

H Hospital News & More

Western Pennsylvania

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Index

Cyber Security and Healthcare	4
How to Best Structure a Medical Website	6
Pump Up the Volume on Patient Payments	20
Cleaning for Health	28
Bringing Rehabilitation Professionals into the House	44

Lean Management Brings True Reform to the U.S. Healthcare System



By Mike Chamberlain

There are a number of viewpoints from which to evaluate the nation's health care reform legislation. You can take the social position and say providing access to 32 million uninsured people is the most important outcome and everything else is secondary. You

can take the cost perspective and say reform will increase costs because of the necessary overhead and infrastructure needed to support the systemic changes. You can take the capacity position and say that adding 32 million of anything to a broken system will create access and capacity problems beyond what we can imagine.

No matter the perspective from which you evaluate healthcare reform, the most important perspective is that of the ultimate goal—how to make improvements in the areas of cost control, access and safety.

For true reform to occur the system must deliver the right care, on time, at the lowest cost at the high-

est safety and quality. Anything that is a detriment to that goal is waste and should be identified, reduced or eliminated.

The system is overburdened, fraught with waste and inefficiency, and is in dire need of a transformation. Unfortunately, when most pundits and policy makers talk about "improving the health care system" little discussion is on true reform and most of the ideas center on *shifting* the cost of healthcare. A better strategy is to focus on how patient care can be improved *without increasing cost*. In fact, improving patient outcomes and reducing costs are not trade-offs—they complement each other when healthcare organizations focus on identifying waste and give their staff the tools to improve processes across the enterprise.

Every employee at every healthcare institution has the ability to identify waste and enact long term improvement—they just need a system and the training to help them do it. The national health care crisis can be significantly improved by adopting lean management practices that have revolutionized manufacturing and production environments for decades.

WHAT IS LEAN MANAGEMENT?

Lean management, a term coined by the Massachusetts Institute of Technology professors in the 1990's describes a set of deeply held beliefs regarding an organization's culture that drive continuous improvement based upon customer-driven values. Lean health systems empower physicians, nurses, hospital administrators and staff, by teaching them problem solving tools to identify and eliminate waste in everything they do.

Lean is a management approach that enables the true performance potential of a business (like a hospital) or a process (like admitting patients) to be realized. Lean management is a set of fundamental applications of various tools that help employees see and eliminate waste. Any process, whether it is treating patients or building cars, is susceptible to the following eight common forms of waste that are often roadblocks to optimizing a process: overproducing, waiting, transportation, inventory, unnecessary motions, processing waste, defects and unused human potential. The goal of lean management is to identify and eliminate these forms of waste.

See **REFORM** On **Page 7**

How to Optimize Your Healthcare Network

By Dr. Kenneth Rabinoff-Goldman



In today's challenging and increasingly competitive healthcare environment, it's more important than ever to make the most of your resources. For this reason, many organizations are seeking to "optimize" their footprint and reach for maximum market penetration. Optimizing your network offers major benefits – including efficiencies of scale in distribution, staffing and marketing – that can help boost the bottom line.

If optimizing a network of facilities is so critical, one would assume that healthcare organizations are utilizing sophisticated tools to ensure that they are building facilities in the best possible locations. Sadly, this is more the exception than the rule at current. Many organizations make site location decisions based on guesswork, gut feelings or very basic demographic data sets. Others build new facilities simply because a competitor is entering (or about to enter) the same target trade area. Large sums of money are riding on every site location and land-banking decision, and even a single low-performing facility can have a dramatic effect on financial stability. In an era of tightening budgets and lower margins for hospitals, making the correct decision is more vital than ever.

Whether you work for a local hospital with a "hub and spoke" approach to driving patient volume or operate a regional/national network of healthcare-related facilities, there are several questions to ask yourself as you seek to optimize your network:

- How do I know when I have achieved optimum penetration of a market?
- How many sites will a market support for facilities of varying type?

- How do I know that my new locations will perform well?
- How can I work to prevent a new location from taking too many patients away from an existing site?

The answers to all of these questions – and many more – can be revealed through the process of patient profiling. Widely used in the retail industry, more and more healthcare-related organizations are realizing the value of this relatively new strategic tool.

WHAT IS PATIENT PROFILING?

Simply put, patient profiling models the behavior of your current patient base to forecast both the presence and the behavior of potential patients. When you know what kind of person has visited your organization's facilities in the past, you're in a position to predict who will be a likely patient in the future.

Today's patient profiling goes many steps beyond the traditional demographic variables (age, sex, race and income levels) that we are conditioned to use in our decision-making efforts. It is possible to create a highly accurate profile of any organization's "core patient" by analyzing a wide variety of psychographic characteristics – where people shop, what they buy, what they do in their spare time and what kinds of healthcare services they utilize.

To create this profile, millions of consumer records – both medical and non-medical – are analyzed. At the conclusion of this analysis, your organization will know exactly who your core patients are. More importantly, this profile will be meaningful in its impact on predicting where potential future facilities will succeed (or fail).

See **NETWORK** On **Page 49**

ACHIEVEMENT: GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

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AMA Introduces New Policy to Guide the Use of Social Media



By Daniel Casciato

A new social media policy was adopted earlier this month by the American Medical Association (AMA) to assist physicians in maintaining “a positive online presence and preserve the integrity of the patient-physician relationship.”

“Using social media can help physicians create a professional presence online, express their personal views and foster relationships, but it can also create new challenges for the patient-physician relationship,” says AMA Board Member Dr. Mary Anne McCaffree. “The AMA’s new policy outlines a number of considerations physi-

cians should weigh when building or maintaining a presence online.”

According to the AMA, social networks, blogs, and other forms of communication online also create new challenges to the patient-physician relationship. Physicians should weigh a number of considerations when maintaining a presence online:

- Use privacy settings to safeguard personal information and content to the fullest extent possible on social networking sites.
- Routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites and content posted about them by others is accurate and appropriate.
- Maintain appropriate boundaries of the patient-physician relationship when interacting with patients online and ensure patient privacy and confidentiality is maintained.
- Consider separating personal and professional content online.
- When physicians see content posted by colleagues that appears unprofessional they have a responsibility to bring that content to the attention of the individual, so that he or she can remove it and/or take other appropriate actions.
- Recognize that actions online and content posted can negatively affect their reputations among patients and colleagues, and may even have consequences for their medical careers.

What do you think of the new social media policy? Has your hospital adopted



its own? If so, tell us about it. Email writer@danielcasciato.com.

THIS MONTH’S TIP

As of this writing, our publisher, Harvey Kart, went from 40 contacts on LinkedIn to zeroing in on 500+. In less than three weeks! So how can you amass such a following? More importantly, how can you make sure you are making valuable connections?

Keep these 3 simple tips in mind:

- **Send Personalized Connection Requests:** Instead of just clicking on “Add to Your Network,” link, send that potential new connection a personalized message. It can be as simple as, “Hi Dan...I read your article in *Western Pennsylvania Hospital News* the other day. Great advice. I’d also like to add you to my network.”

- **Reply When Accepting a Connection Request:** LinkedIn will notify you once you made a new connection with a standard message. In this situation, send a brief note to the person who’s connected with you. Check out their LinkedIn profile and make a comment about her job or recent post. This is all part of a process in building a long-term relationship with this connection.

- **Avoid Advertising When Using Group Email:** Using the group email feature, you can email up to 50 of your connections at once. I highly encourage you to use this feature to pass along useful information to your contacts or to ask them for help. Avoid being self-promotional. For instance, when I am need of a source for an article, I often send an email letting people know what my topic is about and the type of people I’d like to interview.

Connect with me on LinkedIn at www.linkedin.com/in/danielcasciato. Connect with Harvey Kart at www.linkedin.com/in/harveydkart. 📧

Daniel Casciato is a freelance writer. In addition to writing for Western Pennsylvania Hospital News, he’s also a social media consultant. For more information, visit www.danielcasciato.com, follow him on Twitter @danielcasciato, or friend him on Facebook (facebook.com/danielcasciato).

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Cyber Security and Healthcare



By DawnLynne Kacer

Cyber security is yet another layer of complication for the healthcare IT industry, especially around the area of patient information and records. An industry rife with acronyms, healthcare is already bound under the Health Insurance Portability and Accountability Act (HIPAA) to protect the physical and technical security of patient identifiable health information (PHI), which includes the security of health information technology (HIT) devices and networks. Privacy is also currently protected under HIPAA at an individual state level. However, any privacy mandates arching over PHI fall just short of protecting against cyber attacks. HIPAA privacy and security guidelines focus on daily use of patient health information, centered on healthcare delivery, treatment and operations. Cyber security extends beyond this scope to include unexpected or malevolent uses of patient information and attacks on HIT.

Currently, healthcare “covered entities” struggle for compliance under existing HIPAA statutes, which govern expected uses of HIT and PHI. This is evidenced by the number of entities listed on the Department of Health and Human Services website that detail HIPAA breaches of 500 or more patients: currently more than 150 such breaches are logged in less than one year of required reporting.

Practices to guard against cyber attacks and promote an environment of “cyber security” must take HIPAA to another level and incorporate risk assessments, forecasts and tolerance determinations, along with additional IT infrastructure defenses, staff training and public awareness. Cyber security practices are further complicated in the healthcare arena by the very nature of patient information. Unlike an individual’s banking relationships, which may be with one or two entities, a patient’s healthcare relationships are with hundreds of providers, some unknown even to the patient – primary care physicians, specialists, laboratories, urgent care centers, pharmacies, insurance companies, health centers, surgery centers, imaging centers, hospitals, nursing homes...relationships too numerous for an individual to successfully manage. These relationships each involve PHI, whether on paper, in electronic form or imaged on computer systems. There are not just a handful of systems transmitting PHI for each provider, but rather hundreds of systems. The delivery vehicle further compromises cyber security of PHI and HIT, which are incredibly portable elements that are typically transmitted not just on



corporate controlled, secured and managed devices and networks but via mobile devices, personal computers and public wireless networks.

The future of Health Information Exchange networks will be particularly vulnerable to cyber attack due to the nature of their service – transmission of millions of transactions containing PHI per month among providers of varying levels of network and data security. State level payer and quality data warehouses and databases, especially those permitting online access by registered users, will be vulnerable because of the nature and volume of information contained within these data warehouses (voluminous stores of raw PHI with detailed clinical information). Medicaid clinical and claims portals allowing for online submission of eligibility inquiries expose enrollee personal and financial information, clinical authorizations and claims.

The Department of Health and Human Services recognizes this complexity, and as such issued a contract in February 2010 to focus on methods that can be employed to reduce cyber security risks in HIT. This contract is expected to yield findings in one year’s time, which will then serve as the foundation for policy development. Many healthcare and cyber security insiders feel this contract will yield HIPAA 2.0, targeted specifically at protecting the healthcare community – from federal agencies (HHS, CDC and NIH), to state level government and Medicaid programs down to community primary care providers – from cyber attacks. Like meaningful use and HIPAA before it, the healthcare community will likely need experts to guide design, development and implementation of cyber security tools and practices. ↑

DawnLynne Kacer, an independent health information policy and technology consultant, has been engaged in the health care industry for more than 15 years, employed by hospital providers as well as systems and services vendors. Recently, DawnLynne served as Keane, Inc.’s National Lead for Keane’s Public Sector Health Care Practice as a Principal Consultant. DawnLynne advises clients regarding health care industry legislation, payment systems, health information technology, EHR adoption and health information exchange. Prior to her work with Keane’s Public Sector, DawnLynne served for more than 5 years as a Product Manager with Keane’s Healthcare Solutions Division overseeing Revenue Cycle Management, Scheduling and EHR solutions. DawnLynne has a BBA in International Business and a BA in Sociology, both from the University of Georgia and is a HFMA Follmer Bronze Awardee.

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Midnight in the Garden of Meaningful Use

Some Barriers to Meeting Your Meaningful Use Targets and What You Can Do About IT



By William D. Clark

It seems the mad dash on the journey to implementing electronic health records (EHRs) has begun. Health systems everywhere are either in the midst of implementing or are planning to shortly—and suddenly it's starting to feel just a touch late, the journey isn't half over, and the new strategic initiatives are beginning to show signs of strain, to say nothing of the IT staff.

FEELING A LITTLE TIME PRESSURE LATELY?

Let's face it, when you're under a severe time constraint, it's typically not the best decision to try and reinvent the wheel. Healthcare IT professionals, vendors, and consultants have reached the same conclusion, and many of them are ready with accelerated implementation tools, plans, and certified software.

Partner with vendors and consultants who have proven expertise in implementation excellence: In their report "Shifting Demand for Consultants: Who's Hot, Who's Not and Why," the research firm KLAS estimates that 70 percent of organizations and 90 percent of IDNs expect to hire services firms to help them achieve meaningful use.

Have the courage to not customize right off the bat: Many vendors have out-of-the-box functional software models that can get you to market very quickly, it is imperative to stay on target. Get to know your vendor-supplied functionality well, and make sure you're using it fully.

Acknowledge the need for additional customization for your information systems: In the optimization phase, hold on to those good ideas but keep them "in the parking lot," at least until your organization is meeting basic requirements.

There's flexibility in the regulations, so take advantage of it: Use the flexibility in the meaningful use requirements to defer areas where you don't feel you have the right product or expertise to implement EHRs without risking harm to patients (e.g., use of CPOE for complex oncology orders). On the other hand, don't defer projects unrelated to meaningful use incentives that will enhance safety (such as bar-coded medication administration).

NOW, WHERE DID WE PUT THE DATA?

A good piece of meaningful use boils down to a data chase—hospitals essentially need to report on a set of 15 quality measures. Your hospital must be able to determine who will enter the critical data, what will be recorded, and finally how all of this might be stored and accessed correctly in order to report on the data quickly and easily. With any luck, your vendor will have thought of this already...

It's an easy leap to see that legacy systems might store appropriate data in formats that are difficult to mine, hence the need to upgrade the system. But even if your current system meets the grade for meaningful use, watch out for the surprises. Sometimes, those oh-so-cool customized business-objects might be recording critical data in formats that will never permit data mining, perhaps as text strings instead of discrete data fields in the database. Once again, beware the unwanted fruits of well-intentioned customization.

Be cognizant of complementary systems, such as those in the ED, where data



might be in totally different formats and thus harder to reach, quantify, and integrate into the overall picture—what's your strategy for identifying the critical data and getting everything into a usable format?

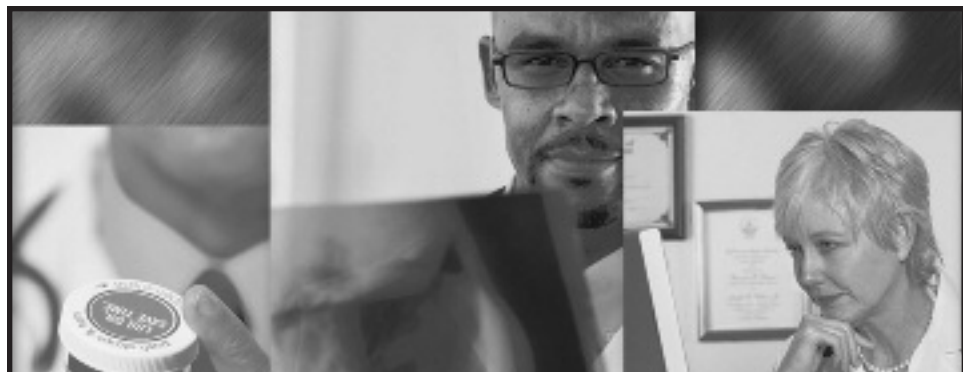
KEEP THE LINES OF COMMUNICATION OPEN

If you're wondering how to get the most out of your information system, chances are some of your vendor's other customers are as well. Make sure your organization maintains good lines of communication. Pay attention to both internal and external means of communication and collaboration. The more your organization knows about the issues, and the more they effectively share both internally and externally, the better off you'll be.

Be clear about what your targets are. When it comes to measuring how effectively you're meeting meaningful use measures, what are the data you will need to support those calculations, and who is supposed to be entering and collecting all of that good information? This is the point at which communication and collaboration really pays off.

It's definitely the case that time is of the essence, so be clear about where your organization is heading and how you plan to meet your meaningful use requirements. Partner with experts whenever possible, and keep lines of communication open both within your organization and beyond to your vendors. Truly, this is the time to keep the conversation going. ↑

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How to Best Structure a Medical Website

By Roy Chomko



Customers often judge the quality of a business by the quality of their website. A sloppy, inefficient online presence can drastically reduce the amount of people who will trust that your product, service, or organization is right for them.

This is increasingly true in the medical field. As more patients do their research on the internet, websites are fast becoming the best way to drive people in or drive people away. A web presence is no longer just a way to list your departments, a medical dictionary, and locations. It must give potential patients a good overview of who you are and what you do, while also providing an easy way to begin the relationship. With that in mind, here are some key issues you should consider when assessing your online presence.

KEEP THE HOME PAGE SIMPLE

The key objective of any medical website is getting the patient to engage with your organization and services. That means the home page should focus on these calls to action and leave more complete details for another page. Visitors to a medical site are usually looking for three key items; doctor's names, what services they provide and the location of/directions to their office. Too much content outside of these main calls to action can be distracting from the main purpose. For example, many medical websites will provide the large navigation options "For Physicians" or "For Employees." Careful consideration should be given about whether to give these links a prominent position in the main navigation or elsewhere, like the footer. Make sure the patient, who is more likely to be new to the website, can easily find their next step.

PROVIDE PATIENT-FRIENDLY NAVIGATION

Good navigation is a critical factor in making sure the patient finds what he or she is looking for. Just like the home page, always remain aware of what a patient will be looking for on your site. And since they are probably new to the site, it's good practice to include 'bread crumbs' so users understand where



they navigated to and how they got there. For example, if a user has linked their way to a page with directions, the 'bread crumbs' should read something like "Home -> Doctors -> Offices -> Directions." Your developer should also make sure not to include pages that unnecessarily open new windows or new URLs. This will often confuse a user and will reduce the site's effectiveness on search engines.

INCLUDE SEARCH FEATURES

The quickest way for a patient to find who or what they are looking for is to include a search feature on your website. Applications like a "Find a Doctor" or "Find an Office" feature allow users to filter out information they don't need and get right to what they want. If you have a large healthcare system, be sure to include more search options than just name. Allow patients to filter doctors by everything from their specialty and office location to languages spoken and insurances accepted. Include details about each physician to help create a connection with the patients. Just a name and picture won't do much to inspire confidence in expertise. Finally, allow users to filter their search results without having to navigate back to the main screen. These functionality features all add to a positive user experience.

USE SIMPLE WORDING

As for the content of a medical website, always keep in mind your audience. While employees and physicians might understand complex medical jargon, your prospective patients likely will not. The wording should be easy to comprehend so visitors don't become confused and frustrated. Remember, the goal is to get users to engage with you through an appointment or visit. This won't happen if the patient doesn't have a full understanding of what exactly you specialize in.

SEARCH ENGINE OPTIMIZATION (SEO)

If you are beginning a web site project, you should be familiar with SEO concepts. Your content needs to be easily indexed by the major search engines. This means making sure your URLs, page titles, META tags and content contain meaningful information. For instance, let's say you have a page that describes your cardiology department and capabilities; you would want to make sure the URL included the word "cardiology". In addition, the title might contain the words "cardiology", "heart treatments", etc. Meta keywords and description should also contain similar words and phrases. Finally, your content should include these words and phrases to have the biggest impact possible.

ADAPT AS YOU GO

Web site evolution is much like a product life cycle as they need to be continually enhanced as customer expectations change. Even though you may have had a good initial design, technology is continually progressing and websites can become dated quickly. Having a development partner can help you keep the site clean and simple while also utilizing the latest enhancements and bug fixes.

There are certainly many more complex considerations for building a medical website but it's important to remember these key issues before delving into the details. A good web development partner will be able to help you achieve these basic goals and then customize the site your unique business.

Medical website development isn't unlike most other good business practices. The customer is always your top priority. The rest will fall into place from there. ↑

Roy Chomko is the president of Adage Technologies. He co-founded Adage Technologies in 2001, combining a passion for technology and the desire to build a company focused on driving business value through web technology. As President, Roy's energy and customer centric approach have helped to grow Adage to a well respected web and software development firm.

Roy has over 20 years of experience in technology sales, consulting, and development. Prior to founding Adage, Roy was a principle of a Cisco VAR and a web development firm in the late 1990s. Roy has also held business development positions with Wolfram Research and GE Capital.



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DENVER HEALTH: A LEAN HEALTHCARE LEADER

Denver Health has cracked the code in creating a continuously improving health care system by finding ways to improve patient care and control costs. Across the health system, Denver Health has saved more than \$50 million in just five years. Here's an inside look at how Denver Health is making significant strides to become an efficient, high-quality care organization:

Denver Health's OB department faced unnecessary delays in the discharge process of mothers and newborns. After identifying the issues causing delays in department discharges, it was determined that a faster and more effective discharge process was needed to significantly decrease length of patient stays.

The team at Denver Health had a goal of increasing the number of mothers discharged by noon from one patient to five patients in their obstetrics (OB) department. As a result, the team achieved their goal of having five patients per day released by noon. They did this by discovering that the vast majority of women wanted to leave early and appreciated being given the option to transition to the

comfort of their home environments more quickly.

The team was able to increase the number of patients transferred from Labor and Delivery to Post Partum care discharge in less than three hours from 40 to 85 percent of patients. They also increased capacity from 3,800 deliveries a year to 4,350 without adding any additional resources.

Applying lean tools can transform healthcare and impact critical objectives like improving quality (increasing lives saved and/or improving patient satisfaction with the care received), improving capacity (increasing the number of patients seen) and improving cost (adding "green dollars" to the bottom line).

Denver Health is just one example of forward thinking healthcare institutions that are applying lean management practices to reduce costs and improve the quality of care. While government reform is a necessary component of improving our nation's healthcare system, if the industry waits for the government to fix these systemic problems it will be too late. †

Mike Chamberlain is president of Simpler North America. For more information, visit www.simplerhealthcare.com.

