D., Chairman of the Monongahela Valley Hospital Oncology Committee, was honored recently as a Clinical Champion by the American College of Surgeons' Cancer Liaison Program. Mount Nittany Medical Center

DR. ANDREW J. ZAHALSKY

ST. CLAIR HOSPITAL

St. Clair Hospital announced that pain management specialist Albert J. Carvelli, M.D., has joined its staff. Dr. Carvelli earned his medical degree at The Medical College of Pennsylvania, Philadelphia. He completed his internship at The Western Pennsylvania Hospital, and his residency in anesthesiology at Beth Israel Deaconess Medical Center at Harvard University, and the University of Pittsburgh.

DR. ALBERT J. CARVELLI

St. Clair Hospital and Fatigati/Nalin Associates announced that Robert E. McMichael, III, D.O., FACOI, has joined Fatigati/Nalin Associates. Prior to joining Fatigati/Nalin, Dr. McMichael practiced at Midwest Internal Medicine Associates in Michigan and had privileges at Botsford Hospital.

DR. ROBERT E. MCMICHAEL, III

ST. VINCENT HEALTH CENTER

Thomas Wittmann, M.D., recently received top honors from the associates of Saint Vincent Health Center for the manner in which he treats and respects his patients and hospital employees. Dr. Wittmann, a long time pulmonary specialist in Erie, was selected to receive the 2009 "We Know How to Treat People" award.

DR. THOMAS WITTMANN

UPMC

The University of Pittsburgh Medical Center (UPMC) announced that Thomas V. Inglesby, M.D., is the new director and chief executive officer of the Center for Biosecurity of UPMC. Dr. Inglesby has been the chief operating officer and deputy director of the Baltimore-based Center for Biosecurity since its founding in 2003 and is an associate professor of medicine and public health at the University of Pittsburgh School of Medicine and Graduate School of Public Health.

DR. THOMAS V. INGLESBY

UPMC PASSAVANT

Passavant Hospital Foundation is proud to announce that they have named William D. Speidel, III, as the foundation's director of development. Speidel joins the foundation after a successful 14-year career at Butler County Community College, where he was executive director of the BC3 Education Foundation, Inc.

WILLIAM D. SPEIDEL, III

UPMC PASSAVANT – CRANBERRY

DR. SHADRACH JONES

DR. HARDY BANG

Health Assistance Program for Personnel and Industry (HAPPI) and UPMC Passavant – Cranberry are happy to announce Shadrach Jones, IV, M.D., and Hardy Bang, M.D., MPH, as their new Occupational Medicine physicians.

UPMC ST. MARGARET

Dr. Peter G. Ellis, Director of the Medical Oncology Network for UPMC Cancer Centers & Chairman of the St. Margaret Foundation announced that Mary Lee Gannon has been hired as the President of St. Margaret Foundation. Since 2002 Gannon has been the President and CEO of Forbes Health Foundation.

MARY LEE GANNON

More Healthcare Professionals in the News continued on the next page.

Healthcare Professionals in the News

UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH

DR. DONALD S. BURKE

Donald S. Burke, M.D., dean of the University of Pittsburgh Graduate School of Public Health, has been elected to the prestigious Institute of Medicine (IOM) of the National Academies. Dr. Burke is associate vice chancellor for Global Health at the University of Pittsburgh and director of Pitt's Center for Vaccine Research. Prior to joining the University of Pittsburgh, Dr. Burke had a distinguished 23-year career at the Walter Reed Army Institute.

UNIVERSITY OF PITTSBURGH, SCHOOL OF HEALTH AND REHABILITATION SCIENCES

DR. MERVAT ABDELHAK

Dr. Mervat Abdelhak, Chair of the Health Information Management Department (HIM), at the University of Pittsburgh, School of Health and Rehabilitation Sciences received the American Health Information Management Association's (AHIMA) Distinguished Member Award. An educator, leader, mentor, and AHIMA volunteer, Dr. Mervat Abdelhak's career spans more than 30 years in the HIM field. She served as AHIMA president in 2005 and continues to serve in leadership roles in AHIMA.

UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE

Thomas E. Starzl, M.D., Ph.D., Distinguished Service Professor of Surgery, University of Pittsburgh School of Medicine and director emeritus, Thomas E. Starzl Transplantation Institute, was presented with the 2009 Gustav O. Lienhard Award at the Institute of Medicine's Annual Meeting in Washington, D.C. Known as "the father of transplantation,"

DR. MICHAEL BONINGER

The University of Pittsburgh School of Medicine has selected Michael Boninger, M.D., a renowned researcher in spinal cord injury and assistive technology, as chair of the Department of Physical Medicine and Rehabilitation (PM&R).

MARGARET MCCORMICK BARRON

West Penn Allegheny Health System (WPAHS) announced that Margaret "Peg" McCormick Barron has been named executive vice president of external affairs. Barron has served as vice president of legislative affairs for the organization since 2003. Prior to joining West Penn Allegheny, Barron was a public affairs consultant for a number of regional, national and international clients. She served the chief spokesperson and director of intergovernmental affairs for Pittsburgh Mayor Tom Murphy and was director of government relations for both Magee-Women's Hospital and Carnegie Mellon University before that.

West Penn Allegheny Health System (WPAHS) announced that Sanford R. Kurtz, M.D., has been named Executive Vice President, Chief Medical Officer and President of its newly established Physician Organization. Dr. Kurtz is a nationally recognized healthcare executive who has served as chief operating officer and executive vice president of the Lahey Clinic in Burlington, MA since 2000.

West Penn Allegheny Health System (WPAHS) announce the recruitment of Donald W. Moorman, M.D., to serve as system chair of its Department of Surgery. He will assume his new post in January 2010. Dr. Moorman joins West Penn Allegheny from Beth Israel Medical Center in Boston where he has served as vice chair of clinical affairs and associate surgeon-in-chief since 2000.

WESTERN PENNSYLVANIA HOSPITAL

DR. DONALD KEENAN

Breast surgeon Donald Keenan, MD, Ph.D., has joined the staff of The Western Pennsylvania Hospital (WPH). Prior to joining West Penn Allegheny Health System, Dr. Keenan was a surgeon in the Magee-University of Pittsburgh Cancer Institute Breast Cancer Program, Co-Director of the High-Risk Breast Cancer clinic at the UPMC Hillman Cancer Center, and Assistant Professor in the Department of Surgery at the University of Pittsburgh School of Medicine.

WESTMORELAND COUNTY COMMUNITY COLLEGE

DR. KATHY MALLOY

The Westmoreland County Community College dean of Health Professions, Dr. Kathy Malloy, was recently awarded the Distinguished Nurse Award by the Pennsylvania State Nurses Association. The award recognizes a Pennsylvania State Nurses Association member who has demonstrated leadership characteristics, and rendered distinguished service to the nursing profession and whose contributions and accomplishments are of significance throughout the Commonwealth.

COVER STORY: *Mission Possible: Medical Help from Pittsburgh to the World*

Continued from page 1

world health. Today, BBF is still devoted to that mission through the steady distribution of medicines, supplies and equipment worldwide to health ministries, hospitals and mission physicians ensuring that people across the globe have access to basic medical care, pharmaceuticals and medical supplies.

In addition, BBF also distributes educational, agricultural and other resources. Since 2000, BBF has been consecutively rated by Forbes Magazine with 100 percent fundraising efficiency and placed BBF among the top five most efficient charities in the country.

Since pharmaceutical products have expiration dates that need to be respected and sometimes medical shipments face delay, BBF has increasingly been supplying teams and/or individuals going on medical mission trips with needed medicines. Hand-carrying these supplies ensure their timely distribution and absorption. Pharmaceutical products available to be donated include antibiotics, analgesics, diuretics, laxatives, and anti-inflammatory, anti-viral, anti-hypertension, antifungal, and heartburn medicines.

Non-pharmaceutical supplies are also available to be hand-carried. Some examples of basic surgical instruments BBF has provided are suture scissors, forceps, probes, needle holders and hemostats.

A hospital scene during the medical and humanitarian mission trip in Sierra Leone organized by New York-based Women for Women of Sierra Leone. BBF supported this trip by donating medicine and Crocs shoes.

When time and resources allow, BBF sends its staff overseas to witness and monitor how its programs are working on the ground. Dr. Jack Demos, Surgicorps International founder and BBF trustee, appreciated that members of BBF staff were able to join his team in Guatemala this past summer.

Members of the Village United Presbyterian Church from Prairie Village, Kansas, with children in the Dominican Republic during a medical mission trip in March 2009. BBF donated medical supplies for this journey.

"Although we have talked many times about the details of our trips, I think until an individual actually accompanies us to a developing country, they can't appreciate who we are and/or exactly what we do," Dr. Demos said in a letter. "Through the combined efforts of our organizations, over 80 lives were changed, dreams fulfilled, and bodies made whole again. Without the help of organizations such as BBF, Surgicorps would be unable to fulfill its mission and provide care to those who have so little and deserve so much more."

So far this year, BBF helped 181 medical mission trips to 43 countries by donating pharmaceutical and non-pharmaceutical supplies with a total valued of $8.9 million.

For more information about BBF, call ***(412) 237-2324*** *or visit* ***www.brothersbrother.org.***
For inquiries about mission trips, contact coordinator
Ilva Letoja at ***iletoja@brothersbrother.org.***
For monetary or gift-in-kind donations, get in touch with BBF Vice-President of Development
Karen Dempsey at ***kdempsey@brothersbrother.org.***

In Stitches:

Hey, Tax This!

BY RON CICHOWICZ

It now seems that you cannot turn on a TV or radio or pick up a newspaper without hearing some elected official bemoan the fact that we can no longer sustain our bloated government without additional revenue—in other words, more taxes. The general consensus seems to be that increased or new taxes are inevitable—it's just that neither the Republicans nor the Democrats can agree on what to tax, since all ideas offered so far are sure to rile someone's constituents.

I try to make it a rule to never discuss religion or politics (including government), but for the good of our city, our county, our Commonwealth, and our nation, I'm going to make an exception. It seems to me that in their search for new revenue to maintain our inefficient government, our elected officials are looking for money in all the wrong places. They are just not being creative enough.

So as a public service, I would like to suggest the following tax ideas—many of which I think the majority of my fellow citizens would not just accept but embrace.

Stupid Spam Email Tax: Levied on anyone who sends to everyone in their address book spam emails that are supposed to be funny and are not, or promise good luck or great wealth if you forward the email to others.

"**What's Happenin**'" **Tax:** For anyone who spouts the tourism slogan, "What happens in Las Vegas stays in Las Vegas" and substitutes another place for Las Vegas—Kittanning, Wilmerding, my bedroom, etc.—because they think it sounds hip or clever. It doesn't.

Dog Barking Tax: For anyone who lets his dog or dogs bark continuously for more than five minutes. If enacted, my neighborhood alone could pay off the national debt.

Cell Phone Interruption Tax: Charged every time someone interrupts a conversation by saying, "Hold on, I have to take this."

Drive-Through Mistake Tax: Collected whenever you check your food received from the drive-through window—which you used because it is supposed to be more convenient—and find that you're missing a cheeseburger or small fries or, even worse, the toy for the Happy Meal. This tax should be high: after all, you only serve so many items and the order is listed on a screen in front of you. How hard is it to put the right food in the bag?

Whiny Coworker Tax: This is slapped (so you don't have to slap) on coworkers who spend the day complaining about their jobs at a time when unemployment continues to rise.

"**Have a Nice Day**" **Tax:** Collected from any sales clerk who spews this comment with all the sincerity of, well, an IRS agent.

#$%&*@ Tax: For anyone who has decided that free speech means being allowed to publicly loudly utter, or blast over the car radio, what George Carlin called the "seven words you can't say on television, I say hit 'em with a tax so high it's obscene.

#$%&*@ Gesture Tax: Similar to the preceding, but levied on obscene gestures flashed while driving.

Lousy Driver Tax: While we're on the subject of driving, let's tax all those idiots and morons on the road who make you wonder who issued licenses to these folks in the first place. These include anyone who cuts you off in traffic, drives in the left lane 20 miles below the speed limit, or generally decides that the rules of driving simply do not apply to them.

Automated Phone System Tax: For any company or government agency that has decided to avoid ever having human beings actually talk to each other by phone. ("Press 1 for English, 2 for Spanish … Press 1 if you know your party's extension, 2 if you don't know your party's extension, 3 if you don't know your party, 4 if you'd like to go to a party …")

Broken Promises Tax: For anyone—parent, fiancé, salesperson, employer, government official—who ever made a promise and failed to keep it. Wait. What am I thinking? How would this ever get through the Legislature? (Hey, I know: We'll hide it somewhere around page 995 of the next 2000 page healthcare bill! Nobody reads those things anyone.)

Ron Cichowicz is an award-winning, Pittsburgh-based author and lecturer, whose presentation topics include the benefits of humor (for individuals and organizations), motivation and leadership, and public relations and fund raising for nonprofits. Ron can be reached via email at roncichowicz27@comcast.net.