Eight Common Wastes in Health Care

Any process, whether it is treating patients or building cars, is susceptible to eight common forms of waste that are often roadblocks to optimizing a process:

Overproduction — unnecessary work / process steps that add time, increase cost, and drive variability into any process. The following examples were noted in a recent article, "Reducing Waste in US Health Care Systems," published in the *Journal of the American Medical Association*: fragmented, parallel care: separate resident, attending, social services, pharmacy, and care management rounding cycles; making photocopies of a form that is never used; providing copies of reports to people who have not asked for them and will not actually read them; processing piles of documents that then sit at the next work station; cc's on e-mails

Waiting — idle time when no value is being added to a process. Ex: patients waiting to see their physician; office staff batching test results for patients; waiting on the phone to schedule appointments; early-morning admits for surgeries that won't be performed until later in the day; waiting for support services such as internal transport; waiting for office equipment (computer, photocopier, etc) to be repaired before being able to do work; waiting for a meeting that is starting late

Transportation — delays in moving materials or unnecessary handling of patients, staff or materials. Ex: moving individual files from one location to another; moving supplies into and out of a storage area; moving equipment for surgeries in/out of operating and procedure rooms; patients receiving chemo-radiation treatment traveling 1220 horizontal feet and 25 vertical floors per episode

Inventory — capital investments, stock or corresponding control systems that do not yield profits. Ex: office supplies in hallways; expensive clinical supplies and implants that can be ordered on just-in-time basis; charge slips piled up to be dictated; unnecessary instruments in operating room kits

Motion — movements of providers or equipment that do not add value to a process. Ex: physicians and nurses leaving patient rooms for common supplies or information

Processing Waste — unnecessary work / procedures that generate information / product to be discarded. Ex: hard copies of memos already sent by e-mail or posted on intranet; redundant capture of information at admission; multiple recording and logging of data; writing by hand, when direct input to a word processor could eliminate this step; producing paper hard copy when a computer file is sufficient; patients waiting for preapproval of urgent treatments

Defects — incorrectly performed work elements and outcomes, often discovered by non-value adding inspection. Ex: fixing errors made in documents; misfiling documents; dealing with complaints about service; mistakes caused by incorrect information or miscommunication; errors in or misinterpretation of handwritten orders; sending out bills with an incorrect address.

Unused Human Potential — failure to utilize members and their problem solving skills to add value for patients; members in the wrong role working on non-value adding work.

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New Technology Reinforces Need for New Credentials

By Lisa Chernikoff

The Health Information Management (HIM) field is constantly evolving. Many of the recent and soon to be implemented changes stem from legislation like the American Recovery and Reinvestment Act (ARRA) and the HITECH Act. The changes are vast and vary from the implementation of Electronic Health Records (EHRs) to an increased focus on protected health information (PHI). Yet, they share a common theme—information technology is now at the forefront of the HIM field.

Hospital and physicians' offices can no longer delay jumping on the health information technology bandwagon. Whether discussing security risks, EHRs, or new HIPAA policies, the topic of health information technology cannot be avoided.

With ARRA's emphasis on the use of electronic health records, the healthcare industry is also continuing to become more data-driven. The increased importance of accurate, accessible, and secure healthcare data furthers the importance of information technology for HIM professionals. The high value placed on this stored data requires skills in data management, data analytics, and data reporting. After all, what good is data if it cannot be used to improve processes or answer questions? These three data components are critical to the life-saving and money-saving studies done in hospitals and physician offices across the country. Without the data—obtained through technology—it proves difficult to improve patient care or the organization's bottom line.

New health information technology is not only transforming the work of HIM professionals, but also impacting patients. The implementation of EHRs has made patients' access to personal health information easier than ever before. While providing better patient access to their medical records may sound simple to some, HIM professionals know that it was many years in the making.

All of these exciting changes in the HIM field also mean that employers are looking for new skill sets. Earning prestigious credentials is an excellent way to become a leader in the ever-advancing HIM field. AHIMA's Certified Health Data Analyst (CHDA) credential can provide opportunities for HIM professionals to grow in the field and demonstrate commitment to employers. The CHDA validates the mastery of data management, analysis, and reporting. CHDA-credentialed professionals cement their role within their organization by being the resident expert in data-related matters.

Another essential information technology-related domain is privacy and security. Earning AHIMA's Certified in Healthcare Privacy and Security (CHPS) credential demonstrates a choice to focus on a specific area and professionally advance by specializing in the privacy and security dimensions of HIM. This credential shows not only dedication to an employer, but also to patient care. The CHPS credential denotes competence in designing, implementing, and administering comprehensive privacy and security protection programs, which is at the core of many organizational goals.

The field of health information management will continue to develop and change. Clearly, there is no end in sight because there will always be new technology and new legislation requiring its use. HIM professionals must show a commitment to lifelong learning by becoming leaders, not just followers. Earning an information technology-related credential can help healthcare professionals to have a brighter future. †

Lisa Chernikoff is Certification Coordinator, Program Development and Support, American Health Information Management Association. For more information on AHIMA's CHDA or CHPS credentials, visit www.ahima.org/certification.

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What's the Value of Customer Service in Healthcare?

By John Chamberlin

Healthcare institutions certainly see a population of patients that do not have a decision in where they receive their health care due to issues such as insurance restrictions and geographical constraints. However, there is still a large number of patients who CAN make a decision on where to receive healthcare. Or at least make a decision on which provider takes care of them within a healthcare system.

When these patients are making that decision, don't you want YOUR organization at top of mind? Don't you want to give those decision makers every reason to choose YOU over another facility or group of practitioners?

If I experience poor customer service at a pediatrician's office and I have two children under the age of 5, what is the value of lost business to that practice if I choose to take my business elsewhere? If you calculate the number of well visits, ear infection and other interactions, the number should be significant enough for everyone to take interest in providing excellent customer service along with excellent health care.

However, as clinicians, it is difficult to keep focused on customer service. Staff are doing more with less, being squeezed for time and yet "you what me to be extra nice?" Isn't my excellent clinical care enough?

Unfortunately it isn't. If your patients were practical in their choice of health care providers, they would simply search the resumes of your staff and choose whom they believe to be the most competent, to treat their illness. But the decision to choose a specific facility or practice group over another, for those who can choose, is made more based on emotion. The emotion that people buy goods and services from whom they "like" certainly plays a key role in choosing a health care facility or provider.

So now what? First, we have to recognize that hospitals are not Disney World or the Ritz Carlton. The standard corporate customer service training sessions, while they are great, do not take into consideration the work environment of the typical healthcare provider. When I am at Disney, I am ready to have a good time so pleasing me as a customer has a positive head start. When I or my family are in one of your healthcare facilities, I'm not typically having a great day. So my perception of what will be good customer service is already set back a few steps than if I were on vacation at Disney.

The bottom line is, customer satisfaction scores will soon affect the bottom line of your healthcare facility. So assuring that your patients and their families have a positive experience is critical. Additionally, it's just good business to provide exceptional customer service.

Therefore, when looking to do customer service training within your health care group or facility, be sure that the program is not a standard template program. Search out a program that makes considerations for the nuances of the healthcare environment. †

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What do YOU think?

By Rich Bluni



Would you agree that we often spend more time thinking about what we will wear or what we're going to watch on TV then we do thinking about, well, how we think?

Yet, what we think about and how we think will affect our lives so much more than what we're going to wear or watch on TV ever will. Great minds, religions and philosophies have given much thought and dedicated many words to the power of our thoughts. The Bible teaches us "As a man thinketh in his heart, so is he". Buddhism teaches us "All that we are is a result of what we

have thought." Shakespeare said "Things are not good or bad, but it is thinking that makes them so." Would you also agree that those of us that work in healthcare maybe think a little differently than the rest of the world? Whether you are at the bedside, in leadership, out in the field, in sales, marketing or supply chain, you think differently.

Sometimes it is a matter of survival in this tough and often stressful world of healthcare. But, have you ever thought about what you think about? Understanding that how you think affects so much? We are bombarded, in healthcare, with a lot of negativity. The media, politicians and the public rarely speak of the great miracles and amazing things healthcare workers and organizations do and are part of. If we're honest, sometimes we talk among ourselves about how unappreciated we feel. Come on, you know you've done this! So if you've sometimes felt like a sad piñata at a pity party, it's time to change that pattern of thought.

Are you focused on the negative? If you aren't sure, then, you probably are. That's ok. It's part of your healthcare make-up. We're trained to notice what's wrong, what's out of place and what's broken. But just like anything, what you are focused on and think about all of the time, becomes your only reality. Ok, now before you go and dismiss "all of this positive thinking stuff", be really honest with yourself. If you think about being hungry all of the time, are you going to feel hungry? If you think about all of the bad stuff that has ever happened to you, might you not feel a little down?

The answer is, yes, of course. So, what to do? It is not enough to say "Come on, think positive!" However, you got to start somewhere. So here you go. Look around your office, department, division etc at the people you work with every day. When was the last time you noticed the **good** that they do and possess? Sure, you've noticed when they are slacking and you've noticed when they're getting on

your last nerve, but when was the last time you thought; "She's really bright!", "He's really funny!", "She has a great attitude.", "I would trust him with my life.?" See, that stuff is there. Those traits are there. Even the most irritating person has some good. If you do this honest assessment with yourself and realize that you are spending a lot of thought on the wrong with everyone around you, how can you possibly feel passionate and inspired by the work that you do? The truth is, you can't.

So try this. For one whole day, choose to find the good in everyone you work with, no matter who they are or what you think about them. Find at least one good thing about each co-worker. I know, for some folks you may have to dig deep to find it, but it's there. Don't laugh. That person you are going to have to dig deep for might be reading this also and thinking the same thing about you! But seriously there is a reason for doing this. It makes you aware of how you think. You have to start from there. Because at the end of this day that you undertake this exercise, ask yourself how was that for you? Did that come easily? Was it hard to find the good? Did you notice that you went right to the bad, maybe out of habit? Are you holding a grudge against someone for some nonsense that happened in 2003? Don't hold grudges. The comedian Buddy Hackett used to say; "Don't hold a grudge against a guy; While you're holding a grudge, he's out dancing!" So true. Commit to trying this exercise because it will teach you about how you think. It will make you aware of where you judge and how you are allowing yourself to see your world. You can't control the weather, or what others will do or say but you can control your thoughts.

In healthcare we work with such a wide variety of folks. The common denominator? Most people in healthcare have a desire to help others, to make things better, to solve problems and to leave the world a better place than we found it. I believe that is true to the core of my being. Notice the good in the people that are around you. Make this a habit, if you dare. It switches on a light. This simple act can improve your level of inspiration and passion for your work. When you start to notice the good it has a funny effect. You start to see it all around you. It's like when you hear an unusual name and then all of a sudden it seems like you keep running into people with that name all over the place. Is it that the name became suddenly popular? No. It has entered your thoughts and now you are simply more aware of that which was *always around you to begin with!*

Here are some final thoughts on thoughts. We can't afford to dismiss the power of our thoughts. We need to understand that there is no magical happiness fairy that is going to sprinkle stardust on our heads causing our work life to become easier. You can hope for that, but I think that would be considered naïve at best. You do amazing things. The work that you do makes life better for those of us that work in healthcare and for those of us who will need healthcare.

But don't "hope" that someday work will become easier, or you'll "discover" your passion for what you do. You don't stumble upon passion. Just like you don't get handed education or happen upon a great relationship. You need to work for those things. You need to work at feeling passionate as well. If you've been feeling a little burnt out, or negative about your work try the simple exercise I've outlined above. Spend one day and be conscious about noticing the good in those you work with. See if this doesn't open your heart just a little. Maybe even challenge your team to do the same and share how that went?

See the thing is this is really easy to do. It's also really easy not to do. I guess it just depends on how you think of it.

Be well. Stay inspired. 🙏

Rich Bluni, RN, is author of Inspired Nurse and a national speaker and coach for Studer Group®, but the title of which he is proudest is "Nurse." An RN since 1993, he chose the profession after seeing the tremendous impact nurses had on his father after he was diagnosed with terminal cancer. In 2008, he won the Studer Group Pillar Award, which is given for achievement outstanding outcomes. Inspired Nurse is available at bookstores nationwide, from major online booksellers, or directly from the publisher at www.firestarterpublishing.com. Copies also can be purchased online through the Studer Group website at www.studergroup.com.



Orthopedic Foot and Ankle Surgeon Joins Tri Rivers



Dr. William Saar joins Tri Rivers.

Beginning January 3, William E. Saar, D.O., a fellowship-trained orthopedic foot and ankle surgeon, will join Tri Rivers' joint reconstruction team. Dr. Saar attended the Ohio University College of Osteopathic Medicine and completed his internship and orthopedic surgery residency at SouthPointe Hospital in Cleveland, Ohio. He then completed an orthopedic foot and ankle reconstruction fellowship at the Orthopedic Foot and Ankle Center in Columbus, Ohio, where he refined his skills in minimally invasive arthroscopic ankle techniques and reconstructive procedures for complex foot and ankle trauma.

Dr. Saar provides orthopedic foot and ankle services, including:

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Mentoring Program Offers Opportunity to Help At-Risk Youths

The Goodwill GoodGuides™ Youth Mentoring Program generates positive results for everyone involved – the young participants, their communities, and definitely for their volunteer mentors.

Sponsored by Goodwill of Southwestern Pennsylvania, the program targets youths between the ages of 12 and 17 who are at risk for dropping out of school, facing legal troubles, or delinquency due to issues such as abuse, disability, or drug or alcohol use. The initiative’s success is based on the involvement of responsible adult mentors who build strong, trusting relationships with the youths. More volunteer mentors are urgently needed now to keep the growing program going and training is provided by Goodwill.

“This program is a great opportunity for anyone who wants to reconnect and give back to the community while making a major difference in the life of a troubled youth,” said Program Manager Jackie Abel-Stavropoulos. “The mentors’ role is vitally important because they help these young people very directly, guiding them to choose the right path in life, to finish school and to move toward productive careers.”

Small groups of youths and mentors meet weekly for about two hours and talk about setting personal goals. They spend some of the time discussing career plans and developing ‘soft skills’ such as decision making, interpersonal relations, problem solving, and team work, the kinds of skills employers say are most lacking in new employees.

Participants get involved in the community by creating service projects which they plan and carry out while having fun and making a meaningful contribution to the community.

“While the GoodGuides program certainly benefits the young people who participate, the mentors really get a lot out of it too,” Ms. Abel-Stavropoulos said. “They develop trusting relationships with troubled youths who look to them for advice and most importantly, as someone who will listen to what they have to say without judging them.”

The overall goal is to help the youths build career plans and learn important skills by providing structured and supportive relationships with trusted adults. Specific objectives are improved school attendance and academic scores, high school graduation, career exploration, financial literacy, and community service experience.

“The participants learn through their service projects that they are valuable parts of their communities and that there are responsibilities that go along with



Lamaar (right), a GoodGuides program participant, gets help with college applications from Remie, a volunteer mentor.



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that,” Ms. Abel-Stavropoulos said. “By developing a sense of ownership and responsibility the youths see that their actions do make a difference in the community. At the same time they are developing self-esteem and accountability, discovering leadership skills, and learning about teamwork. They learn that they really do matter – to their mentors and to the community as a whole.”

Many young people get into trouble due to peer pressure, poor decision making and feelings of isolation. Through the strong relationships that are created with their mentors and with others in the program, participants develop a support system that can make the difference between good choices and bad choices.

“Many of the youths in our program feel that nobody listens to what they have to say and their opinions don’t matter,” Ms. Abel-Stavropoulos said. “With GoodGuides mentors, their opinions definitely do matter and they have a lot of input on what projects are selected and what topics are discussed.”

For information about becoming a GoodGuides™ volunteer mentor, contact Jackie Abel-Stavropoulos at 412-390-2308 or jackie.stavropoulos@goodwillsw-pa.org. 📧

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Everybody Loves Quacking



By David M. Mastovich

When Daniel P. Amos became CEO of American Family Life Assurance Company in 1990, he closed or sold underperforming operations and focused on the company's two biggest markets, the United States and Japan, and used the \$8 million savings to launch an ad campaign.

At the time, name recognition of the company was only 2%. Ten years later, it was still under 10%. Amos realized he had to do something big. His company was unable to stand out from the crowd of competitors with names that began with "American," so Amos decided to use the acronym AFLAC and hired The Kaplan Thaler Group to make over the company's image.

Kaplan created and tested two commercials: One featuring Ray Romano of Everybody Loves Raymond, a top rated sitcom at the time, scored an 18—18% of the people polled recalled the company's name after watching it. Since the industry average was a 12 score, Amos had a safe option in the Romano commercial.

The second concept consisted of a duck quacking the company's name. Amos tried explaining the commercial to colleagues, friends, and family. No one got it. But, the commercial scored an eye opening 27 when tested. Amos took a chance on the duck ad and decided to run it for two weeks to see what would happen.

The Aflac Duck ad debuted on New Year's Day, 2000 and boy did it work. In the first year, sales were up 29% and doubled in three years. Name recognition hit an astounding 67%!

Since you might be thinking "I don't have millions to spend on creative concepts, expensive advertising and research," here are some things to remember from the Aflac success story:

- Focus on Key Target Markets with the greatest potential
- Simplify Your Message—the Aflac acronym vs. American Family Life Assurance Company
- Make it Memorable: Gilbert Gottfried quacking "Aflac" sounds about right.

- Touch Emotions: People buy Aflac Duck merchandise!
- Commit to the Big Idea: Amos sold the concept internally, dedicated the necessary dollars, tracked results and only wears duck ties with his suits!

And remember that although Everybody Loves Raymond, the quacking duck made the difference. †

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. For more information, visit www.massolutions.biz.



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Pittsburgh Business Group on Health Receives Two-Year Grant For Health Strategy Project

The Pittsburgh Business Group on Health (PBGH), the region’s employer-led coalition that advocates for cost-effective, quality health care and benefits, recently received a two-year grant to implement the Pittsburgh Health Strategy Project. The initiative will allow PBGH employer members to develop a targeted health and benefit strategy to improve employee health and impact overall health care costs.



M. Christine Whipple

principles of utilizing actionable data to drive decision-making around health, wellness and benefit offerings.

“This new project will assist our employer members in creating more affordable plans for their employees while at the same time promoting healthy lifestyles – equally important in managing costs,” said M. Christine Whipple,

PBGH was selected as one of 20 coalitions to apply for this value-based benefit project and is one of five coalitions awarded the grant provided by the Washington-based National Business Coalition on Health (NBCH) in collaboration with Pfizer, Inc.

The Pittsburgh Health Strategy Project is part of the American Health Strategy Project, a national initiative sponsored by the NBCH. The health strategy project was designed to improve the health of employees and their families, promote wellness and prevention, and better manage health care costs. The project will help employers implement a value-based approach to benefits that incorporate



PBGH executive director. “It’s a win-win for both employer and employee.”

Other employer benefits of the project include:

- Identify, aggregate and integrate cost and utilization data, from both internal and external sources, to identify needs and direct informed health care and benefits decisions
- Developing a more robust corporate health strategy to engage employees in health and wellness
- Receiving customized employer-specific results from data analytics teams highlighting areas of opportunity
- Comparing data results with national benchmarks to assess current employee health and productivity
- Obtaining strategies and support for adoption of health or benefit design change
- Improving overall employee health
- Measuring and benchmarking outcomes
- Reducing overall health care costs through strategic health and benefit design

“Being selected as one of the participating coalitions in this project has not only enabled the PBGH to provide more opportunities for our employer members, but is also meeting the board’s goal of developing a value-based health project,” said Whipple. “This collaborative process will allow participating employers to evaluate which value-based health strategy will best motivate their employees to make the best lifestyle and health care decisions.”

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New Nursing Management Certificate for RNs being offered at Penn State Fayette

Penn State Fayette, The Eberly Campus is now offering a 4-course, 12-credit Continuing Education Nursing Management Certificate. Monthly Saturday morning classroom meetings will be paired with online instruction to meet availability for already working registered nurses. The program is being offered via the campus' new Video Learning Network, which allows students from out of the area to participate.

Melissa Miner, program coordinator and senior instructor for the Penn State Fayette Nursing department, says “The certificate is truly to assist registered nurses for a future position as a team leader or nurse manager. The most exciting part of the program is that the students are bringing nursing expertise from their geographic area. Not only are students coming from southwestern Pennsylvania, but other locations, too. Geographically, nursing can be different everywhere.”

Janet Ritenour, instructor of nursing at Penn State Fayette, will teach all of the courses. “The Nursing Management Certificate Program is being presented, or broadcasted from, Penn State Fayette to four other campuses,” says Ritenour. “When a position becomes available as a nurse manager, these students will have the knowledge related to running a clinical unit. The information in these courses helps the student understand things like budget, organizational styles and staffing, as well as other responsibilities of a nurse manager.”

The four other Penn State campuses participating will include Leigh Valley, Mont Alto, New Kensington and University Park.

Joe Segilia, director of Outreach and Continuing Education at Penn State Fayette, says, “The new certificate will help nurses grow in their profession and continue their education. This is the first course Penn State Fayette will be offering through its newly installed Video Learning Network. This is an exciting opportunity for the campus to deliver a number of these programs throughout the school year.”

Each Nursing Management Certificate course will satisfy 15 contact hours toward Act 58 requirements and up to two courses can be used as electives in Penn State's RN to BS degree program. For more information about the Nursing Management Certificate, contact Joe Segilia at 724-430-4212 or by e-mail at jus4@psu.edu.

For more information, contact Susan Brimo-Cox at 724-430-4199 or Christine Cox at 724-430-4206. ↑

An advertisement in Hospital News reaches more than 36,000 health care professionals in western PA.

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Health Literacy: More Federal Funding Keeps Duquesne Professor Bringing It to the Kids

How critical is health literacy for kids and families?

Critical enough for the National Institutes of Health to provide an additional \$250,889 in bridge funding for Duquesne University professor Dr. John Pollock to continue his series of planetarium shows and a TV pilot aimed at young children and their families.

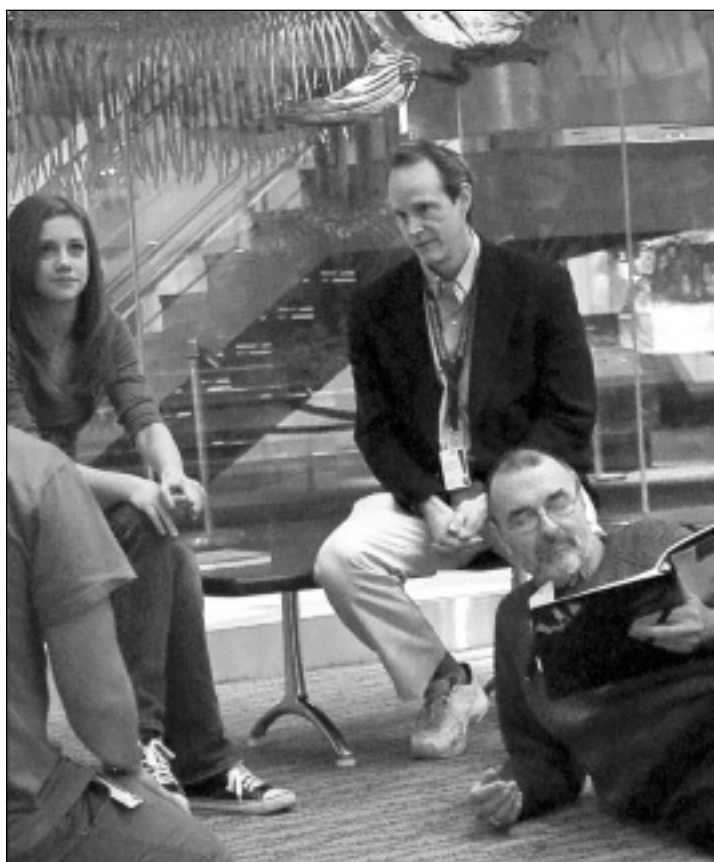
Pollock, associate professor of biology in the Bayer School of Natural and Environmental Sciences, will add to a planetarium show for elementary- and middle-school- aged students on reproduction and stem cells, and will write additional scripts for a science-based TV show for kids. So far, his health literacy efforts have attracted \$1.78 million in funding from the National Institutes of Health.