Investors' Lab

Good Decision Making Will Make Your 401(K) Plan Work for You

BY ART HAZEN

In today's volatile economic times, many of us find ourselves questioning whether or not we will ever be able to retire.

Even high net worth individuals such as physicians and hospital administrators may be asking themselves such questions as, "If I am able to retire, will I have enough assets to support my lifestyle?" or "How much money do I need to have in my retirement account to even consider retiring?"

The best place to begin looking for answers to these questions may be in the past. A generation ago, people in our society generally financed retirement with defined benefit plans that guaranteed what the individual would receive in retirement – better known as pensions. Pension plans work much differently than 401(k) plans. Decisions such as where to invest and how much to invest were left to qualified individuals or investment professionals who understood the markets and how to make the most of them.

In more recent years, with the creation of defined contributions – or 401(k) plans – the decisions have all been shifted to the participants.

Despite the current "I can't get there" perception, most working individuals with retirement plan offerings do in fact have the ability to provide themselves with a happy and comfortable retirement. But to quote a great comic book hero, "With great power, comes great responsibility." So the question a holder of a 401(k) account must answer is, "How do I effectively make my 401(k) work for me?"

The retirement planning industry as a whole has done a great job of creating tools and products for investors to utilize on their path to retirement. After all, at last count there were more than 6,000 mutual funds eligible for retirement accounts, and no less than 10,000 websites ran by advisors, mutual funds and brokerage companies eager to offer "guidance" for all of your investment needs.

Why is it, then, that so many people believe they don't – or won't – have enough money when it's time to retire? We could examine a myriad of trends to explain why people don't save enough, e.g., misuse of credit cards, purchase of houses that are beyond the means of the owner as symbolized by the craze for "McMansions" or luxuries such as expensive vacations and pop concerts.

For the purpose of this article, though, let's focus on one trend, the significant gap that exists between the information available to the average 401(k) investor and the actions he or she takes. As previously mentioned, the industry has more than provided the tools necessary for success.

Where it seems that the industry has grossly failed, though, are in providing instructions on how to use those tools.

Coming off the heels of one the most difficult financial market cycles, there are some retirement plan participants who feel better than ever about retirement. These individuals likely had an advisor who sat down and walked them through a plan for their retirement. They probably discussed topics like asset allocation and investment policy. These participants understood that their time horizon, retirement needs, and savings rate were all equally, if not more important than what S&P 500 or IBM was doing on a particular day or in a particular quarter.

This knowledge would have allowed these investors to stick with their stated plan and not make irrational decisions in panic. Consider this: An investor who stayed fully invested throughout the course of the last year is now far better off than one who moved assets to a cash position when the market bottomed and has yet to get back in. History has shown us that time in the market leads to success, while attempts to time the market often lead to disaster.

When we sit back and consider what's necessary to retire, it really comes down to one thing only – good decision-making. For the financial industry, that means shifting the focus of communication with clients away from the creation of products and services towards an emphasis on what qualified financial advisors have always known is most important, good, sound and consistent guidance. And for individuals who want to retire eventually, that means not going it alone, but seeking out the professional advice that the previous generation always had.

In other words, the best way to build a 401(k) plan that enables you to retire is to find a qualified advisor who is focused on your needs and goals, and who is willing and able to spend the time necessary to get you where you want to be.

Art Hazen, Director of Retirement Plans, BPU Investment Management., can be reached at ahazenbpuinvestments.com.

RESOURCE DIRECTORY

HOSPITALS

Kindred Hospitals of Pittsburgh

Our services include but are not limited to:
Telemetry • Respiratory Therapy
Wound Management • Nutritional Services
Surgical Services • Ventilator Weaning
Daily Physician Visits • Pulmonary Rehab
Physical, Occupational and Speech Therapies
Subacute Rehabilitation Unit (at North Shore location)

Kindred Hospital Pittsburgh
7777 Steubenville Pike Oakdale, PA 15071

Kindred Hospital Pittsburgh - North Shore
1004 Arch Street Pittsburgh, PA 15212

Kindred Hospital at Heritage Valley
1000 Dutch Ridge Road Beaver, PA 15009

For referrals and admissions, call:
412-494-5500 ext. 4356
www.kindredhealthcare.com

CREDENTIALS VERIFICATION

CAMBRON CREDENTIALS, INC.

OrA full service Credentials Verification Organization offering verification services, employee screening, ongoing monitoring, quality audits and customized software. Caring for our clients since 2001.

161 Western Avenue, Suite 201, St. Johnsbury, VT 05891
www.cambroncredentials.com
802-473-7411
Trust, but Verify

DIGITAL DOCUMENT SCANNING

COMPUCOM INC.

Organizing your files in the digital world need not be a challenge! Save costly staff time and money with our Targeted Services approach to solving your document problems. Working within the guidelines you establish, we develop the best program for converting and maintaining your files. Our services include analysis, solution recommendation, scanning and retrieving to suite your needs. All performed professionally and confidentially. Locally owned and operated, COMPUCOM Inc. has been serving document management clients since 1978 with progressive technology that lets you concentrate on your business while we keep you running efficiently. Call for a free, no cost consultation.

COMPUCOM Inc.
(412) 562-0296
www.compucom-inc.com

DRUG ADDICTION/ ALCOHOLISM TREATMENT

GATEWAY REHABILITATION CENTER

Gateway Rehabilitation Center provides treatment for adults, youth, and families with alcohol and other drug related dependencies - within a network of inpatient and outpatient centers located in Pennsylvania and Ohio. Services offered include evaluations, detoxification, inpatient, partial hospitalization, intensive outpatient, outpatient counseling, and male halfway houses. Gateway also offers comprehensive school-based prevention programs as well as employee assistance services. Visit gatewayrehab.org or call 1-800-472-1177 for more information or to schedule an evaluation.

EMPLOYMENT DIRECTORY

INTERIM HEALTHCARE SERVICES

Offers experienced nurses the opportunity to practice their profession in a variety of interesting assignments - from school nurse staffing to home health visits to hospice and private duty. Full- or part-time - the professional nursing alternative throughout southwestern Pennsylvania.

Paula Chrissis and Kristin Petyak
Recruiters
1789 S. Braddock, Pittsburgh, PA 15218
800-447-2030

PRESBYTERIAN SENIORCARE

As this region's premiere provider of living and care options for older adults, Presbyterian SeniorCare offers a wide variety of employment opportunities—all with competitive wages and comprehensive benefits—at multiple locations throughout southwestern Pennsylvania. As part of its philosophy of Human Resources, PSC strives to develop a rewarding work environment that is rich in interdepartmental cooperation and that recognizes the value of each individual employee.