The latest planetarium show, *How We Grow*, is Pollock's ninth venture onto the planetarium screen and is expected to be released in the spring. The latest round of funding will allow the show to be longer and to include more details on how stem cells continuously work in the body, healing the skin, developing new taste buds and helping children grow taller. While the star of the animated show procrastinates in writing a report on how growth happens, certain objects in his room—from a jellyfish and stuffed chicken to the bacteria in his sneakers—start to talk and tell him how they grow. Through these objects, the school-aged hero gets ideas for his report and learns how human reproduction, growth and development unfold.

As with Pollock's other shows, *How We Grow* will have enrichment materials for both students and teachers. For content, Pollock calls upon the expertise of Duquesne's Dr. Richard Elinson, who specializes in developmental biology in the Bayer School; Dr. Gerard Schatten, deputy director of Magee Women's Hospital Research Institute, and Dr. Charles Ettensohn, a biology professor at Carnegie Mellon University, as well as local fifth-grade teacher, Kristen Hannan.

The funding also will provide the opportunity for Pollock to develop more story concepts for *Scientastic!*, a television show that piloted on WQED in September. The 30-minute, live action show mixes the knowledge of local doctors and other experts with scientific sleuthing, music and dance. This additional funding will allow the team to develop script treatments and storyboards, including science content, for at least three new shows, Pollock said.

The goal of *Scientastic!* is to help people make decisions that lead to healthy lifestyles. It teaches basic science princi-



Dr. John Pollock, center, on location in the Carnegie Museum of Natural History with *Scientastic!* lead Lili Reinhart and Emmy-Award winning director Leo Eaton.



ples, ties those basic principles to health and addresses social issues pertinent to kids.

"Between 70 and 100 million adults in America have low health literacy skills," explained Pollock. "By reaching out to children, we can help to educate not only the next generation of health decision-makers, but the entire family."

To learn more about Pollock's health literacy efforts, visit www.sepa.duq.edu.



Scientastic! star Lili Reinhart at the National Aviary with her ever-present notebook.

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Supply Chain Logistics Solution without Hands or Legs



By Aldo Zini

Across industry lines workers are being asked to “do more with less.” Today, the healthcare industry and hospitals in particular are under the microscope to improve efficiency, rein in costs and increase accountability. In healthcare organizations, supply chain is a function that affects every other department, is complicated and multifaceted, and offers some of the greatest opportunity for improvement. But many hospital executives have focused on the purchasing – or external – aspect of supply chain while the internal logistics present the greatest challenge and opportunities for improvement.

At upwards of 35 percent of a hospital’s operating budget, supply chain management should – and is – of great concern to hospital leaders. As costs continue to rise, hospital financial executives are not only evaluating the rising costs of supplies and equipment, but must take a closer look at how much they’re spending to manage and transport supplies throughout the hospital.

Finding the right balance between maintaining adequate inventory and just-in-time delivery can be difficult and expensive. Without achieving a balance, the costs associated with time spent by nursing staff retrieving needed supplies are significant. Plus, hospitals face a continuous problem of retaining reliable and sufficient number of technicians to make deliveries. While there are many possible solutions, one that is gaining increased attention across the nation is the use of robots to automate transporting and tracking supplies and equipment.

Autonomous robots have been shown to enhance productivity, save money and enrich patient care. The level of automation offered by robots allows hospitals to schedule or call for on-demand deliveries of supplies and equipment, which enables nurses and other clinical staff to focus their attention on patient care rather than searching or waiting for deliveries they need. Robots can easily navigate through hallways, doorways, elevators and even narrow aisle ways alongside human traffic to ensure safe, timely, and accurate delivery. And with a weight capacity of 500 pounds, robots are considered central supply workhorses, allowing for an almost unlimited delivery capacity.

Robots can deliver, track and retrieve goods and supplies more reliably and more cost effectively than other solutions. They operate 24/7, don’t get sick or

injured, don’t take breaks or vacations, don’t require benefits, and don’t complain. On average, one robot can match the productivity of 2.8 employees yet costs less than a single FTE.

Many forward-thinking hospitals have embraced the advantages of utilizing robots, including 15 facilities right here in Pennsylvania. Hospitals such as Allegheny General Hospital, Armstrong County Memorial Hospital and Pittsburgh’s VA hospitals are using robots for supply chain logistics as well as for pharmacy, lab and dietary. Magee Women’s Hospital became the second hospital in the country to use autonomous robots more than five years ago.

Alle-Kiski Medical Center, a member of the West Penn Allegheny Health System, uses robots in several departments. In an effort to improve emergency department (ED) throughput, Alle-Kiski evaluated workflow redesign and the innovative use of low-cost technology. The medical center began using three robots to deliver supplies and lab results to nursing stations. Led by a 71 percent reduction in lab turnaround time, Alle-Kiski has been able to treat more patients in the ED without adding staff or making capital investments.

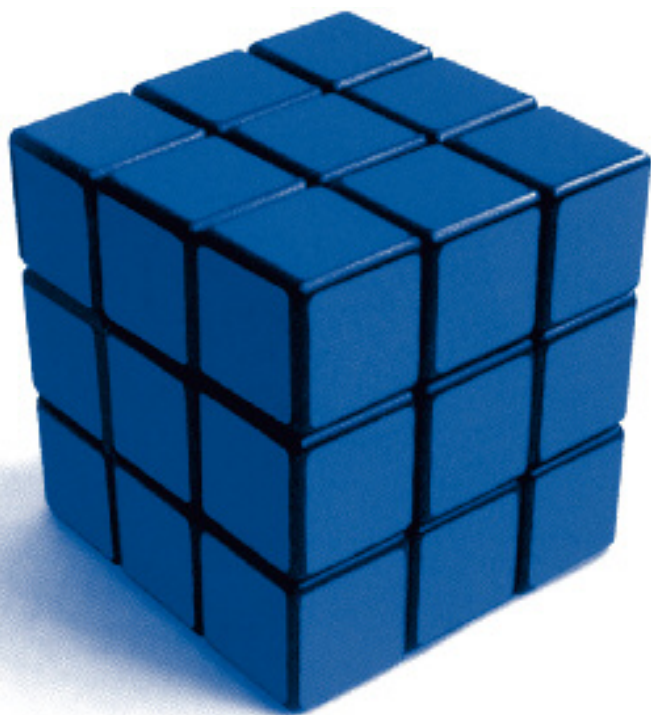
Canonsburg General Hospital recently received an excellence award for improving quality, operational and financial results in the emergency department. Robots played an instrumental role in attaining this recognition by improving delivery times and increasing patient satisfaction. Canonsburg’s ED uses one robot to transport blood specimens to the lab on demand, 24/7. Each delivery takes 8-10 minutes, and the robot logs 35-40 deliveries per day.

In addition to making reliable deliveries around the clock, robots can be equipped with tracking technology to manage inventory of high-value equipment and supplies. Using RFID tags, robots can maintain inventory and identify the exact location of supplies and equipment throughout the hospital.

With so much at stake, supply chain management is a critical component of a hospital’s strategic plan. Effective automation of this vital function can increase efficiency, improve margins and enhance patient satisfaction. Autonomous robots are new solution to an age-old problem; a technological advancement that’s worth investigating. †

Aldo Zini is president and CEO of Aethon, the nation’s leading provider of mobile, self-directed robots to hospitals.

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Insurance Audit Prevents Costly Shortfalls When an Accident Happens on the Job



A patient slips and falls getting out of bed or a storm causes a power surge that knocks out your imaging equipment. One mistake in your insurance coverage and you might be covering the legal fees, medical bills and other costs of repairing the damage all on your own.

Businesses buy liability insurance to protect themselves from the crippling costs of attorneys, trials, settlements, hospital stays and treatments, property and equipment damage and the many other expenses that can quickly add up when accidents happen on the premises. But as more and more companies are finding out, insurers may not always want to pay for those accidents, and insurance companies are getting better at finding ways to deny claims.

The old saying goes, “when you buy a commercial insurance policy, you buy the right to sue an insurance company.” The truth: even one loophole in an insurance policy could leave a company with costs that are impossible to recover.

Liability claims are a major risk for employers in the health care industry and in every other business sector, whether they’re providing a service or manufacturing goods, or even a local, state or federal government office. According to the U.S. Department of Labor’s Bureau of Labor Statistics, approximately 3.5 million workers reported some type of injury on the job in 2008. And that’s only injuries to employees – accidents involving patients can be equally damaging and natural disasters can wreak havoc on physicians’ practices and smaller health care companies.

To avoid getting stuck covering the costs of employee, patient and environmental accidents, health care providers not only need a good insurance policy, but also need to know how that policy works.

One of the best ways hospitals and other health care facilities can protect themselves from getting caught without proper liability insurance coverage is to conduct an insurance audit. An audit gives administrators and executives an opportunity to look closely at all aspects of their current policies and identify any potential shortfalls before they actually become a problem. It’s a chance to look at what has worked in the past, figure out what needs to change and fix any mistakes that could lead to costly lapses in coverage in the future.

There are five basic steps all companies should take to get the most out of an insurance audit and make sure they have the right liability coverage:

Determine the company’s needs. The first step in conducting an audit is to determine what insurance coverage the company needs right now by identifying current and future liabilities. This is the time to look closely at what specific risks the business faces based on location, facilities, workforce and other major factors

and figure out what areas of coverage are the most important.

Examine old and existing policies. Administrators should locate, organize and analyze past insurance policies during an insurance audit to gain a better understanding of where and why coverage has fallen short in the past. The next step then is to evaluate the current insurance policy to identify any weak areas or gaps in coverage and make sure the policy is in line with the company’s present needs.

Analyze claims. By reviewing any claims filed since the current policy has been in place, administrators can pinpoint why and how the insurer might have denied coverage and update the policy to make sure the company is fully protected moving forward. Hospitals and other health care companies can also use the information they’ve compiled about past and current insurance policies and claims to determine what coverage they should require from suppliers, partners, caregivers and anyone else working with them.

Cut unneeded coverage. In addition to finding the areas in which they need to increase coverage, an audit can also help administrators decide where they might have too much protection and be paying for unneeded coverage. Especially with the economy still struggling to recover from a deep recession, all companies should take advantage of the opportunity to cut back on unnecessary coverage and save money for other important expenses.

Check what’s in writing. It’s important to take the time during an insurance audit to comb through the written contract and identify any mistakes in the wording of a policy. Errors in the contract can give insurers an easy way to deny coverage of liability claims and make it difficult, if not impossible, for a company to fight back. Administrators should review the written policy carefully, looking for unclear statements and loopholes that could potentially lead to an exclusion of coverage at the time they need it most.

Identifying where coverage falls short before an accident actually happens can save companies valuable time, money and damage to their business. Employers who conduct regular insurance audits will be better prepared to protect themselves from liability claims, have a better understanding of how their policies work and be better able to find insurance policies that are in line with their companies’ needs.

To contact Beth Slagle of Meyer, Unkovic & Scott, LLP, email bas@muslaw.com.

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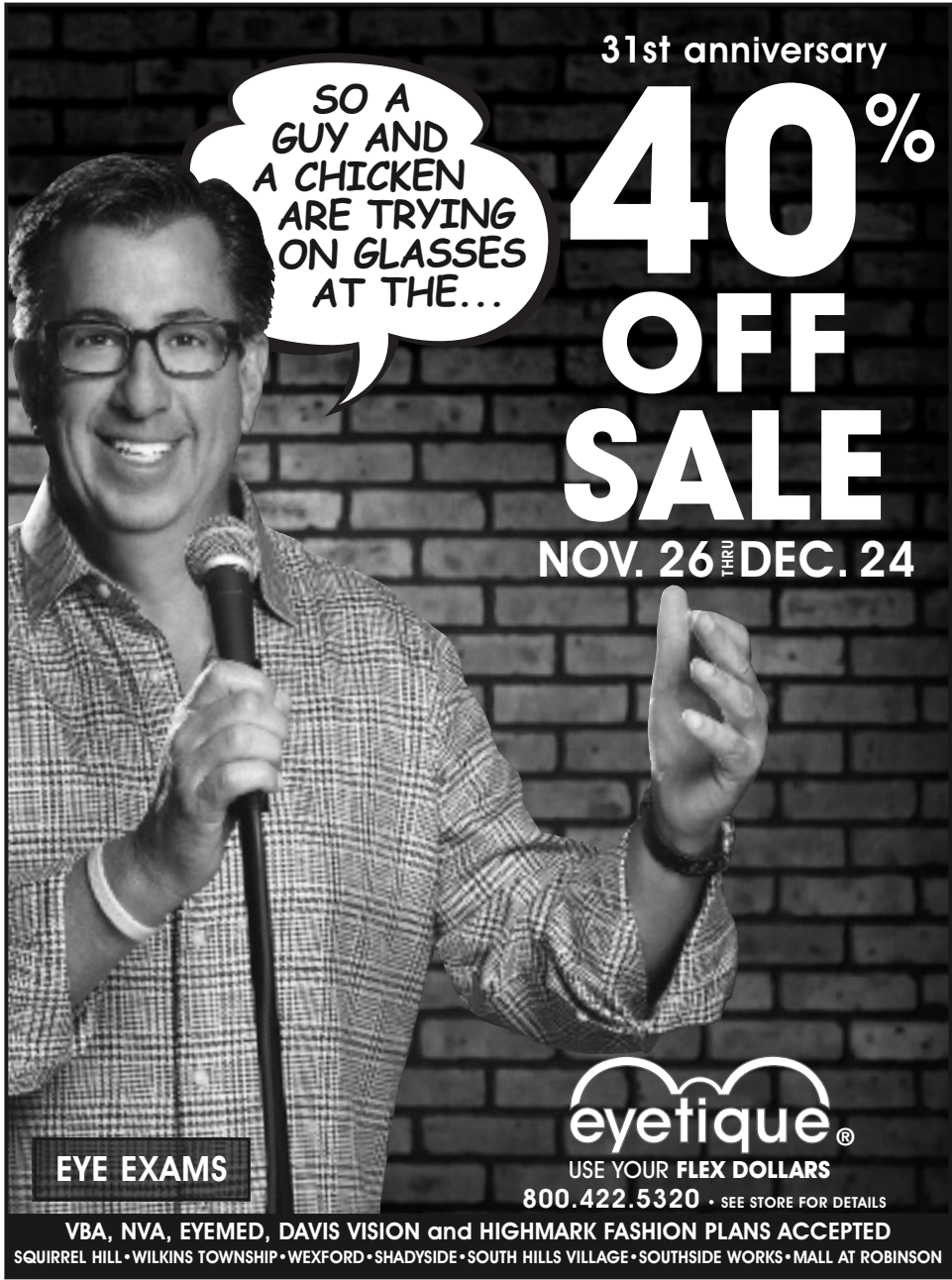
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Investing in Technology can Redefine a Service Line and Transform a Hospital



By Juliet M. Nguyen

In the compartmentalized world of hospital management, return on investment in new technology is typically evaluated in terms of the direct revenue a new device likely will generate. While this calculation is necessary, by itself it is strategically inadequate. It overlooks the immense transformative potential of technology investments that enable building a state-of-the-art clinical service line. When executed as part of a comprehensive service line and hospital-wide development plan, targeted clinical technology investments can be a powerful strategic lever, dramatically boosting hospital market position and financial performance.

Sacred Heart Hospital in Eau Claire, Wis., is a case in point. A decade ago, senior managers recognized the 344-bed facility's role as a community hospital delivering compassionate, mission-driven care was both clinically obsolete and financially unsustainable. Like many community hospitals, their operating margins had eroded for years. To compete and thrive in the 21st century, the hospital needed to evolve into a tertiary care medical center.

The first step was expanding the existing one-surgeon neurosurgery service into a comprehensive service. Over several years, the hospital made substantial investments in state-of-the-art technology, including two "smart" operating suites equipped with advanced intra-operative imaging and 3-D mapping. This was accompanied by innovative physician leadership, improved pre-op and post-op care, and a sophisticated administrative structure to support it all.

The "halo effect" created by the enhanced emergency department, critical care and multi-disciplinary team-based approaches to care developed for the neuro service line was more than just a marketing opportunity. It also allowed the hospital to upgrade clinical capabilities in other service lines. Most significantly, an open heart surgery program was added as well as advanced capabilities in orthopedics and cancer care. These changes raised the case mix index for these services from 1.19 in 2005 to 1.40 in 2010 while maintaining overall volume.

The bottom-line impact of this increase in acuity has been dramatic. Contribution to overhead from neurosurgery rose from break-even in 2002 to nearly \$6 mil-

lion in 2009, while contributions from cancer, orthopedics and cardiac services are up 50 percent since 2005. As a result, Sacred Heart's total operating margin grew by nearly 2 percent per year since 2008 and is projected to increase again in 2010, reaching levels not seen for 15 years.

These developments not only make previously unavailable services accessible to the 450,000 residents of Eau Claire and the surrounding rural and semi-rural region, they also have raised the standard of care in Sacred Heart's historic service area. While the hospital's efforts have ensured that the health services the community relies will remain in place, they also stimulate the regional economy.



Smart Operating Suite at Sacred Heart.

SACRED HEART HOSPITAL'S INVESTMENT

The hospital's strategy to establish the neurosurgery line focused on investing in cutting-edge technology and physician talent, and building the clinical staffing and administrative programs to support them.

The investment in physician talent and commitment began with recruiting two neurosurgeons to join the one neurosurgeon practicing at the time. The physicians agreed to provide coverage for the emergency services, participate in regional outreach and accept all cases regardless of payment.

Investing in these programs aimed to provide the neurosurgeons with the time and authority to manage the program clinically and operationally, utilizing an administrative dyad. The hospital also placed an assistant administrator who can move across all departmental lines to achieve results. In the process, a number of clinical success factors emerged:

DEDICATED OPERATING TEAM

- Just-in-time training, technology and procedures for all staff
- A trainer to validate staff competence, support training and facilitate problem resolution
- Formal team communication structures
- Reward and recognition for employees

In addition, a key leadership component is a clinical nurse specialist to coordinate patient care and maximize the time of the neurosurgeon. Finally, clarity and measurement of goals, including quality, cost, service and growth, is vitally important.

CONCLUSION

By leapfrogging ahead to the most advanced technology available, Sacred Heart transformed itself from a struggling community hospital to a financially sound institution that provides the highest standard and quality of care throughout the system. This experience demonstrates how investment in state-of-the-art technology can fundamentally change how patient care is delivered and financial performance is maximized. ↑

Juliet Nguyen, director of strategic services for Hospital Sisters Health System Division (Western Wisconsin), guides strategic planning processes for both Sacred Heart and St. Joseph's hospitals within the Division, and coordinates the Divisional and System strategic priorities to ensure alignment through consistent updates and reporting. She also supports the strategic initiative management process through monitoring industry trends and identification of critical issues and/or opportunities. Nguyen holds a bachelor of arts in biology from the College of Saint Benedict and a Master of Healthcare Administration from the University of Minnesota, School of Public Health.

Pharmacology and Clinical Practice Update



This monthly series for advanced practice nurses will provide up-to-date information related to pharmacology advances with corresponding clinical practice concepts on a variety of topics.

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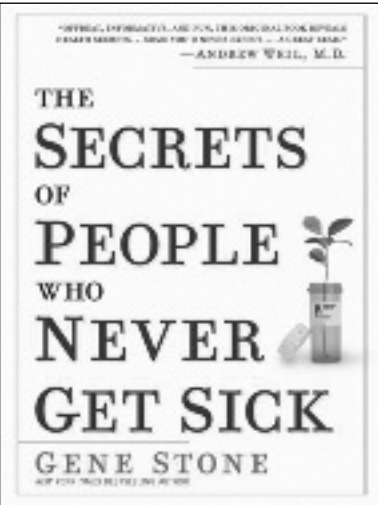
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“The Secrets of People Who Never Get Sick” by Gene Stone’

c.2010, Workman Publishing, \$23.95 / \$29.95 Canada,
212 pages, includes index



Review by Terri Schlichenmeyer

You hate shots. Who doesn’t?

But still, you get one every fall. You’re the model of conscientiousness, in fact: you eat right, you always take the stairs, you look both ways at the crosswalk, see your doctor, and take your vitamins. Still, there you are, sneezing and coughing while your co-worker blithely walks around, bragging about how grrrrreat he feels.

The rat fink.

So why is he well while you’re ailing? Maybe, as you’ll see in “**The Secrets of People Who Never Get Sick**” by Gene Stone, he knows something you don’t know.

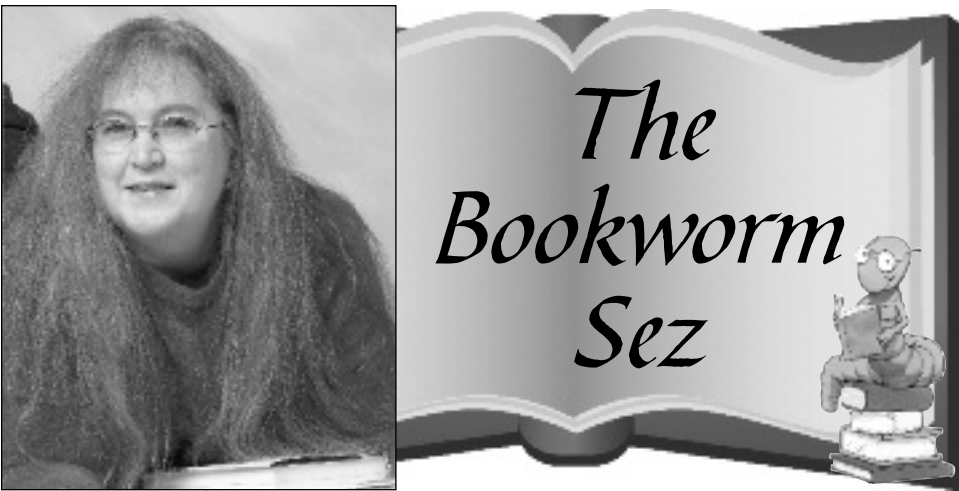
Long before Modern Medicine, humans had to make do with what they had, cure-wise, to fix what they had, bug-wise. Folks with seizures, for instance, were advised to avoid full moons. Bloodletting was a common “cure” that commonly killed the patient. Cleanliness wasn’t exactly practiced with regularity and old wives’ tales were taken as gospel.

The thing is, though, we’ve learned that Old Wives were right in many cases: Leeches really do help heal wounds, an apple a day really does keep the doctor away, and eating fish really can boost brain functioning.

But can we completely avoid being sick?

Stone posed that question to twenty-five people who rarely visit the doctor, rarely get colds, and rarely miss work. What they said was intriguing...

First of all, eat right but only eat half your meal. Go with a plant-based diet as much as possible, and add herbal remedies and probiotics to your dinner table.



Sprinkle liberally with garlic and brewer’s yeast and top it off with vitamin C. Have lots of chicken soup if you feel the littlest snuffle intruding.

Secondly – and this is always good advice – take naps. Keep a positive attitude, stay calm and stress-free, and connect with a spiritual side of yourself. Stretch, move, detoxify, do Yoga.

Lastly, choose your home wisely. Thank Mom and Dad for the genes they gave you and have lots of friends (or avoid people completely). And if all else fails, take cold showers, wash with hydrogen peroxide, and don’t give germs any thought at all.

Quirky, fun, and filled with advice that will either make sense or make you cringe, “The Secrets of People Who Never Get Sick” is user-friendly and easy-to-read. As you’re browsing through it, you might get a kick out of learning that Grandma was right a lot of the time. But be aware that not everything in this book can (or should) be used by everyone.

Author Gene Stone, who tried many of these tips himself, freely admits that not all “secrets are worthwhile... some are downright wrong, while others are simply strange.” Some, I might add, are dangerous (like a recipe that includes raw eggs). Still, they worked for somebody, sometime, and the interviewees swear by their methods.

If you’re sick of the sniffles, weary of wheezes, and can utilize a good dose of common sense, this may be what the doctor ordered. “The Secrets of People Who Never Get Sick” might be the shot your immune system needs. 🍷

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The Board’s Role in Creating a Culture of High Quality

Greg Carlson, PhD
Assistant Professor and Associate for Healthcare Consulting
Department of Health Services Administration
The University of Alabama at Birmingham

Dr. Carlson’s teaching and research interests are focused on organizational culture, clinical quality, leadership, strategic management and the relationship of hospitals with members of their medical staffs. Prior to his career in academia, he was a health-care executive for over 20 years. Dr. Carlson is the co-author of the book *Leading Healthcare Cultures: How Human Capital Drives Financial Performance*. He will discuss:

- Quantifying the effect of organizational culture on financial performance
- Is your organization trapped in a cycle of behavior that precludes improvement?
- Does your board really know how your organization’s quality compares to your competition?
- What is the ‘value proposition’ of your organization?

Future Briefings

February 4, 2011, 8-9:30 AM: *Preparing Advocate to Become an ACO: Hospital-Physician Integration*
Mark C. Shields, MD, VP, Advocate Health Care, Sr. Medical Director, Advocate Physician Partners

March 18, 2011, 8 AM—1 PM: *Tax Exemption in the Healthcare Industry*
Mindy Reid Hatton, Sr. VP & General Counsel, American Hospital Assoc.
Sarah Hall Ingram, Commissioner, Tax Exempt & Gov. Entities, IRS
Brad Gray, PhD, Editor, *The Milbank Quarterly*, Sr. Fellow, The Urban Institute

April 1, 2011, 8-9:30 AM: *Why Hospitals Need a Safety Culture & Trustees’ Role in Establishing It*
Mark Chassin, MD, President & CEO, Joint Commission

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Pump Up the Volume on Patient Payments



By William Collins

As a practice manager, you know that unlike many other industries, collecting payment for services in a healthcare environment doesn't often happen at the point of care — nor is it clear who is going to pay: payers or patients.

So, what is a practice manager like you to do when the rate of patient payment write-offs is as high as 50% in some cases? Let's start finding the answer to this question by taking a closer look at a few common "challenges" faced by today's medical practice manager:

Challenge #1: *"Our office just doesn't have an efficient method of verifying a patient's insurance benefits, and our patients complain they don't understand the benefits they have."*

Insurance verification by phone or individual payer websites are the most common methods used in practices across the country. However, with more and more patients coming through the door, practice managers are finding these are not the most efficient ways of getting up-to-the-minute, accurate information regarding a patient's coverage, and they do not provide a convenient way to communicate benefits to a patient.

Challenge #2: *"When it comes to determining who is responsible for payment of healthcare services delivered to the patient, an information gap exists — in content and timing — leaving both our practice and the patient in the dark."*

Even when physicians and staff are providing the best possible care, a patient can feel she is not satisfied with the experience because of confusion around her insurance benefits and billing statements. Research shows patient satisfaction can be positively impacted when payment information — including deductible, co-insurance and out-of-pocket amounts owed — is shared with patients at the time of their office visits. In addition, understanding how a practice will receive reimbursement at the time of the patient's visit will streamline processes and allow for an easier start of the patient billing process.

Challenge #3: *"We're seeing increased patient self-pay balances, increased accounts receivable aging and increased write-offs of patient bad debt— all creating a tremendous strain on our practice's working capital and cash flow."*

These days, practice managers are seeing more and more patient accounts receivable balances grow. If billing is delayed until after a claim is adjudicated,

many patients will not receive their first statements until 30 to 45 days after their visits. In many instances, if a patient has a high-deductible plan, the practice will need to collect 100 percent of the amount owed from the patient. And while there are certainly some patients who are having difficulty making payments, there are many more who simply put off payment due to confusion or disbelief that their insurance did not pay. On average, a practice will send three or more statements to a patient before a payment is made.

The patient's uncertainty leads to exceptionally slow payment of outstanding bills. As a result, a practice's revenue stream becomes a revenue puddle — small and stagnant.

Challenge #4: *"As we try to link payments received to a patient's account and manually post those payments into the practice's Revenue Management System, we are seeing inefficiencies, errors and the loss of information— creating more work and patient satisfaction issues. Also, with the recent changes in HIPAA Privacy Rules, we need to ensure patient data that is tied to a payment is protected."*

Properly keeping track of data is essential in any business. However, in a medical practice, it is critical to ensure proper financial controls and the protection of patient information. When staff members are tracking payments from multiple sources — each arriving at different times and with limited patient information — the opportunity for errors in manual payment posting increases dramatically.

Finding a Solution

These challenges were all too familiar to Sheridan Robinson, practice manager for Carolina Conceptions, a private practice infertility clinic located in North Carolina. With a staff of physicians who are regularly named to the "Best Doctors" lists in their region, quality of care has never been a concern for Robinson.

However, when it came to running the practice on a day-to-day basis, checking in patients, filing insurance claims, billing and trying to collect from patients, Robinson was finding the process not as efficient as she would like — and it was affecting her ability to grow the practice.

Although Robinson has had plenty of exposure to medical technology, when it came to incorporating a new patient payment management solution to improve practice efficiency, Robinson wanted to ensure the technology would provide a comprehensive solution — and was not singularly focused.

That's when Robinson learned about ConfirmPay™, a real-time, web-based solution from Heartland Payment Systems® that combines healthcare eligibility verification, the ability to estimate a patient's self-pay responsibility and feature-rich payments processing into one easy-to-use portal — all at the point of care.

IMPROVED STAFF EFFICIENCY/ INCREASED PATIENT SATISFACTION

"My staff has almost completely eliminated time spent on the phone and on the payers' websites confirming coverage. In real time, we can check whether patients have met their deductibles and then use the eligibility estimate to calculate the patient's balance against our contracted rates/fees for the procedures we perform," says Robinson. "My staff now has the time to focus on other tasks to improve our practice."

In addition to efficiency improvement, Robinson says patient satisfaction is improved. "In my practice, because of the services we provide, the amounts our patients owe can be very high. Being able to set payment expectations upfront is really important.

"We are now sending fewer statements and those we do send are simple for patients to understand. This gives my staff the confidence to talk to patients about their financial responsibility. The staff also feels comfortable calling the patients to discuss outstanding balances and offer payment arrangements to settle the accounts," she says.

Robinson also finds the product offers her an easy way to issue refunds without having to write a patient a check and the benefit of remote access.

"Since implementing ConfirmPay, we have been able to decrease our outstanding accounts receivable by 10 percent in four months. We have been able to set up payment plans for patients who were not consistently sending monthly payments — now I can count on about \$3,500 per month based on the current payment plans we have set up," says Robinson. †

To learn more, visit HeartlandPaymentSystems.com/ConfirmPayor call 86.941.1HPS (1477). William Collins is the executive director of vertical market strategy at Heartland Payment Systems, provider of the ConfirmPay patient payment management solution. Since its introduction nearly one year ago, Heartland's ConfirmPay solution has helped hundreds of medical practices across the country to improve operations and increase patient satisfaction. To learn about Heartland's full line of healthcare business solutions — including ConfirmPay — or contact William Collins, call 972.295.8677 or visit HeartlandPaymentSystems.com.



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Teleradiology: Expectations for Tomorrow



By Joe Moock

TELERADIOLOGY TODAY

As hospitals seek out teleradiology providers, they are undoubtedly interested in established, reliable practices that boast a proven track record when it comes to accurate readings. Often, these facilities look to nighttime teleradiology services not only to provide preliminary reads, but final reads as well. Teleradiology providers who utilize the latest advancements in technology most effectively are the entities capable of providing quality readings and efficient image distribution. These providers also prove to be a valuable asset to hospital operations.

TELERADIOLOGY BENEFITS

The benefits of teleradiology depend on the size and reading needs of the hospital seeking the service. Larger hospitals tend to have a greater number of doctors on staff, but for them, weekend and nighttime shifts are often the least desired. By hiring a teleradiology service, the organization can have outsourced, first-rate doctors read and transmit images for patients in need, while providing in-house physicians with schedules that suit their varying lifestyles. Smaller hospitals look to teleradiology providers for different reasons, at times because there are simply not enough radiologists to adequately serve patients' needs. Because smaller hospitals turn to teleradiology services to supplement staff, they need full-service providers, including sub-specialty radiologists. Many teleradiology groups are able to provide sub-specialty experts in neuro-radiology, body and cardiac imaging, musculoskeletal imaging, pediatric radiology and MRI.

What is consistent among all hospitals is the overwhelming demand of digital imaging coupled with a decreasing number of radiologists nationwide. Teleradiology technology and services give these organizations the luxury of fully-qualified, credentialed doctors that are guaranteed to serve patients' needs 24 hours a day, seven days a week and 365 days a year.

RECENT TELERADIOLOGY UPGRADES

Although multi-slice CT scanners have been around for some time, current models are becoming increasingly popular to a hospital's emergency department. Possessing a large number of detector rings, these scanners allow for higher rotation speeds and produce more detailed and clear images in a shorter time frame, drastically increasing the number of images sent for interpretation. Though these scans are more thorough and offer increased capabilities for three-dimensional post processing, the increased volume and size of the data being transmitted and presented to teleradiologists can be challenging.

Though beneficial, it is crucial for facilities to keep up with the increased quantity of data these scanners provide. Improved technology for the compression and transmission of digital images is emerging, which significantly improves turnaround times from teleradiology providers. Some scans involve hundreds, even thousands of images, and these technologies allow for a smoother reading process for both the organization and the teleradiology service provider. It is through the use of technologies like these that teleradiology providers provide the most accurate and efficient readings for hospital patients.

UPCOMING TELERADIOLOGY DEVELOPMENTS

Industries and technologies are constantly evolving, especially those in the healthcare field. Moving forward, hospitals can likely anticipate the following trends in teleradiology:

Many hospitals will continue to employ smaller service providers who can offer the same around-the-clock expertise, but deliver quicker responses. As a result, larger teleradiology providers will face strict competition and be pressed to offer services from smaller groups of physicians and superior support and customer service.

New cost-effective technologies will make it easier for smaller teleradiology providers to effectively compete with larger organizations, resulting in faster turn-around times and better quality control for hospitals.

Demand for fully-integrated reporting capabilities will continue to increase. Hospital staff will look to software that integrates with their existing workflow, eliminating the inconvenience of working with multiple systems.

Credentialing will be a resurfacing issue in the teleradiology industry, primarily because CMS suggests that reading physicians be approved and appointed privileges at each hospital they serve. CMS also recommends that reading physicians be licensed in every state they service, regardless of the type of reads they provide.

Final readings, as opposed to preliminary readings, will be requested of teleradiology providers during the day and after hours. Organizations paying for the teleradiology service will increasingly opt for final reads that can be reimbursed instead of having on-site radiologists re-read the exam the following morning.

Joe Moock is a managing partner at StatRad, a premier provider of teleradiology solutions. The company's services allow hospitals and healthcare groups to save money, supplement staffing, satisfy hospital clients and maintain control. For more information, visit www.StatRad.com.




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Bullet Proofing Your Online Security

By Daniel Casciato

Today's hospitals should be concerned about online security for two reasons. First, patients take their privacy seriously, and secondly, doctors need to take these privacy concerns seriously for legal reasons. Any hospital that loses or mismanages their data will have a costly reputational issue and patients will avoid doing business with them moving forward.

"Healthcare costs continue to rise and many organizations want to adopt information technology to reduce those costs and improve the service they provide," says Mike Logan, president of Boston, MA-based Axis Technology, a provider of IT consulting and data security offerings. "In the excitement to get these savings, special consideration should go to security. Addressing online security up front will prevent costly mistakes later."

Additionally, regulatory requirements such as the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 require you to consider online security as part of your risk based compliance efforts to secure electronic protected health information (ePHI).

"The digitization of medical data via mandated electronic medical records and supporting systems means that online security must be accounted for," says Greg Porter, visiting scientist of the CERT Program of the Software Engineering Institute at Carnegie Mellon University. "Network perimeters are becoming increasingly unbounded and more patients and health care workers are accessing medical information through a variety of web-based services."

Online security breaches are becoming more prevalent across the board. This has directly affected the healthcare industry because they have become direct targets. Identity thieves look for systems that are insecure or using out-of-date software and attack them. Since most healthcare organizations need to use ePHI data, Logan says they must be vigilant and build in security from the start.

When it comes to the increased practice of sharing electronic records, cyber-criminals are definitely an issue, among other risks. With the data privacy compliance, state laws and federal standards craze occurring now, many believe that encryption will solve the world's data theft problems. Logan says that in reality, encrypted information is merely a puzzle that takes a little time to decode if it falls into the wrong hands.

"Additionally, it makes sharing necessary information difficult," Logan says.

Some of the other ways hackers can access a hospital computer system include



Mike Logan

client side attacks against popular software programs and web. It is important to realize that just buying some software does not make you safe.

"Locking the front door doesn't help if the back door is wide open," says Logan. "One important thing to keep in mind is that you should reduce your risk by minimizing the number of places ePHI is stored. A well thought out approach to securing ePHI is needed."

Understanding your current state of online security is also critical. For example, who is managing your HIPAA Security compliance program; what risk based framework are you using as part of your assessment approach; how are you protecting PHI at rest and in transit on operational systems and supporting applications; and how do you maintain vigilance over monitoring who and what has access to your environment?

"This challenge is primarily a process issue and not a matter of blindly throwing technology at a suspected compliance risk," says Porter, "yet this too happens far too often than many would care to admit."

The most successful solution that many companies are starting to deploy is new technologies that render data useless if a hacker or thief manages to break through perimeter security, such as data masking which manipulates data so that it's still useable to doctors and nurses, but unable to be tied back to the individual patient. In short, if data is stolen, masked data is useless to a thief because it is out of context with no way to utilize it outside of the environment.

"By using data making, companies do not have to disclose if there is a breach because the private data is unable to be used by thieves, therefore eliminating the risk to the patient," says Logan. "It's an effective measure to protect against both cyber thieves and accidental losses caused by internal mishandling."

For information on Axis Technology, visit www.axistechnologyllc.com. For information on the CERT Program of the Software Engineering Institute at Carnegie Mellon University, visit www.cert.org.

The Waiting Room

By Daniel H. Walker

(This is part 1 of a 5-part series)



The call comes in from her doctor, "The results of the biopsy are in, we need to meet soon to discuss them." Panic, alarm, terror? All normal emotions for a woman expecting the usual call to tell her all is normal and there is nothing to worry about. Doctors never give bad news over the phone for good reason.

Later that week she sits in his office to get the news, "You have a pre-cancer in your uterus. It's not terminal, it's not an emergency but you need a full hysterectomy; soon!" News like this is never easy to hear but she gets some additional information and heads home. They schedule the surgery suite and make plans for the procedure.

She and her husband arrive in her doctor's office a couple of weeks later for a routine pre-op visit at eight am. "What a good time for an appointment," she thinks, "it will be early enough in the day so I can get in and out quickly." Two and a half hours later, with no apology or explanation, she is escorted to the examination room and instructed to disrobe. Forty five minutes later, naked and shivering in the cold, there has been no sign of a doctor, a nurse, an office worker...no one. Her husband, concerned about the time delay, asks to see her. An office worker takes him into the room only to discover a woman in near hysterics, crying and frantic. He talks with her in an attempt to calm her. Within a few minutes she decides to get dressed and go home. Scarier still, she decides to abandon the surgery all together.

See **WAITING** On **Page 24**

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Everything I Need to Know I Didn't Learn in Kindergarten

By Rafael J. Sciuolo

All of us – no matter our profession – have the ability to improve through learning. Whether it's in a formal setting or merely by learning more about your craft on your own, opportunities present themselves for us to develop professionally through education.

Throughout 2010, Family Hospice and Palliative Care has teamed with several of our professional partners to offer continuing end-of-life care education to local social workers and nurses. The presentation, entitled, "Spiritual Care at the End of Life: Beyond Bedside Prayers," has been presented by Family Hospice spiritual care specialist David Wierzchowski, M.Div., M.A. eleven times over the course of this year.

Originally conceived by Wierzchowski and Family Hospice community liaison Eric Horwith, "Beyond Bedside Prayers" was developed based on interest generated from the healthcare community. Eric Horwith reports that many social workers and nurses had expressed a lack of insight into the role of spiritual care staff when caring for those at the end of life, sometimes forgetting the importance of the "non-clinical" staff tending to patients.

Numerous RNs and social workers said they were always under the impression that chaplains pray with patients and that was it. In actuality, this presentation shows how spiritual care does far more than that, including counseling, relaxation techniques and even therapeutic touch.



David Wierzchowski speaks to a group at The Center for Compassionate Care in Mt. Lebanon.

Hundreds of local professionals have taken advantage of this opportunity, which awarded two state-approved continuing educational units. The program is designed to allow participants who provide end-of-life care to achieve the following:

- Identify the full spectrum of services & support offered by spiritual care staff.
- Identify and address spiritual care needs of patients with life limiting illnesses.
- Develop a collaborative approach between spiritual care staff & other health care disciplines.

"Developing and presenting this program has been very fulfilling," explains David Wierzchowski. "Local healthcare professionals have shown a real desire to enhance their knowledge of spiritual care for the dying. It is encouraging to know so many wish to enhance their knowledge when it comes to the needs of the patient."

About 1.5-million people nationwide receive hospice care annually – and spiritual care is an important

component. Why is that? Emmanuel Agbakwuru, also a spiritual care specialist with Family Hospice, offers some insight: "Spiritual care as a part of hospice is important because end-of-life care involves bringing a concluding chapter to human existence. Many patients need to make meaning of their life and that's where spiritual care plays an important role. When patients are ready to open that chapter, it allows the spiritual care specialist to listen, discuss and advise."

Family Hospice is happy to have offered this educational opportunity to our colleagues. Obviously, we realize the importance of end-of-life care and the various components it includes. In order for a healthcare team to provide a complete continuum of care, it must be equipped with the knowledge and background that can address all of a patient's needs.

There are other aspects of continuing education that Family Hospice has offered, such as the local presentation of the Hospice Foundation of America's Grief Teleconference, presented in partnership with The Institute to Enhance Palliative Care. This event is instrumental in educating healthcare professionals and families on issues affecting end-of-life care. The program provides an opportunity for a wide variety of professionals – including doctors, nurses, funeral directors, psychologists, educators, social workers, clergy and bereavement counselors – to share and exchange ideas, while earning continuing education credits.

In addition, Family Hospice has offered the Hospice Inpatient Experience for Clinicians throughout 2010. This program, which offers CME credits for physicians, and CEU credits for other healthcare professionals, provides a valuable

The Journey to Improve Hospice Care in America

learning experience to physicians, registered nurses, certified registered nurse practitioners, and physician assistants. It is intended for those with an interest in hospice inpatient care and palliative treatment in end-of-life care.

While the main focus of hospice is comfort and quality of life – there are many other complementary aspects to end-of-life care. Those providing care have an opportunity to learn, grow and improve. In the long run, continued education benefits both staff and patient. 🌿

Rafael J. Sciuolo, 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 rsciuolo@familyhospice.com or (412) 572-8800. Family Hospice and Palliative Care serves nine counties in Western Pennsylvania. Its website is www.familyhospice.com.



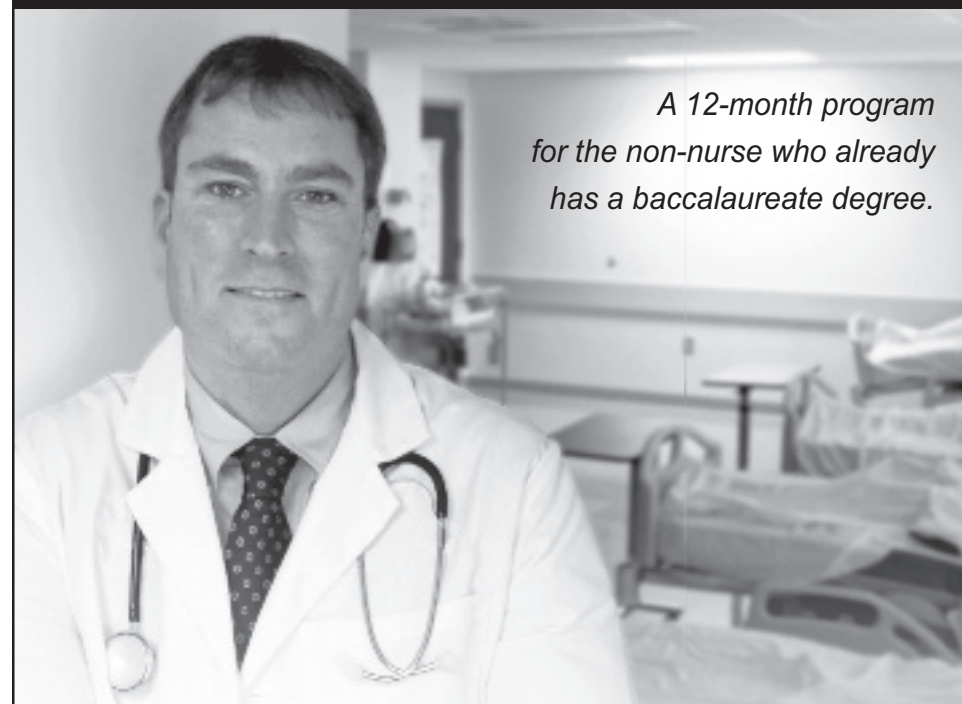
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Mobile Health: Missing the Wave or Ahead of the Curve?



By Peter Hudson, M.D.

Attracting patients with an excellent payer mix, while increasing patient volume, remains the golden nugget for which healthcare marketers search. Just a few years before smartphones hit our palms, marketers spent sizeable marketing budgets buying print ads, billboards, broadcast prime-time slots and radio spots, in hopes that widely-spread messages would stick when consumers later needed healthcare.