Human Resources Department,
1215 Hulton Road, Oakmont, PA 15139
412-826-6123 or call our "Job Line" 412-826-6080

ST. BARNABAS HEALTH SYSTEM

RNs, LPNs, Home Care Companions, Personal Care Attendants, Hospice Aides, Dietary Aides

St. Barnabas Health System frequently has job openings at its three retirement communities, two assisted living facilities, two nursing homes, and an outpatient medical center that includes general medicine, rehab therapy, a dental practice, home care and hospice. Campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. Enjoy great pay, and benefits in the fantastic suburban setting. Both campuses are a convenient drive from the Pennsylvania Turnpike, Routes 8, 19 and 228, and Interstates 79 and 279. Contact Margaret Horton, Executive Director of Human Resources, St. Barnabas Health System, 5830 Meridian Road, Gibsonia, PA 15044. 724-444-JOBS; mhorton@stbarnabashealthsystem.com. www.stbarnabashealthsystem.com

EXTENDED CARE & ASSISTED LIVING

ASBURY HEIGHTS

For a century, Asbury Heights, operated by United Methodist Services for the Aging, has been providing high-quality compassionate care to older adults in Southwestern Pennsylvania. Asbury Heights is a faith-based, nonprofit charitable organization, located in Mt. Lebanon. Through various accommodations, services and amenities, the needs of independent living residents can be met. For residents requiring more care, the continuing care community also offers assisted living, nursing and rehabilitative care and Alzheimer's specialty care. The Health and Wellness Center is headed by a board certified, fellowship trained geriatrician. Residents may be treated by on-site specialists or retain their own physicians. Rehabilitative therapies are also available on-site. A variety of payment options are available to fit individual financial situations. The application process is very quick and easy and does not obligate the applicant in any way.

For more information, please contact Joan Mitchell, for Independent Living; Michele Bruschi for Nursing Admissions; or Lisa Powell for Assisted Living at 412-341-1030. Visit our website at www.asbury-heights.org.

BAPTIST HOMES SOCIETY

For almost 100 years, Baptist Homes Society has served older adults of all faiths throughout the South Hills. As a continuing care retirement community, we provide a full continuum including independent living, short-term rehabilitation, personal care and assisted living, memory support, skilled nursing programs and hospice care. Between our two campuses, we offer one-stop shopping for senior living services. Baptist Homes, our Mt. Lebanon campus, serves nearly 300 older adults. Providence Point, our new campus in Scott Township, has the capacity to serve over 500 older adults. Our mission is to offer a full continuum of enriched living, compassionate care, and benevolence to a broad spectrum of individuals. Baptist Homes Society is both Medicare and Medicaid certified. For more information visit our websites (www.baptisthomes.org or www.providencepoint.org) or arrange for a personal tour at either campus by calling Karen Sarkis, Community Outreach Liaison, at 412-572-8308. Baptist Homes is located at 489 Castle Shannon Boulevard, Mt. Lebanon, and Providence Point is located at 500 Providence Point Boulevard, Scott Township.

COMMUNITY LIFE

Living Independently For Elders

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

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

GOLDEN LIVINGCENTER – MT. LEBANON

Golden Living … providing complete senior care.

At Golden LivingCenter — Mt. Lebanon, we believe that for seniors to live life to the fullest, they must receive the highest-quality services. Professional, 24-hour care is provided in a comfortable and inviting setting. Our residents participate in a variety of results-driven programs that help them reach their healthcare goals, build confidence in their abilities, and maintain their independence.

Golden LivingCenter — Mt. Lebanon
350 Old Gilkeson Road, Pittsburgh PA 15228
412-257-4444 • Fax: 412-257-8226

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.

OAKLEAF PERSONAL CARE HOME

"It's great to be home!"

Nestled in a country setting in a residential area of Baldwin Borough, Oakleaf Personal Care Home provides quality, compassionate care to adults who need assistance with activities of daily living. As we strive to enhance the quality of life of our residents, our staff constantly assesses their strengths and needs as we help them strike that fine balance between dependence and independence. Oakleaf offers private and shared rooms, all located on one floor. Our home includes a spacious, sky-lighted dining room, library, television lounges, sitting areas and an activity room. Our fenced-in courtyard, which features a gazebo, provides our residents with a quiet place to enjoy the outdoors, socialize with family and friends, and participate in planned activities. Upon admission, the warmth of our surroundings and the caring attitude of our staff combine to make Oakleaf a place residents quickly call "home". Please call for additional information, stop by for a tour or visit us on our website. www.oakleafpersonalcare-home.com

3800 Oakleaf Road, Pittsburgh, PA 15227
Phone (412) 881-8194, Fax (412) 884-8298
Equal Housing Opportunity

PRESBYTERIAN SENIORCARE

A regional network of living and care options for older adults throughout southwestern Pennsylvania. Services and facilities include skilled and intermediate nursing care, rehabilitation, personal care, specialty Alzheimer's care, adult day care, home healthcare, senior condominiums, low-income and supportive rental housing. For more information:

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

ST. BARNABAS HEALTH SYSTEM

Regardless of what lifestyle option a senior needs, St. Barnabas Health System has a variety of choices to fulfill that need. Independent living options include The Village at St. Barnabas apartments, The Woodlands at St. Barnabas carriage homes, and The Washington Place at St. Barnabas efficiency apartments. Assisted living is available at The Arbors at St. Barnabas in Gibsonia and Valencia. Twenty-four hour skilled care is provided at St. Barnabas Nursing Home and Valencia Woods at St. Barnabas. St. Barnabas Medical Center is an outpatient facility that includes physicians, chiropractors, dentists, rehabilitation therapists, home care and hospice. The system's charitable arm, St. Barnabas Charities, conducts extensive fundraising activities, including operating the Kean Theatre and Rudolph Auto Repair. St. Barnabas' campuses are located in Gibsonia, Allegheny County, and Valencia, Butler County. For more information, call 724-443-0700 or visit www.stbarnabashealthsystem.com.

WESTMORELAND MANOR

Westmoreland Manor with its 150 year tradition of compassionate care, provides skilled nursing and rehabilitation services under the jurisdiction of the Westmoreland County Board of Commissioners. A dynamic program of short term rehabilitation services strives to return the person to their home while an emphasis on restorative nursing assures that each person attains their highest level of functioning while receiving long term nursing care. Westmoreland Manor is Medicare arid Medicaid certified and participates in most other private insurance plans and HMO's. We also accept private pay.

Eagle Tree Apartments are also offered on the Westmoreland Manor campus. These efficiency apartments offer independent living in a protective environment.

Shelley Thompson, Director of Admissions
2480 S. Grande Blvd., Greensburg, PA 15601 • 724-830-4022

HOME CARE / HOSPICE

ANOVA HOSPICE & PALLIATIVE CARE SERVICES, LLC

"Lighting the Way To Better Patient Care"

Hospice care can be provided wherever the patient lives – In the comfort of their own home, assisted living, or long-term care residence, our team of professionals and volunteers will provide them with the full range of hospice services to which they are entitled. Anova Hospice provides all medications, medical equipment and supplies related to the hospice diagnosis. For more information or a consultation, call 1-877-ANOVA-32.

1580 Broad Avenue Ext., Suite 2
Belle Vernon, PA 15012

BAYADA NURSES

Bayada Nurses has been meeting the highest standards of clinical excellence in home health care for more than 30 years. Every client in our care is supervised by an experienced RN and both clients and staff have access to 24-hour on-call support, seven days a week. With homemaking, personal care, and skilled nursing care that extends to the high-tech level, our Pittsburgh location provides quality in-home care to pediatric, adult and geriatric clients. The office is certified by Medicare and Medicaid and accepts a wide variety of insurance programs and private pay. All staff are screened rigorously and fully insured.

Contact information:
www.bayada.com

- Pittsburgh Office
  Phone: (412) 473-0210
  Fax: (412) 473-0212
  1789 S. Braddock Avenue, Suite 395
  Pittsburgh, PA 15218
- Latrobe Office
  Phone: (724) 537-4686
  Fax: (724) 537-4683
  326 McKinley Avenue, Suite 201
  Latrobe, PA 15650

CARING HANDS

Senior Health Care. Est. 1982. "Hands that will make a difference when it comes to in-house health care." Available 24 hours, Seven Days a week. Phone answers 24 hours. Caring Hands services consist of bath visits, personal care, sitters, 24 hour companions, home making in your home, hospital or nursing home. Initial Assessment Free. Ask about our no overtime rate on all holidays. Please call412-349-4633..

GATEWAY HOSPICE

Gateway's hospice services remains unique as a locally owned and operated service emphasizing dignity and quality clinical care to meet the needs of those with life limiting illness. Quality nursing and home health aide visits exceed most other agencies. Our commitment to increased communication and responsiveness to those we serve is our priority. Medicare certified and benevolent care available. Gateway serves patients in Allegheny and ALL surrounding counties. Care is provided by partnering with facilities and hospitals in addition to wherever the patient "calls home".

For more information call 1-877-878-2244.

HEARTLAND

At Heartland, we provide Home Care, Hospice or IV Care. We have a special understanding of the health care challenges of our patients, as well as their families and loved ones may be experiencing. Through our passion for excellence, we are committed to enhancing their quality of life through our compassionate and supportive care. Most of the care Heartland provides is covered under Medicare, Medicaid or many health care plans including HMOs, PPOs and private insurance.

Our team can provide more information about Heartland's services and philosophy of care at anytime. Please feel free to contact us 800-497-0575.

HOMEWATCH CAREGIVERS

Homewatch CareGivers serve our clients with affordable and trusted care providing families with peace of mind and freedom. Staff are selected based on experience, skill and dependability and are provided orientation to the client and continuous training. We provide free initial assessments, individualized care plans and in home risk assessments. Our services are professionally supervised to meet quality assurance standards. Homewatch CareGivers go the extra mile to make a meaningful difference in the lives of our clients.

Penn Center West Two Suite 120
Pittsburgh, PA
412-788-1233 or 412-999-2611

INTERIM HEALTHCARE

Interim HealthCare is a national comprehensive provider of health care personnel and service. Interim HealthCare has provided home nursing care to patients since 1966 and has grown to over 300 locations throughout North America. Interim HealthCare of Pittsburgh began operations in 1972 to serve patient home health needs throughout southwestern Pennsylvania and northern West Virginia. IHC of Pittsburgh has been a certified Medicare and Medicaid home health agency since 1982. IHC provides a broad range of home health services to meet the individual patient's needs – from simple companionship to specialty IV care and ventilator dependent care to hospice care – from a single home visit to 24 hour a day care. IHC has extensive experience in working with facility discharge planners and health insurance case managers to effect the safe and successful discharge and maintenance of patients in their home.

For more information or patient referral, call 800-447-2030.

1789 S. Braddock, Pittsburgh, PA 15218
3041 University Avenue, Morgantown, WV 26505

LIKEN HOME CARE, INC.

Established in 1974, is the city's oldest and most reputable provider of medical and non-medical care in private homes, hospitals, nursing homes, and assisted living facilities. Services include assistance with personal care and activities of daily living, medication management, escorts to appointments, ambulation and exercise, meal preparation, and light housekeeping. Hourly or live-in services are available at the Companion, Nurse Aide, LPN and RN levels. Potential employees must meet stringent requirements; screening and testing process, credentials, references and backgrounds are checked to ensure qualifications, licensing, certification and experience. Criminal and child abuse background checks are done before hire. Liken employees are fully insured for general and professional liability and workers' compensation. Serving Allegheny and surrounding counties. Free Assessment of needs available.

For more information write to Private Duty Services, 400 Penn Center Blvd., Suite 100, Pittsburgh, PA 15235, visit our website www.likenservices.com, e-mail info@likenservices.com or call (412) 816-0113 – 7 days a week, 24 hours per day.

LOVING CARE AGENCY OF PITTSBURGH

Loving Care Agency is a national provider of extended hour home health services with 31 offices in 7 states. The Pittsburgh office cares for medically fragile children and adults with a variety of diagnoses. Specializing in the most complex care, including mechanical ventilation, the staff of Loving Care Agency of Pittsburgh includes experienced RNs, LPNs and home health aides. Services are available 24 hours per day, 7 days per week in Allegheny, Armstrong, Beaver, Butler, Washington and Westmoreland Counties. Backgrounds and experience of all staff are verified. Loving Care Agency is licensed by the PA Department of Health.

Contact Information:
Loving Care Agency of Pittsburgh
875 Greentree Road, Building 3 Suite 325, Pittsburgh, PA 15220
Phone: 412-922-3435, 800-999-5178, Fax: 412-920-2740
www.lovingcareagency.com

VITAS INNOVATIVE HOSPICE CARE® OF GREATER PITTSBURGH

VITAS Innovative Hospice Care is the nation's largest and one of the nation's oldest hospice providers. When medical treatments cannot cure a disease, VITAS' interdisciplinary team of hospice professionals can do a great deal to control pain, reduce anxiety and provide medical, spiritual and emotional comfort to patients and their families. We provide care for adult and pediatric patients with a wide range of life-limiting illnesses, including but not limited to cancer, heart disease, stroke, lung, liver and kidney disease, multiple sclerosis, ALS, Alzheimer's and AIDS. When someone becomes seriously ill, it can be difficult to know what type of care is best … or where to turn for help. VITAS can help. Call 412.799.2101 or 800.620.8482 seven days a week, 24 hours a day.