To illustrate how consumers made provider decisions back then, I'll let you in on a recent conversation with someone who suffered a minor heart attack while playing running for a cab nine years ago. Feeling unusual chest tightness, this man suspected the need for a doctor and headed back to his hotel room. To find a doctor, he went straight to the Yellow Pages and flipped to the cardiologist's section. Ripping out the page of doctors, he asked a colleague that had traveled with him to drive him to a cardiologist listed in the ad.

As an emergency physician, my curiosity heightened and I asked how he ultimately chose the cardiologist, to which he replied, "I picked the one with the biggest ad!" Fortunately, the immediacy and connectedness of smartphones has changed that primitive and ill-advised selection process and subsequently has empowered a nation of healthcare consumers.

RIDING THE MOBILE HEALTHCARE WAVE

Healthcare information is now at our fingertips, wherever we are, thanks to smartphone use being as pervasive as penicillin. According to Nielsen, current smartphone adoption rate sits around 25% and is expected to rise another 10% during the holidays. Usage estimates rise from there, with indicators showing that by the end of 2011, one out of every two adults begin carrying a smartphone.

Recognizing this rising mobile tide, many Pennsylvania healthcare providers have stayed ahead of the curve and adopted the mobile tools necessary to connect with these smartphone enabled patients. One of those tools is iTriage – a free, consumer-based mobile application. When compared to other states, more individual Pennsylvania healthcare providers have partnered with Healthagen to launch on iTriage than any other state. As the mobile tide rose, Indiana Regional Medical Center was the first hospital in Pennsylvania to quickly roll out ER Wait Times on iTriage to offer more transparency to patients. Shortly after, Windber Medical Center, AllBetterCare Urgent

Care Center, Lancaster General, Main Line Health and Thomas Jefferson University Hospitals launched, and more partnerships are expected by the end of the year.

With innovations like mobile ER Wait Times and hospital pre-registration now available on iTriage, medical providers are using the app as a differentiator in an increasingly competitive healthcare environment, thus guiding patients to their facilities at the greatest time of medical need. By offering a mobile symptom-to-provider pathway, iTriage provides consumers with useable symptom, disease and procedure information and then gives the most appropriate level of care for the condition. Providers are able to present consumers that "full page ad" feel of valuable information that empowers healthcare decisions.

WHERE SHOULD YOUR MOBILE STRATEGY BE NOW?

Those healthcare providers on top of today's mobile space are currently:

- Providing highly contextual information about their hospital's capabilities right when the patient is looking for care
- Displaying ER Wait Times – providing a frame of reference for greater patient satisfaction
- Encouraging physician advertising in the mobile space – empowered patients want to know that their physician decision is the right one for them
- Utilizing multimedia communication aspects – mobile enables providers a way to combine all multimedia elements, i.e., video, podcasting, print, visuals

WHERE SHOULD YOUR MOBILE STRATEGY BE IN 12 MONTHS?

If your medical facility is not pushing out mobile information, you'll need to ramp up quickly. A recent healthcare media publication proclaimed ER Wait Time advertising as the healthcare marketing trend of 2010. Stay ahead of the curve and plan to utilize the patient engagement tools listed below in 2011.

Mobile pre-registration – patients don't like to wait and this new trend for 2011 is expected to increase patient satisfaction. Soon to follow will be physician appointment setting.

QR codes for advertising – in 2011, you'll see increased interest in tracking advertising campaigns and smartphones that read these small squares of information make that even easier.

Technologies that prevent patient leakage – your bottom line is affected when your doctors refer outside the network system. New smartphone technology is on the horizon to keep those patients in-network. †

Peter Hudson, M.D. is Chief Executive Officer of Healthagen, LLC – developer of iTriage (www.iTriageHealth.com). Healthagen is a global developer leading developer of healthcare information software that empowers patients to make better decisions. To reach Dr. Hudson or learn more about the iTriage mobile marketing solution for your facility, email: sales@healthagen.net, or call 720-496-2200.

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WAITING From Page 22

Through her tears she pours out her frustration. Her furious husband asks a hypothetical question, "Why would a doctor have the lack of common courtesy to keep a patient, a customer, waiting for nearly four hours with no acknowledgement or consideration? What other professional can treat their customers so rudely and stay in business?" After helping his exhausted wife settle into bed he engages the doctor in a heated, twenty minute, phone conversation. The doctor requests a conversation with the woman to discuss how she can return later in the day to complete the aborted pre-op visit. Finally, she consents to the new appointment and the visit is handled professionally. The surgery is a success and the patient gains a new lease on life. I understand that this sounds like an extreme story...yet it is a true story from 10 years ago. I know it is true because I was there; my wife was the patient.

Though I am sure your office experience is different and the industry has changed in the last 10 years since this happened, is there an element of commonality in your business? Do patients wait for extended periods with little or no interaction with the waiting room staff? What is this costing you? How many patients do you lose every year due to non-medical related problems like this? Would it benefit your business to know why patients choose you and stay with you?

In this series I will discuss one possible method for conducting the needed research to discover what makes patients come to you and why they stay or leave. Hint; it may not simply be a matter of getting a cure, therapy, or treatment. It always goes much deeper! †

Daniel H. Walker is a Business Consultant and Author of "The Customer's Way" a business novel illustrating a system he uses to help business owners answer the age old question, "What does my customer want from me?" He can be contacted through his website, www.riversendconsulting.com or by email at dan@riversendconsulting.com.

When Healing and Science Converge



By Nick Jacobs

The word paradigm provides a cerebral representation of a model that, throughout our lives has remained relatively constant. Transformational changes in the manner in which we travel, how we communicate, and even in the ways that we are educated have simultaneously produced significant shifts in those models as well. In the early 90 s, we were informed that the information being transferred to us would only be viable and, in fact, would be very nearly invalid within about 18 months or so after ingestion.

Those parameters of informational decay continue to diminish exponentially as we immerse ourselves in 24-hour instant access to changing data, innovative discoveries, and altering states of acceptance of ideologies that were once believed to be infinite in their substance. Science is only valid until the next discovery.

The archetypical model of high-tech health care that was believed to be our “Star Trek” salvation from the ills of our parents, and their parents is currently being exposed as an artificial promise that has failed to deliver healing. Each decade our technologists have produced new; more sophisticated, and higher priced equipment with promises of earlier detection. Unfortunately cures have not been part of the equation. The additional technology has simply produced additional questions.

As we delve into the diva world of science, we find many reasons why significant progress has not been made, mostly related to a lack of continuity in the incentive systems. But, because of these failures to heal, we also may now be able to discern another reality that will truly contribute to the new world order of medicine.

Dr. Lee Hood, infamous for his work in the creation of the equipment used by our present day scientists, launched a school of thought that has been generally accepted in the scientific community, Systems Biology. Dr. Wayne Jonas has pursued with passion his work in Systems Wellness. Both of these edge-running thinkers are also working to contribute to a medical degree at a leading university that will be entitled Systems Medicine.

The uniqueness of this type of thinking is not the newness of it. It is, in fact, a melding of the old and the new, the oldest and the newest approaches to healing.

What Drs. Hood and Jonas separately yet collectively are advocating is an approach to illness that embraces the complexities of genomics and proteomics and allows that knowledge to be firmly wrapped in a swaddling of information that, in many cases, has been with us since indigenous man walked the earth, an Optimal Healing Environment.

We have all been inundated by the mythical promise of cures from fraudulent presenters, and the result of those untested, unproven, and unfounded promises has created a culture of distrust, cynicism, and fear that thwarts the reemergence of those healing practices that represented not only viable alternatives, but, in many cases, the only alternatives that were available to our societies less than eighty years ago. As we more clearly understand that the human body is a comprehensive system that interacts within itself on a myriad of levels, we also can begin to understand why individual responses to certain types of healing modalities also produce very different results, i.e., Systems Healing.

The philosophies, beliefs, and practices of the American Board of Integrative Holistic Medicine, a major group of practitioners who have come together to provide not only education, training, and additional resources to physicians in general, they have also come together to ensure that those Systems Healing practices that were pushed aside for the promise of high tech and high chemistry are reintroduced to medicine and healing in an appropriate and informed manner. They embrace the best of science and the best of healing.

They hold closely the understanding of the most complex and marry it with the most basic in ways that produce HEALING, healing that is not based on taking the one pill, having that one test, or experiencing that one new technology. They embrace their patients as the whole person; body, mind, and spirit, and they understand that it's not just about theory. It is about love, nurturing, and providing the appropriate alternatives to make someone feel good again. Their work is not new to mankind, to medicine, or to healing, but it is a reemergence of those long proven, highly embraced modalities combined with the best of science that promote and support health and wellness; the new old paradigm? ↑

Nick Jacobs, international director for SunStone Consulting, LLC, is known as an innovator and advocate for patient centered care. With 22 years in health care management, he is author of the health care book, “Taking the Hell out of Healthcare” and the humor book, “You Hold Em. I’ll Bite Em.” Read his blog at healinghospitals.com.

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Preparing for an ALJ Hearing Process



By Erin McDaniel

It's November in Pennsylvania. Most people are looking forward to football, Thanksgiving turkeys, and the upcoming holiday season. For those who work in Pennsylvania's healthcare field, something decidedly less cheery lurks on the horizon: the CMS Recovery Audit Contractor ("RAC") process swinging into full gear.

By now, Pennsylvania's hospital administrators are acquainted with the RAC process. DCS Healthcare is the RAC with jurisdiction over Pennsylvania providers.

Since late 2009, DCS has posted numerous medical necessity and DRG validation issues it intends to review. Your facility may already be in the midst of the administrative appeal process with DCS. The opening stages of the appeal process are based largely on the facility's appeal letters, and frequently, the CMS intermediaries' denial letters. The process culminates in a hearing before an administrative law judge ("ALJ"). The ALJ hearing process, while burdensome, gives your facility the opportunity to challenge and hopefully overturn the RAC's determinations. Here are some helpful tips for the ALJ hearing process, based on my experience:

PARTICIPATE IN THE ALJ HEARING PROCESS

The ALJ hearing stage requires the most legwork, but also presents the best opportunity for your facility to present its case. If you are new to the RAC appeal process, you may be worried that the ALJs will rubber-stamp the RAC's determinations. On the contrary, I have found the ALJs to be impartial and fair. Even on the occasions when I disagree with their decisions, the ALJs have always given me and the hospitals I represent a fair hearing. But don't forget: you can't get to the ALJ hearing stage if you don't first go through the earlier stages of the appeal process.

CLEAR YOUR CALLS

The ALJs who decide appeals by Pennsylvania facilities will generally operate out of the Office of Medicare Hearings and Appeals in Cleveland, Ohio. This does not mean you should start planning a road trip to Cleveland. Instead, your ALJ hearings will be conducted by telephone. Telephone hearings will certainly save plenty of miles on your car, but they also require organization. The facility's rep-

resentative and witnesses will all need to be accessible by phone, and ready at the scheduled hearing time. If a witness is unavailable at the appointed time, don't expect much sympathy from the ALJ.

R-E-S-P-E-C-T

As you move into the hearing process, you will interact with both the ALJs and their court staff. Treat both groups with the utmost respect. The ALJs are not traditional federal or state court judges, but they are still judges with heavy caseloads and busy schedules. If you participate competently in the process and don't waste their time, it will make everyone's life easier (including your own). Be sure to refer to the ALJ as "your honor" or "judge." Further, grant the same degree of respect to the ALJ's support staff, including their scheduling clerks and research attorneys. These individuals keep the hearings running smoothly, and play an integral role in the appeal process.

PREPARE YOUR PAPERS

One way to help minimize your headaches during the appeal process is to have template appeal documents ready. Your lower-level appeal letters, your letters requesting ALJ hearings, and the briefs you submit to the ALJs will include much of the same language. This is true even when you are addressing different issues and different patients. Consider investing resources on the front end to develop good template documents that you can fine-tune to address specific situations. There is no need to reinvent the wheel with each new appeal. Also, make your documents clear and easy to follow for the ALJ.

FIND A GOOD REPRESENTATIVE

One of the main challenges of the hearing process is how to staff it cost-effectively. The success of your hearing will depend heavily on the quality of your representative – the person who serves as your advocate at the hearing. Notably, a person need not actually be an attorney to serve as a representative at a RAC hearing. Law firms and consultants offer expertise, but at high hourly prices. In-house staff offer institutional knowledge, but they may be overworked already. Contract attorneys may be your best option, as they offer legal expertise at significantly lower rates than traditional law firms.

Good luck! 🙏

Erin McDaniel is an attorney with Counsel On Call in Nashville, Tennessee. Ms. McDaniel has represented hospitals in dozens of RAC and inpatient rehabilitation appeals before ALJs in all four field offices of the Office of Medicare Hearings and Appeals. You can contact Counsel On Call at (615) 467-2388 or online at www.CounselOnCall.com.

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Local Author Writes New Caregiver Book



Laura J. Pinchot

More than 50 million people in the United States provide care for someone, whether it is a family member, friend, or neighbor who has become chronically ill or disabled and can no longer care for themselves. That means, chances are, readers are now or have been a caregiver, will become a caregiver, or will need a caregiver themselves.

Help Wanted: Caregiver, a new book from Pittsburgh publisher Hygeia Media and written by Pittsburgh author, Laura J. Pinchot, provides a guide to help those who have been tasked with caring for a loved one, friend, or family member. This book

offers a primer on in-home care as well as options for institutional care, the next logical step as the scope of care becomes too much to handle. Readers also will find information on financial and legal issues as well as the challenges caregivers face in their relationship with the person in their care.

Help Wanted: Caregiver is a book you can share with your patients and their families as well as a resource you might find helpful in your personal life if you or someone you know is facing the challenge of caregiving or looking at that possibility in the future.

Order by phone: 866-257-4ONS or 412-859-6100 or through Amazon.com.

For more information, visit www.ons.org. 🙏

Western Pennsylvania Hospital News' Call For Artists

by Christopher Cussat

Through our monthly *Western Pennsylvania Hospital News' (WPHN)* "Artists Among Us" series, we have come to realize that there are many, many health care professionals out there who have a bottomless well of creative talents and artistic outlets.

This month, we would like to use our article space to announce an all out shout out and call to artists among you, our readers, as well as your colleagues and friends. Now we are inviting all of you to become part of WPHN. In addition to keeping you up-to-date on all of the vital happenings and important news about hospitals and healthcare in Western Pennsylvania, we also want our publication to be a public gallery of your artistic voices—whether it is through short stories, poems, anecdotes, photos, etc.

So please share your creative words, ideas, and work with our other readers who we know will definitely appreciate seeing the great diversity that exists within our health professional community. Through this, WPHN hopes it can also be an artistic outlet for creativity and inspiration.

There is no time like right now to send me your creative work at christopher@cussat.com. We look forward to seeing and sharing your art forms—whatever they may be!

As the first of hopefully many future installments, I am personally getting this started by sharing a poem of mine about my Grandmother, Rose, and her last days with us...

MATHEMATICAL POSTERITY

And as I sat there among the pungent odor
of Medical Sterilization,
Amidst Dehumanization,

The room was excessively warm,
Unnaturally warm, not typical to any dwelling place,
and this is not.

I almost could not feel that overwhelming warmth
which surrounded me.
I could not feel that invisible, hot air being
forced in through hidden vents,

For a coolness lingered above my Grandmother's bed,
A dampness.

And that bed,
with its raised sides
formed a cage around her,
Condescending her weakness,
her inabilities,
her defeat.

So I sat there at her feet
Staring
Not feeling the damp warmth around me
Not saying words

Then,
A line connected us,
and another attached us to her roommate,
a grey mass of silent flesh whose voice was lost somewhere
in the past.

Together we formed a bizarre triangle.

My Grandmother and her cell-mate formed
the base and sides.
I became the tip,

The fulcrum of being

And I sat there
with no words
With no answers
With no adolescent theorems to equate us. †

I will not leave
you comfortless
John 14:18




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Cleaning for Health

By Lee Zimmerman

Indoor air quality has been a concern for the health industry for many years. With rising energy costs causing buildings to become more sealed up, there is no place for introduced contaminants to be vented. Buildings, which in the past vented through poorly sealed windows and doors, now need to be vented through mechanical means with HVAC systems. A simple thing such as a lady's perfume or a man's cologne can cause adverse reactions with people because they seem stronger in the indoor environment.

As a result, many manufacturers of materials for building construction had to re-evaluate the way they were manufacturing their products. Furniture, draperies, carpet and carpet cleaning products that were brought into the indoor environment became suspect for causing adverse reactions to people in general.

The carpet manufacturing industry became aware of problems in the late 80s with the off gassing of volatile organic compounds (VOCs) from carpet adhesives and padding. Through self-regulation the carpet manufacturing industry has been working to correct that and, as a result, carpet has become the lowest VOC-emitting floor covering products used in new construction and renovation.

Manufactures of cleaning products have also continually worked to make their products better. Many of their products contained strong fragrances to mask odors and give that "clean smell," which they no longer have. The products have been formulated to leave as little residue behind as possible. With fewer residues you have less chance of any allergic reactions.

All of these changes in manufacturing certainly have gone a long way in making the indoor environment much healthier, but without maintaining the cleanliness of these products we are back to a unhealthy building! Without a proper maintenance program, contaminants from the outside environment will build up, causing problems.

Proper maintenance starts at the entrance of the building with mats. It takes approximately 10 to 12 walking steps to remove soil from the bottom of your shoes. A scrapping type of mat comes first outside of the hospital, with an adsorbent or drying type of mat for the inside. The mats need to be cleaned on a regular basis or they will fill up with soil and contaminants.

Next it is important to look at the maintenance of the flooring. Vacuuming is a very important step in maintaining the building. The traffic you have will determine how often you should vacuum. A vacuum cleaner that has an extremely high air flow (suction) has very little value if dust and other contaminants pass through the vacuum bag and become airborne. Efficient vacuum cleaners offer high airflow, high effi-

ciency filtration, and an adjustable rotating brush agitation for more effective soil removal. Always use the manufacturer's recommended bags and accessories and replace them when the bag is half full or at factory recommended level. Due to wear on the brush rollers and belts, these should be changed on a regular basis. Regular vacuuming can remove as much as 72 percent of dry soil and contaminants from your carpet.

For hospitals, which have many hard surfaces in use, vacuuming and mopping should be done on a regular basis and scheduled according to the amount of traffic the building receives. Make sure to change your mopping solutions before they become too full of contaminants. Otherwise you are just moving contaminants around your facility and not removing them from the indoor environment.

For the parts of the hospital that have carpets, the next step in maintaining a healthy environment is to have it cleaned regularly. Carpet acts like a trap, keeping dust and allergens out of the air we breathe. Simply put, what falls to the carpet (dust, pet dander and many other particulates that we breathe in) tends to stay trapped in the carpet. The frequency of cleaning depends on the size of the space and the traffic, but commercial buildings usually need to be cleaned more often than carpet in homes.

This is a very brief overview of how to maintain a healthy indoor environment for your patients and your family. Just as you all are professionals, if you want to find a certified professional cleaner, you can find them through the Institute of Inspection, Cleaning and Restoration Certification (IICRC) at www.iicrc.org. ↑

Lee Zimmerman is owner of Keystone Carpet and Furniture Cleaning in Greensburg, Penn. An Institute of Inspection Cleaning and Restoration Certification (IICRC) Master Cleaner, he has more than 35 years of experience in the carpet cleaning industry. He is past president and past board member of IICRC. Lee can be reached at lzr@wpa.net.



Lee Zimmerman

Pittsburgh

Better Times

The lifestyle publication for people who are divorced, widowed & separated

A New Pittsburgh Digital Publication Debuts

A new member of the Hospital News family, Pittsburgh Better Times is a lifestyle digital publication serving the nearly one half-million individuals in Pittsburgh and surrounding counties who are divorced, widowed, and separated.

Pittsburgh Better Times features educational and informative articles as well as enriching and empowering stories about life, love, and leaps of faith for this specific niche audience.



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Conversations that Cultivate the Potential for Greatness



By Brian Jones

Imagine every individual, every team, and every leader in your organization performing at the highest level. What would it look like, what would it feel like? Most importantly, what would your organization be able to accomplish if such were the case?

A significant step forward would be every leader having an answer for the following challenge: "What will it take for my employees to say at the end of the day: I reached my fullest potential". All too often the conversations between supervisor and supervisee are superficial. They avoid discussing the real issues that drive employee engagement and job satisfaction. There is little conversation enabling leaders to discover the aspirations and hidden potential of their staff members. I recommend three strategies to help generate valuable feedback that leaders can use to create a work environment that fully utilizes the skills and talents of its workforce. While many of you may be using these strategies individually, combining them to drive a focused plan for your employees will give you an undeniable advantage.

Identify the source of motivation. Motivation is a uniquely individual circumstance. The leader's role is to help each individual find the motivation triggers that will ensure they achieve their personal best. There must be a connection for the individual that causes them to want to increase their level of commitment to the task, team, and organization. The following questions can help a leader get to the source of motivation for each of their employees.

- *What are two elements of a job necessary for you to be motivated?*
- *What is the biggest de-motivator for you?*
- *Which of your job responsibilities brings you the greatest satisfaction?*
- *Are any of your job responsibilities mundane or unfulfilling?*
- *Today you left work thinking to yourself, "I made a difference today." What occurred to make you feel that way?*

Understanding Strengths and Opportunities for Development. Successful leaders are obsessive about discovering the strengths and opportunities for development of those they lead. A true assessment of strengths and opportunities requires in-depth conversations that are open and honest and the based on a mutual commitment of personal development. The leader can start the process by asking the following questions. It is also incumbent upon the leader to share their perspectives on each question.

- *What do you consider your greatest strengths?*
- *What are the areas you feel aren't your strengths?*
- *When your peers give you feedback about what they have observed about you, what do they say you do best?*
- *Likewise, what are two areas in which your colleagues might indicate that you could do better?*
- *If you were promoted tomorrow, what might your peers list as the reason(s) that you received the promotion?*

Aspirational conversations. Everyone has dreams for the future. Yet, I find very few leaders that attend to the aspirational needs of those they serve and lead. Everyday those you work with need to see them not only as they are, but as they believe they can and will be. Help other's future dreams become a reality. Here are a few questions to get you started.

- *What are two of your skill areas you would like to further develop?*
- *What is a new skill or talent you would like to pursue this year?*
- *If you had unlimited time and money to spend on your career development, how would you invest them?*
- *Is there a specific position at this company you would like to move into at some point?*
- *Where do you see your career going in the next three to five years?*
- *If I had a magic wand and could grant you success in any career of your choosing, what would you choose?*
- *What can I do to support the development of your career?*

Taking the time to have these conversations with your employees speak volumes about your leadership to those you lead. It tells them that not only are you interested in what they're doing for you, but that you are committed to helping them move forward personally and professionally. By learning what motivates employees, where their strengths and opportunities are as well as their aspirations, you have laid a solid foundation for a plan to maximize each individual's potential for greatness. What a wonderful leadership legacy! †

Brian Jones is an organizational consultant, executive coach, and international speaker and workshop facilitator. He is the co-author of Ordinary Greatness: It's Where You Least Expect It...Everywhere! He is also one of only a handful of consultants personally trained by author Patrick Lencioni to consult on the principles found in his book The Five Dysfunctions of a Team. Brian can be reached at 850-712-7828 and at brian.jones@tablegroupconsulting.com.

Submissions? Story Ideas? News Tips? Suggestions?

Contact Harvey Kart at hdkart@aol.com

Grant Helping Pitt Researchers Study Ways to Keep Firefighters Safe on the Job

By Daniel Casciato

A \$5,000 seed grant from the Pittsburgh Emergency Foundation (PEMF), which supports research and promotes education in emergency medicine and EMS, has helped researchers at the University of Pittsburgh Department of Emergency Medicine Emergency Responder Human Performance Laboratory (ERHPL) study how to keep firefighters safe on the job.

Thanks to that seed money, the researchers have been able to acquire a \$1.3 million in funding from the FEMA Assistance to Firefighters, Fire Prevention and Safety program to continue their research on fireground rehabilitation to help reduce the risk of heat stress and, in turn, sudden cardiac arrest, which is the leading cause of death in firefighters nationwide.

Firefighters become hot, dehydrated, and work at their cardiovascular limits when fighting fires in thermal protective equipment. However, the gear that is designed to prevent harm from the environment, ultimately places a significant amount of weight (40-50 lbs) that needs to be carried creating additional work, and does not let out the internal heat that is generated by the working firefighter. This combination of extra cardiac strain, high temperature, and dehydration can lead to several severe medical conditions, such as heat stroke and sudden cardiac arrest.

The first grant studied the two crucial components of fireground rehabilitation, hydration and cooling, in order to decrease the short and long term negative health effects working on the fire scene may have on the firefighter.

"We have conducted a large study and compare common off-the-shelf cooling devices and compiled a report to disseminate the findings and recommendations to the fire service so they have some information when they go ahead and make their plans and draft their operating guidelines," says Dr. David Hostler, Research Associate Professor at the ERHPL.

Hostler and his team will also examine the role of aspirin in fireground rehab.

"Some of our colleagues in New York and Illinois identified that platelets become sticky when exposed to heat stress," he says. "The number one cause of firefighter death in the line of duty is heart attack. There clearly has to be some kind of connection. If you're going to have a small heart attack on the fire ground and your platelets are active, your minor heart attack just became a major one. If it's your time to have a major heart attack because your platelets are sticky, now it becomes a fatal one."

The team is now about 10 months into the second FEMA grant looking at whether aspirin can be used to supplement what it has learned about cooling and rehydration to blunt or prevent the activation of platelets in firefighters working in protective garments.

"The study should be wrapped and we should publish the findings by summer of next year," says Hostler. "We want to identify the currently applications that will benefit the fire service in the immediate future."

For more information, visit www.pemf.net. †

How to Capitalize on Word-of-Mouth Marketing in the 21st Century

By Barbara O'Connell



Imagine a world where you have no marketing expense because your patients do all your marketing for you. It sounds far-fetched, but new trends can actually put you a little closer to such a reality.

You already know word-of-mouth marketing is essential in gaining consumer trust, especially in health care. But how do you gain that trust in the most cost-effective and fastest way? The Internet.

Like almost everything else, word of mouth marketing is moving online. That's because the Internet is a valuable tool that enables you to quickly build and spread word-of-mouth marketing. It is efficient, fast and inexpensive and it's where most of your customers are. According to the Pew Research Center, 80% of Americans are on the Internet and 80% of those people turn to the Internet to obtain health information including finding health providers.

Therefore, it is essential for your health care organization to give patients a forum to share their good word-of-mouth recommendations for you. By simply having reviews out there for people to find, you're beginning an effective online testimonial marketing campaign. Doing doesn't just generate valuable recommendations. A health care provider that actively recruits patient reviews and engages in a dialogue with patients is really telling consumers a few things:

1. They're good and they know it
2. They're trustworthy
3. They care about what we think
4. They want to be even better

Kim Smith, administrative manager of Western Wayne Family Health Centers in Michigan, says incorporating patient reviews in a marketing campaign as well as operations improvement programs benefits her clinics immensely. "Patient reviews provide a snapshot of how the clinic is operating on any given day," says Smith. She adds, "The reviews the patient provides [online] serve as a free advertisement for the clinic. When the patient is satisfied with the service they receive they will tell anyone who will listen in writing or by word of mouth, which is a great marketing tool." Western Wayne Family Health Centers uses WhereToFind-

Care.com for its testimonial marketing campaign.

HOW TO START AN EFFECTIVE TESTIMONIAL MARKETING CAMPAIGN

It isn't enough to promote a few positive comments from patients on your website or in advertisements. What people really want to see is unbiased feedback from people who really don't care if you increase your market share. They actually want to see some negative reviews because they validate the positive ones. That's why consumer ratings websites are gaining popularity. People now expect to see feedback on anything and everything they purchase from cell phones to hotels -- and that trend is moving into health care.

HERE ARE A FEW STEPS YOU CAN TAKE NOW TO IMPLEMENT AN EFFECTIVE ONLINE TESTIMONIAL MARKETING CAMPAIGN:

1. Find a third-party ratings website you're comfortable with, one that ranks well in search engines, allows you to post marketing information and most importantly, allows you to respond to comments. Ideally, the ratings website should also be willing to partner with you to provide advanced support or resources to help you in your campaign development and promotion.
2. Encourage patient and visitor participation. Ask patients to submit a review during your discharge process. Post links to your ratings on your website. The more reviews you have, the more statistically relevant and meaningful they will be to consumers as well as to your administrators as they make improvements.
3. Respond to all comments. This is important because it sends a message to reviewers and to prospective patients who read the reviews. It says that you care about what your patients think, that you want to provide the best care and service, and that you are listening to and taking action with patients' feedback. This is the part that sets you miles apart from your competitors. ↑

Barbara O'Connell is COO of WhereToFindCare.com, LLC and a health care marketer who regularly blogs at www.healthcaremarketing.wheretofindcare.com. Contact Barbara via her company website at www.wheretofindcare.com/ContactUs.aspx.

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Double Platinum

It's early morning when Lisa Jenkins pulls in front of The Legacy, a lovely building which stands out in Pittsburgh's Hill district. Suddenly a large man approaches the car. His face is partially concealed by his hooded sweatshirt. Jenkins pops out of the car, as keen as a kindergarten teacher on the first day of school.

"Can I help you?"

The man says, "I was told to see you because my kids' mother is gone. I have no food for these kids. They said you could help me."

She can. Jenkins has been working out of The Legacy since 2007 and has become a trusted resource in the Hill. Her work is sponsored by LIFE Pittsburgh, a community based alternative to nursing home care. Through the LIFE Pittsburgh program, frail older adults can remain in their own home and receive a coordinated plan of care that enables them to maintain their independence and enjoy a safe and active life in the community.

Jenkins has just garnered her second *PAHMA Platinum Award for Excellence in Resident Services*. Named on the award is The Legacy, and the building's management, McCormack Baron Ragan.

Jenkins has her MSW, but she says her greatest qualifications come from the PACE training she's received at LIFE Pittsburgh. She spends 20 hours per week at The Legacy, introducing and running programs to create strong and lasting improvements in the residents' quality of life, helping the residents to continue to live independently and preserving the sense of community within the building.

These goals are met through activities that have been carefully thought out to include an emphasis on the residents' physical, mental, emotional, spiritual and/or social health. Efforts to meet these goals are also made through one-on-one contact between Jenkins and the residents.

Besides an initial and annual assessment, she makes an effort to have contact with each resident either in person or by phone every other week. This allows her to be familiar with every resident as an individual and keep on top of his/her needs. It is the combination of programming and individual contact that creates a sense of trust and partnership, allowing The Legacy to meet its goals and provide excellent Resident Services.

Jenkins' programs center on education in the areas of fitness, food, financial freedom, fun with family and friends, and faith.



Brenda Adair and Lisa Jenkins.

Fitness: A lot of emphasis is placed on giving the residents the opportunity to stay physically active, which in turns enables them to have a higher quality of life and remain as independent as possible. For example, every Tuesday morning residents gather in the Billiard Room for an exercise class. Classes vary from Tai Chi to an exercise DVD from the Arthritis Foundation. Other opportunities include participation in the Presidential Active Lifestyle Challenge (six residents achieved the Presidential Active Lifestyle Award this past year), the 12 Days of Christmas Health Challenge and The Legacy Wii Bowling League.

Food: On a quarterly basis, Diane Ferchak, a registered dietician from LIFE Pittsburgh, comes to The Legacy for *Date with a Dietician*. A favorite program from this year was Diane's Microwave Cooking Class. Emphasis has also been placed on helping the residents to utilize the food they receive from The Legacy's monthly Food Pantry sponsored by the Greater Pittsburgh Community Food Bank. For example, when the residents received large bags of blueberries, the refreshments at the next morning coffee included blueber-

ry muffins, yogurt parfaits with blueberries and smoothies. Residents were also provided with healthy blueberry recipes.



Laura Ferguson and Lisa Jenkins enjoy each others company while in the Activity Room at the Legacy Apartments.

Financial: Several community partnerships developed within this past year have also helped The Legacy residents to achieve the buildings' goals by learning about *Financial Freedom*. Staff from the local Fifth Third Bank have offered group education classes in the building and also work one-on-one with residents. Jenkins, in collaboration with the Bank, has several success stories. For example, two residents who had been bouncing checks and overdrawing their accounts on a routine basis have both been maintaining a positive balance for five months. Another resident was able to save up enough money to return her TV to Rent-a-Center and purchase her own. The Legacy has partnered with the PA Department of Health, PA Bureau of Drug and Alcohol and New Hope United Methodist Church to include The Legacy's residents in a program entitled *Rivers Safety Course*, an education class about the risks of gambling. With increased opportunities to gamble, Jenkins worked with several residents who have experienced difficulties such as overdrawn bank accounts or being stranded at the casino because they gambled away their transportation money.

Fun: It may sound crass, but when Jenkins pulls out the *Corn Hole* game and the lobby fills with laughter, residents aren't thinking about their arthritis pain or the fact that they have to use a walker or that they are getting a good workout. Instead, they are focused on having fun. When residents are gathered at a *Lunch and Learn* event and are discussing a serious issue, they aren't focused on giving their brain a good workout; instead, they are focused on being with their Legacy family and friends. An on-going atmosphere of fun allows The Legacy to preserve the sense of community within the building.

Faith and Trust: The Hill is a place where promises are routinely broken and people are often left to their own devices. To combat the feeling of disappointment and mistrust, Jenkins has worked hard to develop close trusting relationships with the residents. One resident told her, "Before when I would have a problem, I would go up to my apartment and hit the bottle. Now, I come and see you." Because the residents have faith in their Resource Coordinator, she is able to connect them with community-based programs enabling them to maintain an independent life in their own home.

So, when someone like the man in the hooded sweatshirt comes to Jenkins, she knows she has to deliver - whether or not he actually resides at The Legacy. Fortunately, she happened to have some food on hand. She also maintains a list of local resources that can help provide longer term assistance for just such emergencies.

The Legacy's residents illustrated their sense of community when they threw a surprise birthday party for Jenkins. Having worked on it secretly for months, they caught her by complete surprise. She arrived at work to find the lobby decorated with balloons and banners, counters overflowing with homemade food, two huge cakes, and over half of the building's 110 residents. This expression of love and trust by the residents illustrates the success Jenkins has had in bringing together the individual strengths, skills, and abilities and creating a united family.

Proper care in the community is a lot more than just making sure people take their pills and have their basic needs met. The healthiest are those who have both a sense of independence and a sense of community—of making a difference. Lisa Jenkins is the very embodiment of LIFE Pittsburgh's mission of assisting older adults in maintaining quality, dignity and autonomy in their lives. 🌱

J.C. Blair Introduces New Occupational Health Program

J.C. Blair Memorial Hospital recently introduced J.C. Blair Company Care, an occupational health program designed to partner with employers to promote health and safety in the workplace. Opened on November 8, the program offers employers more control over workers' compensation costs and a variety of employee health services to keep their workforce healthy.

J.C. Blair Company Care is available 24 hours a day, seven days a week. Traditional services include: employee physicals, drug and alcohol screening, vaccinations, and workers' compensation management. Additional services include: medical provider site visits, radiology studies, audiograms, post-exposure testing, respiratory fit testing, pulmonary function, simple spirometry and laboratory screenings.

Through JC Blair/HealthSouth Outpatient Rehabilitation Services, on-site work risk analysis, ergonomic assessments, functional capacity evaluations and work conditioning programs are offered. The program also offers referrals to other medical specialists, including: cardiologists, dermatologists, general surgeons, neurologists, ophthalmologists, orthopedists, urologists, occupational and physical therapists.



Certified Registered Nurse Practitioner Sharon Stiver and Medical Assistant Dana Sample

The J.C. Blair Company Care Team is comprised of Occupational Health Nurse Practitioner Sharon Stiver and Medical Assistant Dana Sample. Stiver earned her post master's certificate as a family nurse practitioner from The Pennsylvania State University in 2010 and is certified through the American Academy of Nurse Practitioners (AANP). She earned her master's certificate in nursing from the Indiana State University of Pennsylvania in 2007 and her bachelor's degree in nursing from The Pennsylvania State University, Altoona in 2005.

Medical Assistant Dana Sample assists Stiver in the occupational health clinic. Most recently Sample served as a unit secretary at J.C. Blair Memorial Hospital. Previously she worked as a medical secretary at Chambersburg Hospital. She earned her associate's degree in medical reception/transcription from Hagerstown Business College and holds certificates in medical assisting and clinical phlebotomy.

Working with Stiver and Sample is a Medical Review Officer, Department of Transportation certified drug and alcohol collectors, radiologic technologists, laboratory technicians and registered dietitians.

To learn more, visit www.jcblair.org. ↑

Around the Region

VNA Opens Community's First Inpatient Hospice Facility

Earlier this year, VNA of Western Pennsylvania opened the doors to the community's very first free-standing community based Inpatient Hospice facility. VNA Inpatient Hospice is located at 115 Technology Drive (off Benbrook Road) in Butler and is nestled among a quiet and serene five acres.

Since 1981, VNA Hospice has provided supportive and palliative care to thousands of patients in their homes. Focusing on comfort and quality of life, VNA always strives to help patients remain at home for as long as possible. However, eventually some reach a point when their symptoms require a more intensive level of care, even if only on a temporary basis. The new state-of-the-art Inpatient Hospice, combined with VNA in-home hospice services, allows the VNA to provide the complete range of hospice care both at home and in the new facility.

The VNA Inpatient Hospice will provide a new option for hospice care for area citizens. The center was funded through a \$2 million community capital campaign and features 12 suites, which enables the VNA to serve an additional 200 patients per year. VNA Inpatient Hospice is a beautiful and unique home-like center that will not only meet the needs of area residents and their families now, but also serve the future needs of members of the community that are faced with life-limiting illnesses.

For more information about hospice care and the new VNA Inpatient Hospice, visit www.vnalegacyforlife.com. ↑



Interior of the new state-of-the-art VNA Inpatient Hospice.

Alle-Kiski Medical Center Celebrates Opening of New, State-of-the-Art Emergency Department

Alle-Kiski Medical Center (AKMC) opened the doors to a new state-of-the-art and greatly expanded Emergency Department. In response to an overwhelming need for expanded emergency and urgent care services, AKMC embarked on a \$15.6 million Emergency and Urgent Care Services Expansion and Renovation project. The hospital has averaged more than 38,000 emergency visits annually to a facility originally built to accommodate 20,000 patient visits. The 20,000 square foot addition to the Emergency Department involved seven phases of construction and doubled its capacity from 10 to 24 treatment rooms.

The new Department's capabilities include:

- Fast-track system for Urgent Care
- Physician team triage
- Bedside registration
- Seclusion and observation rooms for psychiatric patients
- Centralized nursing stations
- Decontamination area
- Expanded ambulance bay area
- A separate waiting area for patients and families

The project also included renovation of existing hospital space, including the lobby, registration area, gift shop and information desk, and expansion of the hospital's front entrance.

For more information, visit www.wpahs.org. ↑

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Front: Kim Malinky, President & CEO of Canonsburg General Hospital (CGH), Colleen Murphy, DO, Robyn Stechly, CRNP, William Coyle, MD, Sigurdur Petursson, MD, Arunkumar Sanjeevi, MD. Back: Louis Astorino, Senior Principal of Astorino, Kerry Borgan, President, Board of Directors, Peters Township Chamber of Commerce, Gene Trout, Chief Financial Officer of CGH, Dawn Grim, Interim VP of Operations of CGH, Joe Macerelli, Chairman, Board of Directors, CGH, Terry Wilttrout, Project Manager of the Outpatient Care Center, Robert Bodner, Architect of VEBH, George Pastor, Project Superintendent of Astorino, and Marc DelRosso, Construction Project Manager of Astorino

West Penn Allegheny Officials Break Ground for New Outpatient Care Center

West Penn Allegheny Health System recently broke ground at the Outpatient Care Center—Peters Township (OCC-PT). West Penn Allegheny expects to invest just over \$14 million to develop the 55,000 square foot facility, formerly the Radicchio complex.

Patrick DeMeo, MD, and other physicians from AGH’s nationally recognized Department of Orthopaedic Surgery and Division of Sports Medicine, the official medical provider for the Pittsburgh Pirates baseball club, will be the first to occupy the outpatient care center later this month.

According to Thomas Corkery, DO, CGH’s Chief Medical Officer, the new facility will provide a wonderful opportunity for physicians to expand their practices and further enhance the quality and convenience of the services they provide for their patients.

Both the West Penn Allegheny Oncology Network and West Penn Allegheny Health System Radiation Oncology Network will establish clinics at the new facility, bringing the most advanced, integrated hematology and oncology care into the community.

For more information, visit www.wpahs.org.

Pulitzer Prize Winner Sheryl WuDunn at La Roche College for Sixth Annual Global Problems, Global Solutions Conference



Sheryl WuDunn

Pulitzer Prize winner Sheryl WuDunn was the keynote speaker for the Sixth Annual Global Problems, Global Solutions Conference earlier this month, Nov. 12-13, at the Kerr Fitness and Sports Center at La Roche College. This year’s theme was the United Nations Millennium Goals as they address women’s and children’s issues. The conference was free to the public.

Keynote speaker Sheryl WuDunn, the first Asian-American to win a Pulitzer Prize, is best known for her works co-authored with her husband Nicolas Kristof including “Half the Sky: Turning Oppression into Opportunity for Women Worldwide.” This New York Times best-selling book has been featured on “The Oprah Winfrey Show,” “The Colbert Report” and other network television programs.

WuDunn also has been leading the development of the Half the Sky multi-media effort to create a thoughtful, effective philanthropic strategy that includes an online social action campaign, a documentary series and a television special. Currently, she is president of TripleEdge, a social investing consultancy, and works as a director with Mid-Market Securities, an investment banking boutique serving the middle market.

Around the Region

Health Science Technology Students Facilitates Blood Drive

Forbes Road CTC held its first blood drive of the year on Friday, October 8. Forbes, in conjunction with Central Blood Bank, sponsors three blood drives each year. Students must be at least 16 years of age and meet certain requirements set up by the Blood Bank. The Health Science Technology students at Forbes, under the supervision of their instructor, Patrice Cormier, organized and helped to facilitate the blood drive. The health students assisted in signing students up, creating the donation schedule, and helping in the registration/preparation on the day of the drive. The students were eager and willing to donate blood to help save the lives of those in need. Forbes had 33 student donors participate in this first drive of the year.



Forbes Students assist in blood drive.

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Around the Region

Science Fair Judge Registration Opens for 72nd Pittsburgh Regional Science and Engineering Fair

The Pittsburgh Regional Science and Engineering Fair (PRSEF) is seeking judges for its annual Science Fair on April 1, 2011 at Heinz Field. The time commitment is 8:00 a.m.—2:00 p.m. Judge registration information is available online at www.scitechfestival.com/mainsf_judges_categ.asp.



Students discuss their projects at a Science Fair workshop.

Last year's PRSEF was an overwhelming success. Over 1,000 students from 110 schools competed for \$1 million in cash and scholarships. Three PRSEF senior division students competed at the Intel International Science and Engineering Fair (ISEF), the Olympics of science competitions, in San Jose. Pittsburgh will be the ISEF host in May 2012, 2015, 2018. †

Healthcare Professionals in the News

Louise Urban Promoted to Senior Vice President of Hospital Operations at Jefferson Regional Medical Center



Louise Urban

Louise Urban, RN, was recently promoted to Senior Vice President of Hospital Operations at the Jefferson Regional Medical Center located in Jefferson Hills in Pittsburgh's South Hills.

In her new position, Urban will be responsible for clinical operations of the hospital. She has served in a variety of administrative, clinical care and nursing leadership roles at Jefferson Regional Medical Center, most recently as Vice President and Chief Nursing Officer. She will continue as Chief Nursing Officer.

In January 2010, she was named president-elect of the Southwestern Pennsylvania Organization of Nurse Leaders, a non-profit, personal membership society of more than 200 members.

Urban, a graduate of the Western Pennsylvania Hospital School of Nursing, earned a Master of Science degree in Health Service Administration at University of St. Francis, Joliet, Ill., and a Bachelor of Science degree in Nursing at California University of Pennsylvania.

For more information, visit www.jeffersonregional.com. †

Sharon Regional Welcomes Pulmonology Specialist



Neven Kosic

Sharon Regional Health System is pleased to welcome pulmonologist **Neven Kosic, M.D.**, who will begin seeing patients full-time on Wednesday, December 1, at his office within the hospital in the former location of Jeffrey Lazar, M.D. Dr. Kosic will provide treatment for COPD (chronic obstructive pulmonary disease), asthma, lung cancer, shortness of breath, cough, and sleep disorders.

Dr. Kosic completed a pulmonology fellowship at West Penn Hospital in Pittsburgh, where he also completed an internal medicine internship and fellowship. He is board certified in internal medicine and a member of the American College of Physicians.

For more information, visit www.srhs-pa.org. †

How to Develop an Award-Winning Website

By The Webby Awards

Pharmaceutical executives may not have a shot at winning an Emmy, but they do get a chance to share the stage with celebrities such as Roger Ebert, David Bowie, and Martha Stewart at The Webby Awards – the leading international award honoring excellence on the Internet. And now is probably a good time to start preparing a five-word acceptance speech – a longtime Webby tradition – because the entry deadline is approaching (December 17) for the 15th Annual Webby Awards.

In June, Amgen Oncology's Pioneering New Frontiers in Tumor Angiogenesis was honored Best Pharmaceutical Website for its almost-IMAX Theatre presentation that shows the process of tumor vessel growth, but the eye-popping aesthetics were responsible for the win only in part. In addition to Number 4 Design / Random 42's visual design, Pioneering New Frontiers succeeded in other criteria that could help crown any Website the best and brightest in the industry.