RESOURCE DIRECTORY

MEDICAL BILLING/CONSULTING

ANTHONY MEDICAL SERVICES

We are in the business of helping clients within the Pittsburgh area with Medical Billing and A/R Recovery issues. Our claims processing is always updated which enables us to get your claims paid twice as fast as compared to conventional billing. Submission of claims is done daily with extensive follow up on unpaid services. Monthly reports keep you informed of your cash flow. We customized our services and prices to fit your needs. Anthony Medical Services is here to help!
Visit www.anthonymedicalservices.com.

PEDIATRIC SPECIALTY HOSPITAL

THE CHILDREN'S HOME OF PITTSBURGH & LEMIEUX FAMILY CENTER

28-bed, licensed pediatric specialty hospital serving infants and children up to age 21. Helps infants, children and their families transition from a referring hospital to the next step in their care; does not lengthen hospital stay. Teaches parents to provide complicated treatment regimens. Hospice care also provided. A state-of-the-art facility with the comforts of home. Family living area for overnight stays: private bedrooms, kitchen and living/dining rooms, and Austin's Playroom for siblings. Staff includes pediatricians, neonatologists, a variety of physician consultants/specialists, and R.N./C.R.N.P staff with NICU and PICU experience. To refer call: Monday to Friday daytime: 412-617-2928. Afterhours/weekends: 412-596-2568. For more information, contact: Kim Reblock, RN, BSN, Director, Pediatric Specialty Hospital, The Children's Home of Pittsburgh & Lemieux Family Center. 5324 Penn Avenue, Pittsburgh, PA 15224. (412) 441-4884 x3042.

PUBLIC HEALTH SERVICES

ALLEGHENY COUNTY HEALTH DEPARTMENT

The Allegheny County Health Department serves the 1.3 million residents of Allegheny County and is dedicated to promoting individual and community wellness; preventing injury, illness, disability and premature death; and protecting the public from the harmful effects of biological, chemical and physical hazards within the environment. Services are available through the following programs: Air Quality; Childhood Lead Poisoning Prevention; Chronic Disease Prevention; Environmental Toxins/Pollution Prevention; Food Safety; Housing/Community Environment; Infectious Disease Control; Injury Prevention; Maternal and Child Health; Women, Infants and Children (WIC) Nutrition; Plumbing; Public Drinking Water; Recycling; Sexually Transmitted Diseases/AIDS/HIV; Three Rivers Wet Weather Demonstration Project; Tobacco Free Allegheny; Traffic Safety; Tuberculosis; and Waste Management. Bruce W. Dixon, MD, Director
333 Forbes Avenue, Pittsburgh, PA 15213
Phone 412-687-ACHD • Fax 412-578-8325 • www.achd.net

THE CENTER FOR ORGAN RECOVERY & EDUCATION

The Center for Organ Recovery & Education (CORE) is a nonprofit organization designated by the federal government to provide individuals an opportunity to donate life through organ, tissue and corneal donation. CORE devotes a large portion of its resources to developing innovative educational programs and engineering research that will maximize the availability of organs, tissue and corneas. Lastly, CORE strives to bring quality, dignity, integrity, respect and honesty to the donation process for the families, hospitals and communities it serves.
For more information, please contact CORE at 1-800-366-6777 or www.core.org

PROFESSIONAL DEVELOPMENT

STRATEGY AND MARKET DEVELOPMENT OF THE AMERICAN HOSPITAL ASSOCIATION

In the new consumer-based healthcare environment, the marketing, communications, and strategic planning of hospitals and healthcare systems has never been more important. Professionals in these fields are often given high expectations from senior management and a shoestring budget for implementation. Through membership in the Society for Healthcare Strategy and Market Development of the American Hospital Association, you will have access to the resources and education you need to increase the productivity of your department and your professional growth. For more information, call (312) 422-3888 or e-mail shsmd@aha.org.

REHABILITATION

THE CHILDREN'S INSTITUTE

The Hospital at The Children's Institute, located in Squirrel Hill, provides inpatient and outpatient rehabilitation services for children and young adults. Outpatient services are also provided through satellite facilities in Green Tree, Irwin and Wexford. In addition, The Day School at The Children's Institute offers educational services to children, ages 2-21, who are challenged by autism, cerebral palsy or neurological impairment. Project STAR at The Children's Institute, a social services component, coordinates adoptions, foster care and intensive family support for children with special needs.
For more information, please call 412-420-2400.
The Children's Institute
1405 Shady Avenue • Pittsburgh, PA 15217-1350
www.amazingkids.org

THE PT GROUP℠ PHYSICAL THERAPY

Since 1978 THE pt GROUP has provided early evaluations and continuous progressive care under the same licensed therapist for orthopedic and neurological injuries and conditions. We are not owned or controlled by doctors, hospitals, or insurance companies, but evaluate, and treat, and offer home exercise programs. We treat patients from over 1000 physicians' prescriptions covered by most of the work, auto and managed care programs. Call 1-888-PT-FOR-YOU (1-888-783-6796) or www.theptgroup.com.

OUTPATIENT CENTERS
Apollo - 724-478-5651
Blairsville -724-459-7222
Derry - 724-694-5737
Greensburg - 724-838-1008
Greensburg Ortho & Sports - 724-216-9116
Greensburg West -724-832-0827
Harrison City - 724-527-3999
Irwin- 724-863-0139
Jeannette - 724-523-0441
Latrobe - 724-532-0940
Ligonier - 724-238-4406
Lower Burrell/New Kensington- 724-335-4245
McKeesport/N. Versailles- 412-664-9008
Monroeville - 412-373-9898
Moon Township - 412-262-3354
Mt. Pleasant - 724-547-6161
Murrysville - 724-325-1610
New Alexandria - 724-668-7800
Penn Hills - 412-241-3002
Pittsburgh Downtown- 412-281-5889

BALANCE THERAPY
Blairsville -724-459-7222
Derry - 724-694-5737
Greensburg - 724-838-1008
Harrison City- 724-527-3999
Irwin - 724-863-0139
Jeannette – 724-523-0441
Latrobe – 724-532-0940
Lower Burrell - 724-335-4245
McKeesport – 412-664-9008
Monroeville – 412-373-9898
Moon Township – 412-262-3354
Mt. Pleasant - 724-547-6161
New Alexandria - 724-668-7800
Penn Hills – 412-241-3002

FUNCTIONAL CAPACITY EVALUATION SCHEDULING
Greensburg - 724-838-7111

If your organization or business is looking for a way to reach more than 36,000 healthcare professionals every month AND enjoy the value-added benefit of a weblink on our website, then our Resource and Business Directory is right for you!
Call Margie Wilson at (724) 468-8360 today!