Here are five essentials to consider during your site's development:

Keep it simple: Avoid bells and whistles that slow users down and prevent them from quickly and easily completing what they came to do.

Make information accessible in multiple fashions: Short videos are a relatively easy and effective medium for communicating complex or sensitive material. CommonHealth's Here to Help Program has a really great video-sharing page that creates a sense of community among patients.

Update content frequently: This is the simplest way to establish trust with an audience without requiring your site to prove itself a major technical breakthrough on the Net. Digitas Health's Good to Share provides a rollover map that tracks flu trends across the nation, keeping their audience informed and up-to-date.

Engage consumers with interactive content. Providing exclusive content is an easy way to draw users to your site repeatedly. The Quitter Arcade created a series

of games to inform consumers about the consequences of smoking and encouraged them to seek help to quit.

Involve the audience: Without constant feedback, a site's development dilutes into just a marketing exercise. Paying attention to its target demographic helps maintain a successful website for years to come. Myalli has a page dedicated to informing users about site updates and provides a discussion forum where users can leave feedback.

Incorporating these practices can get your site in the running to win a Webby. Even better, to stand at the same podium where Internet stars like the ones aforementioned have delivered one of those famous five-word speeches.

ABOUT THE WEBBY AWARDS:

Hailed as the "Internet's highest honor" by the New York Times, The Webby Awards is the leading international award honoring excellence on the Internet, including Websites, interactive advertising, online film and video, and mobile web sites. Established in 1996, the 14th Annual Webby Awards received nearly 10,000 entries from all 50 states and over 60 countries worldwide. The Webby Awards is presented by The International Academy of Digital Arts and Sciences. Sponsors and Partners of The Webby Awards include: Microsoft Expression; AOL; YouTube; Pepsi; Aquent; Yahoo!; HP; Sony Electronics; .CO; Corbis Images; Rackspace Hosting; Motorola; Southwest Airlines; East Media; IDG; PricewaterhouseCoopers; 2advanced.Net; KobeMail; Museum of the Moving Image; Behance; Business Insider; Time Out New York; paidContent and The Guardian. †



Meyers Joins Communications Team at Monongahela Valley Hospital

Veteran communications professional **Scott Meyers** joined the staff of Monongahela Valley Hospital (MVH) as Director of Communications. In this new role, he will be responsible for a variety of public relations, publication and marketing initiatives.

Prior to joining MVH, Meyers was the VP, Communications & Marketing for the American Heart Association's five-state Great Rivers Affiliate based in Columbus, OH.

He also held positions at Freedom Scientific and United Way of Tampa Bay in St. Petersburg, Fla. and similar posts at Port Authority of Allegheny County, St. Clair Hospital and Shadyside Hospital in Pittsburgh, PA.

Meyers is the recipient of 48 national and regional awards for outstanding execution of marketing communications strategies.

For more information, visit www.monvalleyhospital.com. ↑



Scott Meyers

Healthcare Professionals in the News

General Surgeon and Pulmonologist Join UPMC Horizon Medical Staff

Pablo G. Giuseppucci, MD, FACS, has joined UPMC Horizon's medical staff and the staff of Northern Area Surgical Associates—UPMC.

Dr. Giuseppucci earned his medical degree from the University of Buenos Aires, Argentina, and completed post-graduate training at Allegheny General Hospital, Pittsburgh, and Dr. Ignacio Pirovano Hospital, Buenos Aires. He is a fellow of the American College of Surgeons. Dr. Giuseppucci joins M. Lance Weaver, MD; Thomas Lheureau, MD; and James

Valuska, MD, of Northern Area Surgical Associates—UPMC.

Additionally, **Natalia Moguillansky, MD**, pulmonologist, also joined UPMC Horizon's medical staff.

Dr. Moguillansky completed a pulmonary medicine fellowship at Allegheny General Hospital, Pittsburgh. She earned her medical degree from the University of Buenos Aires School of Medicine, Argentina, and completed an internal medicine residency at Allegheny General. An associate member of the American College of Chest Physicians, Dr. Moguillansky is board-certified in internal medicine.

For more information, visit www.upmc.com/horizon. ↑



Pablo G. Giuseppucci



Natalia Moguillansky

West Penn Allegheny Health System Welcomes 20 New Employed Physicians

Twenty new physicians have recently joined the West Penn Allegheny Health System (WPAHS) physician organization in a range of specialties, including surgery, neurology, rheumatology and primary care medicine.

The new physicians include three general surgeons. **David Peter, MD**, has joined Alle-Kiski Surgical Associates and will practice at Alle-Kiski Medical Center (AKMC). **Karl Salatka, MD**, of Cedars Surgical Associates has also officially joined the staff at AKMC. He has been an attending surgeon at the hospital for many years. **Alessia Tandin, MD**, joined Associated Surgeons of Western Pennsylvania and will practice at Forbes Regional Campus (FRC) and West Penn Hospital (WPH).

Amy H. Kao, MD, MPH, and **Mary Chester Wasko, MD, MSc**, have joined the system's Lupus Center of Excellence. Drs. Kao and Wasko join internationally recognized physician-scientists **Susan Manzi, MD, MPH**, and **Joseph Ahearn, MD**, in the comprehensive Lupus Center established at West Penn Allegheny Health System earlier this year.

Rebecca McNutt, MD, and **Brian Campbell, MD**, will practice emergency medicine at WPAHS.

Two neurologists have joined Allegheny Neurological Associates and will practice at Allegheny General Hospital (AGH). They are **Hebah Hefzy, MD**, and **Troy Desai, MD**.

Gastroenterologist **Elie Aoun, MD**, has joined the AGH Center for Digestive Health. Pediatrician **Helen O'Hallaron, MD**, of Bellevue Pediatrics, will practice at Allegheny General Hospital.

Pediatric neonatologist **Gretchen Kimmel, DO**, has joined the neonatology practice at WPH.

Pathologist **Alok Mohanty, MD**, joined the Department of Laboratory Medicine at AGH.

Family medicine practitioner **Nithya Guhanand, MD**, has joined Allegheny Valley Internal Medicine and will be based at AKMC. Family medicine practitioner **Andrew Lobl, MD**, of Alma Illery Medical Center in Homewood, will practice at WPH and FRC.

West Penn Medical Associates added two internal medicine practitioners and one internist-hospitalist. **Christine M. Herb, MD**, and **Lisa Kwisnek-Lamantia, DO**, will practice general internal medicine with privileges at WPH, AGH and FRC. Hospitalist **Christina Armanious, MD**, also has privileges at the three hospitals. Internist **Abirami Janakiraman, MD**, has joined Pittsburgh General Medicine and will practice at AGH.

Elizabeth Hill, MD, has joined the Department of Psychiatry at AGH. West Penn Allegheny Health System welcomes 20 new employed physicians. ↑

Leading Virginia Tech Surgeon Joins West Penn Allegheny Health System

R. Stephen Smith, MD, has joined West Penn Allegheny Health System (WPAHS) as Director of its newly established Division of Acute Care Surgery. He will assume his position on February 1, 2011.

Dr. Smith comes to WPAHS from the Virginia Tech Carilion School of Medicine, where he has served in a number of high level clinical and academic appointments, including Professor of Surgery, Vice Chair and most recently Interim Chair of the Department of Surgery and Director of Surgical Education. He brings to WPAHS more than 25 years of experience in acute care surgery and has noted expertise in critical care, trauma and advanced trauma life support.

At WPAHS, Dr. Smith will oversee all clinical, academic and research activities of the System's acute care surgery programs, including its highly regarded Level 1 Trauma Center at Allegheny General Hospital and Burn Center at West Penn Hospital.

Dr. Smith began his career as a staff surgeon at Naval Hospitals in Okinawa, where he was Medical Director of the Intensive Care Unit, and Oakland, Cal., where he was head of the Surgical Critical Care Team. He also served with Operations Desert Shield and Storm, and on the USNS Mercy, as staff surgeon and Medical Director of the Intensive Care Unit. He is a retired Captain, Medical Corps, U.S. Naval Reserve.

Before joining Virginia Tech, Dr. Smith was a Professor of Surgery at University of Kansas School of Medicine - Wichita. He has also served as Medical Director of the Surgical Intensive Care Unit and Trauma Department at Via Christi Regional Medical Center in Wichita during that time.

A graduate of Arkansas Tech University, Dr. Smith earned his medical degree at the University of Arkansas College of Medicine. He served his residency in general surgery at the University of Kansas School of Medicine - Wichita and a fellowship in trauma/surgical critical care at Shock Trauma Associates of California, St. Mary Medical Center, Long Beach, Cal. He is a fellow of the American College of Surgeons.

He has authored nearly 500 book chapters, scientific articles, presentations and abstracts throughout his medical career, and has served as an Editorial Reviewer for several leading journals in his field, including the *Archives of Surgery*, *World Journal of Surgery*, *Journal of Trauma* and the *American Journal of Surgery*.

For more information, visit www.wpahs.org. ↑

General Surgeon Joins the Medical Staff at Forbes Regional Hospital

Alessia Tandin, MD has joined the medical staff at Forbes Regional Hospital. A board-certified general surgeon, Dr. Tandin's practice includes all core general surgery procedures from basic evaluation and consultation to treatment and management of general surgery-related problems. To reduce healing time and scarring, Dr. Tandin utilizes minimally invasive (laparoscopic) techniques for the majority of her surgical procedures.

Dr. Tandin attended medical school in Milan, Italy, where she also completed a residency in microsurgery and experimental surgery. A research fellowship at the University of Pittsburgh T.E. Starzl Transplantation Institute brought her to the United States. After completing a residency in general surgery at Allegheny General Hospital, she worked as an attending general surgeon at Excelsa Health System.

For more information, visit www.wpahs.org. ↑



Alessia Tandin

Excelsa Health Announces New Staff Hires

Excelsa Health recently announced the hiring of the following individuals:



Lana Schumacher

Cardiothoracic surgeon **Lana Y. Schumacher, MD**, joined the Excelsa Health Medical Staff. A native of California, Dr. Schumacher received her medical degree from UCLA/Drew School of Medicine in Los Angeles. During her general surgery residency at Stanford University Hospital, she completed a research fellowship in cancer gene therapy and immunotherapy with the UCLA Department of Surgery. In addition, she served a cardiothoracic surgery residency at the University of Pittsburgh Medical School. She joins Excelsa Health Cardio Thoracic Surgical Associates with Mark Suzuki, MD, Daniel West, MD, and Lawrence R. Sowka, MD.

Ear-Nose-Throat specialist **Nicole Bosley, MD**, also joined the Excelsa Health Medical Staff.

Dr. Bosley is associated with the Greensburg practice of Mark Klingensmith, MD. She received her medical degree from the University of Pittsburgh School Of Medicine and served a general surgery internship and residency in Otolaryngology (Ear, Nose and Throat) at Georgetown University, Washington, DC.



Sandeep Arora

Cardiac electrophysiologist **Sandeep Arora, MD**, joined the medical staff as well. Dr. Arora is board certified in Internal Medicine with special emphasis in cardiovascular medicine and cardiac electrophysiology with extensive research experience within the field. A native of India, he received his medical training at Maulana Azad Medical College, New Delhi, where he served a residency in Internal Medicine.

He obtained his medical degree from the Western Pennsylvania Hospitals/Temple University Program in Pittsburgh where he completed a fellowship in cardiovascular diseases.

Most recently, he completed a fellowship in cardiac electrophysiology at the Mayo Clinic in Scottsdale, AZ. Dr. Arora brings extensive training in numerous and complex ablation/electrophysiology procedures to Excelsa Health, including Ventricular Tachycardia Ablation, Trans-septal Puncture, Atrial Fibrillation Ablation and Biventricular ICD Implantation. He is a member of Excelsa Health Physician Practices, with his office located off Route 30 in Jeannette.

For more information, visit www.excelsahealth.org. ↑



Nicole Bosley

Healthcare Professionals in the News

Heritage Valley Sewickley Foundation Welcomes New Board Member

Heritage Valley Sewickley Foundation recently welcomed **Rich Archer** to its board of directors.

Rich Archer is a partner in KPMG's Advisory Services practice with over 25 years of technical experience in the areas of project management, information technology management and auditing. Prior to KPMG, he was the Supervisor of Data Security and Disaster Recovery for Duquesne Light and held various management positions in internal audit, human resources, and information systems for several Pittsburgh area companies.

Archer is also an active leader in KPMG's teaming, mentoring, and culture and inclusion program, serving as chairperson of the Pittsburgh office Diversity Council, member of the MidAtlantic Culture and Inclusion Task Force, and a national instructor for KPMG's internal education programs.

He earned his BSBA degree from Robert Morris University and his MBA from Duquesne University. Archer and his family reside in Franklin Park.

For more information, visit www.heritagevalley.org. ↑



Rich Archer

Cathy Land Promoted to Director of Regulatory Excellence

Baptist Homes Society announced that **Cathy Land** has been promoted to Director of Regulatory Excellence. In this new role, she will provide additional resources focused on quality improvement and risk management for both campuses--Baptist Homes and Providence Point. She will also serve as the CARF/CCAC coordinator, lending support to all accreditation and reaccreditation processes. Land, who previously served as Director of Assisted Living at Providence Point, will also assume various responsibilities associated with the governance of the organization.

For more information, visit www.baptisthomes.org. ↑



Cathy Land

Heritage Valley Health System Welcomes New Board Member



David Motley

David Motley recently joined Heritage Valley Health System's board of directors.

Motley is a strategic planning consultant and the former vice president and general manager for Covidien Inc. Surgical Devices. Prior to that, he has held various senior level positions with Respironics, Alcoa and PPG. He earned his MBA from Harvard University and his BS degree in Mechanical Engineering from the University of Pittsburgh, graduating Cum Laude.

Motley also serves on the board for Manchester Craftsmen's Guild, the Pittsburgh Foundation, and Sewickley Academy and is the executive director of the Inner City Youth Tennis Program. He and his

family reside in Ben Avon Heights.

For more information, visit www.heritagevalley.org. ↑

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Diskriter Inc. Announces Staff Addition

Diskriter has hired **Eva Gregorek, RHIT, CCS** in the newly created position of HIM Consultant/Auditing/Coding.

Gregorek comes to Diskriter with over 20 years of diverse HIM and management consulting experience in the healthcare industry. Gregorek has held positions of coder, lead coder, coding supervisor, HIM analyst, HIM manager, HIS manager, Chief Privacy & Compliance Officer and most recently the proprietor of EMG Coding & Consulting Services. Her diverse background includes extensive work experience in acute care, rehabilitation, and LTAC which is truly aligned with Diskriter's Core HIM Services.

As the Manager of HIM for the Hospital Association of NY (HANY) Gregorek managed 28 coders, performed Data Quality Audits, and provided application training and support for 20 NY State Hospitals. She has coached, mentored, educated, and supervised coders during her career and her experience as a Coding Supervisor and HIM Analyst facilitated organizational compliance auditing and education. Gregorek also managed Health Information Services and functioned as the Chief Privacy and Compliance Officer for Northeast Health, Sunnyview Rehabilitation and Eddy Cohoes Rehabilitation Hospitals. Experienced in JCAHO Leadership and CARF surveys, Gregorek actively served on many committees including, Utilization Review and Medical Care and Monitoring.

In addition, she is a former Education Director for the Adirondack Health Information Management Association (AdHIMA), as well as a delegate for New York Health Information Management Association (NYHIMA), and has been a guest lecturer for one of the country's leading healthcare assessment organizations, IPRO.

Diskriter is a Pennsylvania-based Health Information Management (HIM) Services provider which has been serving clients nationally for over 63 years. They provide a diversified range of services that include Medical Transcription + Speech Recognition + Coding (Acute Care - Rehab - LTAC) + Compliance Auditing (Acute Care - Rehab - LTAC) + Coding Education and Training + RAC Readiness + HIM Interim Management.

For more information, visit diskriter.com. ↑

Healthcare Professionals in the News

St. Clair Hospital Names Executive Director of St. Clair Hospital Foundation

St. Clair Hospital Foundation has named **Sheila K. Gorgonio** as Executive Director of the St. Clair Hospital Foundation.

She previously served as Vice President for University Advancement at Chatham University in Pittsburgh. She also has worked in fundraising at Washington and Jefferson College, West Virginia University and Texas Tech University.

Gorgonio earned bachelor's and master's degrees at Texas Tech University. She and her husband, Joseph, and son, Samuel, reside in McMurray.

For more information, visit www.stclair.org. ↑



Sheila K. Gorgonio

Children's Hospital of Pittsburgh Foundation Announces Staff Hires and Promotions

Children's Hospital of Pittsburgh Foundation recently hired and promoted the following individuals:



Megan Murphy

Megan Murphy joins Children's Foundation as its major gifts officer. Murphy comes to Children's Foundation from Southwestern Pennsylvania World War II Memorial Fund where she was executive director, responsible for all aspects of private and public fundraising, project management, and donor relations.

She also has extensive experience in developing and managing recruitment programs, previously holding senior management positions at Wexford Health Sources, the law firm of Davies, McFarland & Carroll, P.C., and Robert Half Legal.

In 2008, Murphy won the 2008 Local Government Case Challenge as a result of her involvement in the greening of the Allegheny County Department of Human Services. She received a bachelor's degree from Duquesne University and

attended the masters in public management program at Heinz College of Public Policy and Management at Carnegie Mellon University.

Katherine Matson joins Children's Foundation as a development associate for major gifts. Matson comes to Children's Foundation from Marvin E. Gold Fund Raising Counsel, which specializes in major capital campaigns for non-profit organizations. Previously, she also acted as a volunteer committee member for the Three Rivers Community Foundation. Matson received a bachelor's degree from the University of Pittsburgh and also received a certificate in general practice from the Paralegal Institute at Duquesne University. Matson is a PhD candidate in the department of English at the University of Virginia.



Katherine Matson

Shannon Anglero was promoted to associate director of affiliated organizations and events. Anglero has extensive experience establishing marketing, communication, and business plans for a variety of events as well as managing all aspects of fundraising, donor acknowledgement, and recognition events for Children's Foundation. Previously, she acted as assistant director of annual giving at Shady Side Academy and financial development coordinator at the American Red Cross Southwestern Pennsylvania Chapter. Anglero received a bachelor's degree from California State University of Northridge.

Beth Crow joins Children's Foundation as senior major gifts officer for corporate and foundation giving. She comes



Beth Crow

to Children's from Yahoo!, Inc. where she was a campus relationship manager, focused on developing strategic research relationships between Yahoo! and top universities. Crow has extensive experience in corporate and foundation fundraising, having spent ten years in leadership fundraising roles at the University of Pittsburgh, and Carnegie Mellon University's business school. She also held fundraising positions with Cooper Union and Environmental Defense in New York City. Crow received a bachelor's degree from Westminster College in New Wilmington, PA.

Jamie Loveland joins Children's Foundation as communications specialist. Previously, Ms. Loveland worked in the hospital's clinical and strategic marketing department. She also has experience working in fundraising and development at Magee Womens Research Institute and Foundation. A Virginia native, Ms. Loveland received a bachelor's degree from James Madison University in English and Media Arts and Design, concentrating in Journalism.



Mandy Ranalli

Mandy Ranalli is now the associate major gifts officer at the Foundation. Earlier, Ranalli acted as associate director of annual fund programming managing all corporate fundraising efforts including the Free Care Fund and Children's Miracle Network campaigns. Prior to her work at the Foundation, she served as director of programs at Children's Miracle Network. She completed her bachelor's degree at Virginia Polytechnic Institute and State University (Virginia Tech) in Blacksburg, VA.

Sarah Hanna White, associate major gift officer, comes to Pittsburgh from Children's National Medical Center, Washington, D.C., where she served as assistant director of corporate stewardship. White has experience in planning and executing strategic stewardship events for major donors and in cultivating key corporate donor relationships within the Children's Miracle Network program. She is a graduate of The Catholic University of America, Washington, D.C.

For more information, visit www.chp.edu. ↑



Jamie Loveland



Sarah Hanna White



Shannon Anglero

Allegheny General adds New Stroke Specialist to Comprehensive Stroke Center

Allegheny General Hospital (AGH) announced that **Hebah Hefzy, MD** has joined the Hospital's Department of Neurology and Comprehensive Stroke Center. Dr. Hefzy joins the Center's two full-time stroke trained neurologists, Dr. Ashis Tayal and Dr. David Wright, who provide highly-specialized treatment around the clock for patients suffering stroke.

Dr. Hefzy specializes in acute stroke management and is involved in research to define the relationship between imaging methods and stroke outcomes as well as the connection between caffeine and cerebrovascular disease.

Dr. Hefzy earned her medical degree from the North-eastern Ohio Universities College of Medicine. She completed internal medicine and neurology residencies at the University of Pittsburgh Medical Center, followed by a fellowship in vascular neurology at Henry Ford Hospital in Detroit, where she was an Outstanding Fellow nominee. She is board certified in psychiatry and neurology and is a member of the American Academy of Neurology and American Heart Association.

AGH has been designated as a Primary Stroke Center by the Joint Commission since 2006 and opened the region's first dedicated inpatient Stroke Unit that centralizes and coordinates the care of stroke patients by the hospital's multidisciplinary stroke team in 2007. Though still the only facility of its kind in the region, such inpatient programs have been associated with better patient outcomes and are now a Class I Recommendation for comprehensive stroke centers by the American Heart Association and the American Stroke Association.

For more information, visit www.wpahs.org.



Hebah Hefzy

Healthcare Professionals in the News

Altoona Regional Health System Announces Staff Hires and Promotions

Altoona Regional Health System recently hired and promoted the following individuals:

Michael J. Prematta, M.D., has joined the Altoona Regional Health System Medical Staff in the Department of Medicine/Internal Medicine, Clinical Service of Allergy and Immunology. Dr. Prematta is board certified by the American Board of Internal Medicine. He is board eligible with the American Board of Allergy and Immunology. He received his medical degree from Penn State University College of Medicine. He completed his residency and a fellowship in Allergy and Immunology at Penn State Hershey Medical Center.



Michael J. Prematta



Rosemarie Gibson

Rosemarie "Ro" Gibson, R.N., BSN, of Altoona, has been hired as the clinical recruiter for Altoona Regional. As a clinical recruiter, her responsibilities will include recruiting and interviewing nurses for hire within the health system. Gibson has worked at the health system in various capacities for 14 years, most recently in Nursing Administration as a nursing supervisor on the Bon Secours Hospital Campus. Before being a nursing supervisor, she served as a clinical manager in Maternity for 2 1/2 years and as a staff nurse for 11 years on the Altoona Hospital Campus. She received her associate degree in Nursing from the State University of New York and a Bachelor's Degree in Nursing from Mount Aloysius in Cresson.