Executive Living

HIGHLAND PARK NEIGHBORHOOD
1444 N. EUCLID AVENUE
$184,000

The TAX CREDIT HAS BEEN EXTENDED AND This PRISTINE TUDOR STYLE TOWNHOUSE HAS JUST BEEN REDUCED ~ NEW PRICE IS $184,000. A MUST SEE! This Home features 4 Bedrooms, 3 Full Bathrooms, Exposed Hardwood Floors, Eat-In Kitchen, Master Bedroom also has Private Master Bathroom and is located right next to the Highland Park Reservoir! Walk to the Park, Reservoir, Bike Trails, Lake & Zoo! Call Us Today For More Information and/or To Schedule A Showing!!

OAKLAND AREA
128 N. CRAIG STREET CONDO # 706
$119,000

This condominium building is located directly across the street from St. Paul's Cathedral in Oakland and is within walking distance to the Medical Center & Cultural District. This Condo is approx. 1300 sq. ft. Featuring 2 Bedroom's, 2 Baths, Full Services Building, 24/7 Security; Roof Deck, Exercise Room, Guest Suite, Eat-In-Kitchen, Maintance Fee Includes Heat, Water & Sew. You Only pay Electric & Parking @ $125/mo.

MORNINGSIDE NEIGHBORHOOD
1436 JANCEY STREET
$129,000

This Single Family Residence is a Great Buy! This Spacious 3 Bedroom, 2 Full Bathroom Home has many desirable features such as, Parquet Hardwood Floors in Living & Dining Room, Stained Glass Windows, Original Wood Features throughout, Eat-In Kitchen, Nice Front & Back Porch, PLUS A YARD! Great Room Sizes! Great Closet Space! Call Me Today To Schedule A Showing!! TAX CREDIT HAS BEEN EXTENDED UNTIL APRIL 2010...CALL ME FOR MORE INFORMATION!

Lisa Solomon
Cell: (412) 849-9983 or
(412) 363-4000 Ext. 737
lisa.solomon@pittsburghmoves.com

Jessica Allen
Cell: (412) 337-4081
Jessica.allen@pittsburghmoves.com

COLDWELL BANKER REAL ESTATE SERVICES

Baldwin
$379,000
Let us be YOUR Stimulus Package!

Model Home features totally equipped Kitchen, hardwood, crown moldings & vaulted Great Room. 4 Bedrooms with 3.5 bath & enormous Game Room. 1st floor Master Suite complete with ceramic bath & whirlpool. Community pool and Clubhouse. ML#778751

Bethel Park
$449,900
A Rare Find!

This Colonial Masterpiece exudes quality, space and privacy. Hardwood floors, maple gourmet Kitchen, outstanding finishes and Master Suite with whirlpool. 4 Bedroom, 2.5 Bath residence with convenient location on a private picturesque 3.8 acre lot. ML#779706

North Strabane
$264,000
Easy Living!

Outstanding townhome features true hardwood floors, detailed mouldings throughout including the Master Bedroom. Cherry Kitchen with granite counters opens to Family Room with oversized bayed access to the Trex Deck. Large finished Game Room and cul de sac location. ML#797448

Karen Marshall • Keller Williams • 412-831-3800 ext. 126 • karenmarshall@realtor.com

KELLER WILLIAMS REALTY

Karen Marshall

This space reserved for you...

Reach over 36,000 healthcare professionals every month.

Call 724-468-8360 for more information.

Picket Fences, Sidewalks and Community Parks.

The traditional neighborhood is a great place to raise a family. It's the right way to establish a strong sense of community from day one.

- *Single Family, Townhomes, Condos and quads*
- *Community Clubhouse and Pool*
- *Landscaped Parks*
- *Dick's Sporting Goods Sportsplex at Graham Park*
- *Custom Home Construction that is Affordable*

PARK PLACE Traditional Living

724-776-1863
www.cranberryparkplace
Text HOME to 21321

Located in Cranberry Township with entry from Powell and Rochester Roads

---

Bryn Mawr Apartments

"Our Location is Timeless"

ONE MONTH FREE

- 1 bedroom apartments starting at $549
- 2 bedroom apartments starting at $885
- Athletic center w/ lending library
- Laundry facilities on each floor
- Indoor parking available
- Swimming pool
- Social room for entertaining
- Public transportation at entrance
- Cats welcome in select units
- Water, sewage & trash removal included
- 24 hour emergency maintenance
- Visual entry intercom system

100 Bryn Mawr Court
Pittsburgh, PA 15521
(412) 371-3935

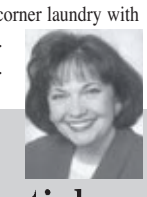
Located minutes from I-376, Monroeville and the PA Turnpike!

www.brynmawrapartments.com

Cranberry Twp.
$309,900

PANORAMIC VIEWS!

You can see for miles from the deck of this well-kept 4BR, 2.5BA home. Spacious room sizes, great floor plan. Main level features 9 foot ceilings with dentil crown molding, corner laundry with door to deck, and brick fireplace in Fam Rm. Walkout Basement. Move-in condition. Convenient location, close to amenities. MLS#797062, *Marlene Sausman 724-776-3686 x242*



Take a Virtual Tour of these properties, www.marlenesausman.com

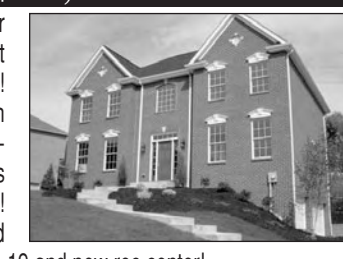
MARLENE SAUSMAN, ABR, CRS, GRI
20206 Route 19,
Cranberry Twp., PA 16066
(724) 776-3686 x242

Prudential Preferred Realty

REALTOR

Affordable Upper St. Clair New Construction
$429,900

Just completed! Make your move to the #1 school district and top ranked U.S. town! 4BD/4.5BA/3 car gar with unbelievable upgrades! Gourmet kitchen w double ovens and large center island! Luxurious master suite and much more! Ez access to Rt. 19 and new rec center!



Roxane Agostinelli • Roxane CAN help you buy, sell or invest!
KELLER WILLIAMS REALTY SOUTH HILLS
412-831-3800 x148 • 412-901-4073
Roxane@RoxaneCAN.com • www.RoxaneCAN.com

Hampton
$749,900
MLS# 779067

Classical details and stately brick exterior grace this Villa of North Park home. This 4 bedroom, 4.5 bath home in park-like setting offers privacy and an easy commute. Formal yet accommodates a comfortable lifestyle. Newly installed granite counter tops compliment the island kitchen open to the dining area. Great deck for outdoor entertaining!
Gloria Carroll 412-367-8000 x242.

MCCANDLESS
MLS# 798692
$530,000

An Elegant Find! This ideal cul-de-sac location offers 4 bedrooms, 2.5 baths, and finished lower level. The kitchen has been updated with granite counters, stainless appliances, and tucked away wet bar area. The family room offers a perfect place to cozy up to the fire with a grand coffered ceiling and large brick fireplace, overlooking a gorgeous tree lined back yard! Leaded glass French doors welcome you into the living and dining rooms. Desirable neighborhood with convenient commute. YOUR SEARCH IS OVER! ***Gloria Carroll 412.367.8000 x242.***

Franklin Park
$449,000
MLS# 787122

This fantastic 4 bedroom, 4 bath home boasts a great design that promotes comfort and flow. Delightfully proportioned with tremendous curb appeal, attractive floor plan and thoughtful updates. Highlights include new painted interior, amazing two-story sunroom with loft off master bedroom, private study, spacious island kitchen, master bedroom with fireplace and relaxing master bath, lower level gameroom. This enchanting park-like 3.25 acre setting with mature trees, multi-level deck with gorgeous views is a must see!! ***Gloria Carroll 412-367-8000 x242.***

For more information, tour or brochure… Call Today or Visit Our Website at www.gloriacarrollteam.com for a visual tour.

Gloria Carroll : 412-367-8000 x242 • *The Gloria Carroll Team* - Ruth Benson: 412-367-8000 x589
Patty Pellegrini: 412-367-8000 x232 • Gina Machado: 412-367-8000 x281 • Lora Zylstra: 412-367-8000 x257

Prudential Preferred Realty
Independently Owned And Operated.

Prudential

Preferred Realty

Preferred
NEW CONSTRUCTION
www.PrudentialPreferredRealty.com

A
AVONWORTH
HEIGHTS
Home for the Holidays

- Avonworth School District
- 7 lots available to build
- Great location! Convenient to I-279 and an 8 minute drive to downtown Pittsburgh
- Nearby golf courses, shopping and schools
- Sidewalk community
- All cul-de-sac streets

Starting at $400,000

212 Lynhurst Dr. • Lot 208
$469,900

Lynette Citro 724-776-3686 x272
www.*AvonworthHeights*.net
Ask about qualifications for the $6,500 Tax Credit

To visit: I-279N to Camp Horne Rd. Exit, L Camp Horne Rd., R Joseph, L Rebecca, R into Avonworth Heights.

The Links at Deer Run

- Maintenance-free lifestyle
- First floor master suites
- Clubhouse, heated pool, tennis court, and bocce court
- Minutes to Rt. 8, PA Turnpike and Rt. 28

Starting at $259,900
Carriage Home Living

Lot 1523 • $393,900

724-265-4200 ***(Model)***
Don & Marge Kolessar 412-367-8000 x287

To visit: Rt. 8 to Red Belt (East), 2.9 miles to right on Monier Road, right Links Way at Pittsburgh National Golf Club.

Open Every Sunday from **1-4pm**
or by appointment
www.**CastletownCommunity**.com
Call **Bob Lancia** at **412-367-8000 x276**

Castletown

Castletown is located in Franklin park, NA schools and features 1 to 4 plus acre home sites. Custom homes by Brennan and Sosso Builders.

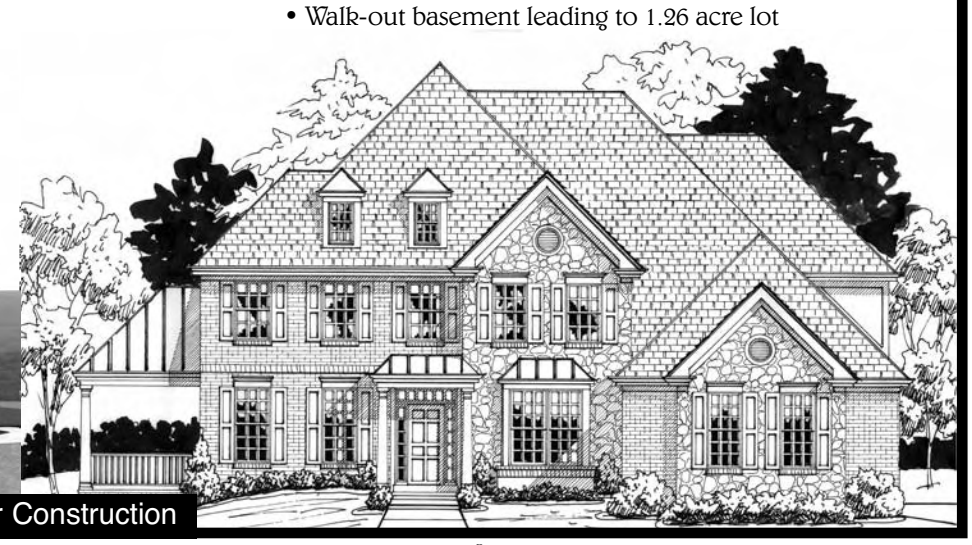
To Visit: North I-79 take Wexford exit, left Route 910 (Orange Belt) follow to stop sign, left Rochester Road to Castletown on left

Lot 11 Brennan Builders $775,000

- .98 acre homesite
- 12ft. coffered ceiling in family room
- Large center island kitchen
- First floor study with built in bookcases
- 3 guest suites with individual baths & walk in closets
- Luxurious Master Suite: Large bedroom with tray ceiling, his & hers walk in closets, bath with flattop cathedral & separate vanities, sitting room with tray ceiling

Lot 7 Sosso Builders $839,900

- A stone and brick home
- 4 bedrooms, 3.5 baths
- 3 car attached garage
- Attached cover side porch
- 15x10 sun room off the large eat in kitchen
- Master suite with sitting area and fireplace
- Walk-out basement leading to 1.26 acre lot



A PROVEN LEADER
in a continuum of care

- Post-Hospital Skilled Nursing & Rehabilitation
- Alzheimer's Care
- Home Health & Hospice Care

www.hcr-manorcare.com

HCR ManorCare
Serving Allegheny & Washington Counties
800.427.1902

HCR ManorCare®