Sean Murphy, currently of Frederick, Md., has been hired as director of Information Systems at Altoona Regional Health System. Murphy is responsible for information technology and services in support of the health system's two hospital campuses and all customer support issues. He leads business process and networking infrastructure modernization efforts such as computerized provider order entry and relocation of the enterprise data center. He directs IT and telecommunications initiatives and help desk support and guides clinical and business application development and sustainment.

Murphy retired Oct. 1 as a lieutenant colonel with 21 years of service. He served tours of duty in Iraq and Afghanistan. His final assignment was at Fort Detrick, Md., where he served as chief information security officer. He received his bachelor's degree in Human Resources and Labor Relations from the University of Maryland, a Master of Science degree in Health Care Administration from Central Michigan University and a Master of Business Administration degree from the University of South Florida.

Murphy is a board certified Health Care Administrator through the American College of Health Care Executives (ACHE) where he has attained fellow status. He is also board certified by Healthcare Information Management Systems Society (HIMSS).



Thomas N. Jones

Thomas N. Jones of Ruston, La., joins Altoona Regional as director of Environmental Services. Jones previously worked as director of Environmental Services/Housekeeping Services Support at Sodexo, a national housekeeping contractor. Earlier in his career, he worked for Christus Spohn Health System, where he supervised 200 employees at the 720-bed medical center; University of Chicago Hospitals, an 887-bed, four-hospital campus, and ARAMARK USA, another national housekeeping contractor.

Registered nurse **Delores Smithbauer, C.C.R.N., C.M.C.**, of Ebensburg was recently promoted to night shift clinical nurse manager in the Intensive Care Unit. Before her promotion, Smithbauer worked in the Medical Intensive Care Unit as a registered nurse. During her nearly 10 years in the health system, she has also worked in the Surgical Trauma Intensive Care Unit and the Emergency department. Smithbauer received her registered nurse diploma in 1999 from the Conemaugh School of Nursing, Johnstown. She received her critical care registered nurse certification in 2004 and her cardiac medicine certification earlier this year. She is enrolled at Mount Aloysius College, Cresson, in the Bachelor of Science in Nursing degree program.

For more information, visit www.altoonaregional.com.

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Excelsa Health Awards First Gamble Scholarship to Ligonier Graduate Pursuing Nursing Degree

Stephanie Stiles, an 18-year-old freshman at the University of Pittsburgh at Johnstown is the first recipient of a new scholarship created by Ligonier Valley resident Elizabeth Shaw Gamble and endowed with Latrobe Area Hospital Charitable Foundation. The scholarship is one of two family gifts intended to further the nursing profession at Excelsa Health Latrobe Hospital.

The Elizabeth Shaw Gamble Nursing Scholarship for Graduating High School Students provides financial assistance to students who have completed secondary education and been accepted into an accredited school of nursing with the intent of earning an associate degree, bachelor degree or a diploma as a registered nurse. Eligible students must be graduates of Ligonier Valley, Greater Latrobe or Derry Area School Districts, have an outstanding academic record and demonstrate financial need.

The daughter of Gary and Beth Stiles of Ligonier Borough learned of the scholarship from her principal Ronald Baldoneri. The teen's interest in the nursing profession has been heightened by her grandparents. Both of her grandfathers have wrestled with cancer, and her maternal grandmother worked as a licensed practical nurse. Stiles also participated in a shadowing experience with Latrobe Hospital nurse anesthetist Pat Ponko while enrolled in the allied health program at Eastern Westmoreland Career and Technology Center as part of her high school studies.

Secretary of National Honor Society, Stiles studied dance with the Bridget Dawn Studio in Ligonier. She also served as a peer mentor among other activities and will be an inspiration to fellow Ligonier students looking to pursue a health care career. Her philanthropic pursuits continue a family legacy.

The second award, the Walter C. Shaw Memorial Scholarship for Latrobe Hospital Registered Nurses is reserved for nurses employed by Latrobe Hospital who are enrolled in an accredited school of nursing for an advanced clinical degree. The employee must meet a minimum academic standard, exhibit financial need and should have already completed at least 50 percent of the coursework toward the degree.

For more information, visit www.excelsahealth.org. ↑



Scholarship recipient Stephanie Stiles meets her benefactor, Elizabeth Shaw Gamble and Norma Samide, manager of the Latrobe Area Hospital Charitable Foundation at the Ligonier Valley Library.

HONOR ROLL



From left to right, Mary Blank, Deborah Donovan and Linda Weiland

Highmark Inc. Honored for Innovative Program That Helps Consumers Live Healthier Lives

The Blue Cross and Blue Shield Association (BCBSA), in collaboration with the Harvard Medical School Department of Health Care Policy, has recognized Highmark for its innovative and successful approach to improving access to high quality, safe and affordable health care for consumers.

Highmark was awarded a Best of Blue Clinical Distinction Award for QualityBLUE, its hospital pay-for-performance program. The Best of Blue Clinical Distinction Award program is presented in collaboration between BCBSA and the Harvard Medical School Department of Health Care Policy, through which Harvard researchers evaluate and select programs by Blue Cross and Blue Shield companies for recognition based on their innovation, effectiveness and potential for replication.

"Through the development of this winning program, Highmark has delivered on the Blues' commitment to deliver the greatest value through innovative, consumer-focused solutions resulting in healthier lives and affordable access to safe and effective care," said Scott P. Sero-ta, BCBSA president and CEO. "And most importantly, this program shows that patients win when there is a strong collaboration between insurers and the provider community."

Highmark's hospital pay-for-performance program emphasizes safety and reducing health care costs. The program started in 2002 and today, 64 hospitals participate in the program covering Central and Western Pennsylvania and West Virginia hospitals. The program saves hundreds of lives each year and reduces costs by millions of dollars.

"Harvard is pleased to recognize Highmark for developing a program that sets such high standards for its effectiveness in improving patient care," said Barbara J. McNeil, Ph.D., head of the Department of Health Care Policy of Harvard Medical School. "The Blues' focus on quality, safety and access plays a critical role in improving the health care delivery system and enhancing quality and value for consumers."

"This program has been so positive because it focuses on collaboration between hospitals and Highmark that ultimately creates a safer clinical environment," said Linda Weiland, vice president of provider performance and management at Highmark. "We continue to grow and evolve our program, and at the same time, are excited because this is one that can be replicated by other plans across the country."

For more information, visit www.highmark.com.

HealthSouth Harmarville Rehabilitation Hospital Receives National Clinical Excellence Award

HealthSouth Harmarville Rehabilitation Hospital recently received the Outstanding Performance in Clinical Excellence Award during HealthSouth's Annual Meeting and Awards Banquet in Chicago, Ill.

HealthSouth Harmarville is one of only five hospitals in HealthSouth's network of more than 100 hospitals to receive the prestigious award. The award recognizes outstanding clinical performance and quality of patient care services.

"Being honored with the Outstanding Performance in Clinical Excellence Award is recognition for our commitment to high-quality, cost effective healthcare," said HealthSouth Harmarville Rehabilitation Hospital CEO Ken Anthony. "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 physicians, nursing staff, therapists and all of the hospital staff and take great pride in accepting this award on their behalf."

For more information, visit www.healthsouthharmarville.com. ↑

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Outstanding Volunteers Honored at the Family House Polo Match with the Muldoon Cup Award

In 1992, Family House established the Michael Muldoon Cup at their annual polo event fundraiser, in memory of Michael, son of Joe Muldoon, Jr., and captain of the Potomac Polo Club. Michael's love of life, family and polo, his keen sense of humor and his compassion, inspired Family House to honor his memory by annually recognizing an individual or organization whose outstanding contribution to Family House best emulates Michael's spirit.

A small group of ladies were recruited 27 years ago for what became the core of the now extensive volunteer services for Family House. These very faithful ladies have been nominated for the prestigious Jefferson Award given to those who have contributed to and have encouraged the mission of Family House.

Gerry Silverman says that there is no job description for being a volunteer, that "one does whatever needs to be done." Gerry says that having the opportunity to meet people in difficult situations and then to be a part of offering them safety and comfort makes every day as a volunteer special. She has laughed and cried with many folks and feels so fortunate to be a part of the team that can offer respite people in need.

Jane Ellis faithfully volunteers at the McKee Family House every two weeks. She notes the tremendous growth of the organization that she has witnessed over the years and how she becomes aware of how lucky and blessed she is personally when she meets & greets the guests at McKee.

Over the years, Patti Berman has worked in all four of the houses and has been a board member. Patti is appreciative of the opportunity to be a part of helping people in distress. A faithful attendee of the Polo matches, she has a large collection of the pins given every year. For many years she has enjoyed serving holiday dinners at the four houses. Patti regularly volunteers at the Shadyside and University Family Houses.

Sophie Vargo, feeling that an organization such as Family House could not exist without volunteers, offers her services on holidays at the McKee house. While volunteering for her first Thanksgiving, she felt that other staff members would want to be with their families and thus started her holidays spent with guests. †



Sophie Vargo, Patti Berman, Gerri Silverman and Jane Ellis

HONOR ROLL

Finalists Announced for 2010 Fine Awards for Teamwork Excellence in Health Care

Eleven local healthcare teams are finalists for the third annual Fine Awards for Teamwork Excellence. Presented by the Jewish Healthcare Foundation (JHF) and The Fine Foundation, the awards honor teams of healthcare professionals for achieving breakthroughs in healthcare quality, safety and efficiency.

"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 finalists demonstrate the dramatic impact teams of change champions can have on our healthcare system."

A distinguished national selection committee chose the 11 finalists after evaluating 35 nominees, from Allegheny, Beaver, Butler, Washington and Westmoreland counties, on the basis of measurable and sustainable breakthroughs in patient care and safety achieved during 2009. Entries came from organizations throughout the continuum of care, including acute care, hospice, rehabilitation, sub-acute care and long-term care.

Later this month, an awards ceremony will be held at the August Wilson Center for African American Culture. Three awards — Gold, Silver and Bronze — will be awarded and distributed as follows:

- Gold: \$30,000 divided equally and presented to team members
\$5,000 awarded to corresponding healthcare organization or practice
- Silver: \$20,000 divided equally and presented to team members
- Bronze: \$15,000 divided equally and presented to team members

"By honoring teams of workers, rather than individuals, the awards emphasize the power and potential of cooperation to create lasting improvements in healthcare," said Milton Fine, founder and chair of The Fine Foundation. "Our local healthcare teams are achieving innovative and significant breakthroughs in quality and safety. They have made our region a true leader in healthcare excellence."

The announcement of the 2010 Fine Finalists comes just as the first provisions of healthcare reform begin rolling out. "While there is a tremendous amount of uncertainty in Washington right now, it's clear that fundamental changes in the way we deliver care and how we pay for that care are coming, said Feinstein. "These finalists are ahead of the curve in patient safety and quality of care. They will not only be able to adapt to the changes ahead, they will thrive and lead the way for others."

This year's finalists are listed below in alphabetical order:

2010 FINE AWARDS FINALISTS

Children's Hospital of Pittsburgh of UPMC:

How Simulation and Practice Led to Safely Transporting 152 Acute and Critically Ill Children Across an Urban Landscape

Jefferson Regional Medical Center:

Catheter Associated Urinary Tract Infections

Jefferson Regional Medical Center:

Eliminating Ventilator Associated Pneumonia in the ICU

Magee-Womens Hospital of UPMC:

Implementation of an Antibiotic Management Program

St. Clair Hospital:

Standardization of Anticoagulation Processes

UPMC Physician Services:

Patient Quality Outreach

UPMC Presbyterian:

Orthopaedic Spine Surgery Post Op Flight Plan

UPMC Presbyterian/Shadyside:

Venous Thromboembolism Prevention Project

UPMC Presbyterian/Shadyside:

The Wandering Patient in an Acute Hospital: A Strategic Approach for Safety

UPMC Shadyside:

Breathe In Breathe Out: Off of Mechanical Ventilation and Out of the ICU

UPMC St. Margaret:

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Junior Guild Presidential Scholarship Awarded

Ashley Gennock, RN, Jameson Emergency Department, was awarded the Sixteenth Annual Jameson Junior Guild Presidential Scholarship established to honor past-presidents of the Guild. The scholarship is for \$1,000. Any Jameson Health System employee who works an average of at least 25 hours per week and has been employed by Jameson Health System for at least one year is eligible to apply. Gennock will be attending Slippery Rock University to attain a B.S.N. degree in nursing in January.

She is a 2007 graduate of the Jameson Memorial Hospital School of Nursing. Laura Crawford, Guild Chairwoman of the Scholarship Committee, presented the award to Ashley at the Guild luncheon on October 25th.

For more information, visit jamesonhealth.org.

Nursing Faculty at Conemaugh Receives Leadership Award



Riah Hoffman

Riah Hoffman, RN, MSN, has made history at Conemaugh School of Nursing. She is the first graduate or faculty member to receive the highly competitive state recognition as the recipient of the Pennsylvania League for Nursing's Nursing Education Award for Outstanding Leadership as a Nurse Academician.

A 1998 graduate of the Conemaugh School of Nursing, she completed a bachelor's degree in 2001 at the University of Pittsburgh and a master's degree from Indiana University of Pennsylvania (IUP) in 2006. She has been a faculty member at the Conemaugh School of Nursing since 2005, teaching Maternal/Child and Critical Care nursing, where she also instructs courses such as Basic Life Support, Pediatric Advanced Life Support (PALS) and Advanced Cardiac Life Support (ACLS). Soon to add another designation after her name,

Hoffman is currently pursuing a doctoral degree in Nursing Education from IUP.

For more information, visit www.conemaugh.org.

HONOR ROLL

Altoona Regional Health System Announces Retirements



Americo B. Anton

He was hired in 1974 for the floor crew in Housekeeping. After two years, he transferred to Supportive Services where he worked for 18-1/2 years. Then, Blontz became an anesthesia aide for three years before transferring into the Supply Chain department in 1990.

For more information, visit www.altoonaregional.org.

Americo B. Anton, M.D., medical director of Laboratory Services at Altoona Regional Health System, recently retired with 36 years of service. Dr. Anton was hired at Altoona Hospital as an assistant pathologist on July 1, 1974. He became an associate pathologist in 1984 and was promoted to medical director in 2000. He lives in Hollidaysburg.

Additionally, Calvin Blontz Jr. of Pinecroft recently retired as a courier in the Supply Chain department of Altoona Regional Health System with 36 years of service.



Calvin Blontz Jr.

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Erie VA's Behavioral Health Services Expand to Rural Areas

Erie VA was the first in the nation to launch a new program that combines behavioral health intensive case management with homeless outreach for Veterans living in rural counties. This new Enhanced RANGE, or Rural Access Network for Growth Enhancement, program provides these services to Veterans who were previously underserved due to their rural location and lack of available community programs.

The aim of this program is to allow Veterans with serious mental illness to recover and maintain their functioning in the community in which they live. In addition, the program provides services to Veterans who are homeless or at risk of becoming homeless.

"We feel the program has enhanced the care of some of our most deserving and at risk Veterans," says Erie VA's Chief of Staff Dr. Anthony Behm. "The quality of life aspect that this program adds to these Veterans is really immeasurable. We fully appreciate the need for the program and are grateful to have it."

The Enhanced RANGE program team, which includes one nurse and two social workers, has already expanded behavioral health services in the rural Pennsylvania counties of Warren, Venango and Crawford.

Since the Enhanced RANGE program started this past February, 21 Veterans have enrolled in the program, 596 encounters were logged, 25 Veterans were provided with direct homeless-related assistance, and dozens of homeless outreach visits have been made to both individuals and community organizations.

Services provided include individual and group counseling, crisis planning and intervention, family support and education, social skills training, physical and mental health care coordination, medication management assistance, assessment and monitoring, housing referrals, and multiple weekly visits with Veterans, community contacts and clinics.

The Enhanced RANGE team also works closely with Erie VA's Homeless Coordinator, the Housing and Urban Development – Veterans Affairs Supportive Housing (HUD/VASH) Coordinator and caseworker, and the Compensated Work Therapy's Vocational Rehabilitation Specialist.

"In my opinion, the RANGE program has been a Godsend," says one Veteran enrolled in the Enhanced RANGE program. "They have helped me in every aspect of my life. They've helped me to improve my mental health through medication and counseling. They've helped me in my self-confidence, positive thinking, social skills, personal appearance, self-esteem, education and much more. If it were not for this program, I don't know where I would be today."

The Enhanced RANGE program has proven to be an immeasurable asset to rural Veterans and will continue to ensure that Veterans, regardless of location, have easy access to needed physical and mental health care as well as services for the homeless.

For more information, visit www.va.gov.

New & Notable

Progressive Mobility and Medical Makes Donation to Local Foundation

Progressive Mobility and Medical announced that it will be donating a Pride® Lift Chair to a local member of the community through Twilight Wish Foundation, a Bucks County, non-profit charitable organization that enriches the lives of elders who have served others.

Progressive Mobility, in its efforts to support senior citizens and the neighborhood at large, will donate the lift chair to a local individual who wishes to remain anonymous.

Heather Matthews, owner, said supporting the local community and charitable organizations is a reward in and of itself. "We are honored to fulfill this wish and offer our humble gift with love," Matthews said.

Through wish granting and group celebrations, Twilight Wish Foundation gives seniors unexpected "thank yous" for the time they have devoted unselfishly to their families, charitable organizations, and communities. One wish is granted through the organization every other day and over 1,400 wishes have been granted since the organization's inception in 2003.

Twilight Wish Foundation became important to Progressive Mobility last year when employee Lindsey Garrison decided to co-chair a Washington County chapter with Nancy Myer, of Beinhauer Family Funeral Homes, and Sallie Dunn, of MetLife Reverse Home Mortgages. The group is comprised of many employees of local businesses and is dedicated to enriching the lives of others.

Progressive Mobility and Medical has been a family-owned and operated medical equipment company in the Washington community for the past 30 years. The professionally-staffed business is dedicated to providing high-quality services to better the lives of others.

For more information, visit www.progressivemobility.com.



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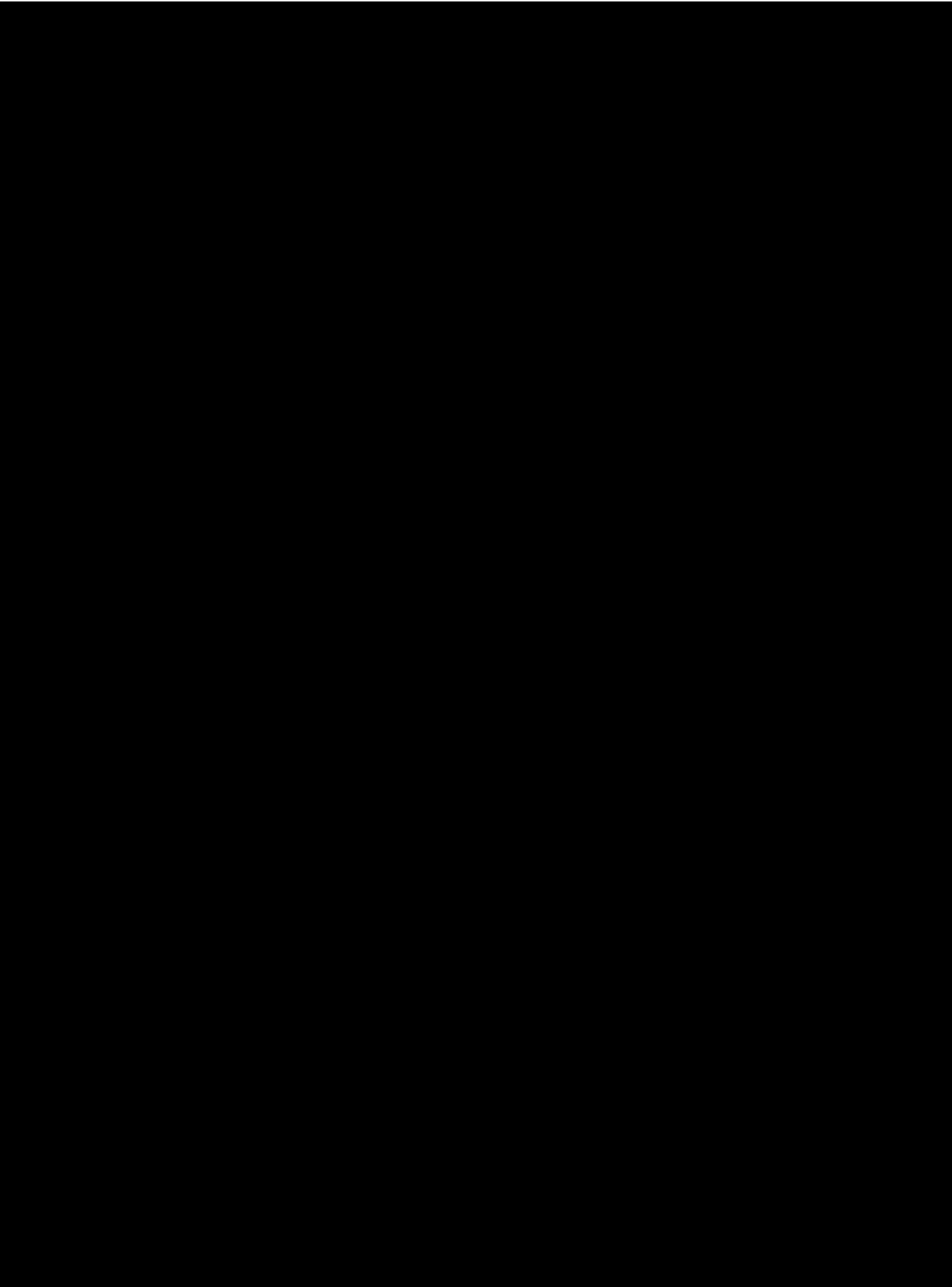
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Bringing Rehabilitation Professionals into the House



By Matthew Mesibov

The Medical Home Model, introduced in 1967 by the American Academy of Pediatrics, is enjoying newfound popularity. Under this model, a medical care team provides both physical and psycho-social care that addresses acute and chronic episodes of illness. It can also provide preventative medicine for a patient who may be at risk for certain pathology or dysfunction, based on the epidemiology of the community.

In the coming year, we'll see even more interest in home-based care. According to the new Patient Protection and Affordable Care Act, the Medical Home Model will allow implementation of activities to improve patient safety and reduce medical errors. It will include the appropriate use of best clinical practices, evidence-based medicine, wellness and health promotion activities, and health information technology under the plan or coverage. If all goes well, it will contribute to decreased hospital re-admissions, a key government measure in quality outcomes.

But as a rehabilitation professional, I see one problem. At this point the Medical Home team does not officially include physical therapists, occupational therapists, and speech language pathologists. It can be argued that to treat patients in their home environment is "functional goal nirvana" for rehabilitation professionals. That's because the goal of a physical, occupational, or speech language therapist is to help a person function in their everyday environment, of which the home is a primary example.

Medical and rehabilitative treatments need to be focused on human function within the environment in which the patient lives. This is one element in understanding The World Health Organization's International Classification of Functioning, Disability and Health (ICF), a system used and respected worldwide that focuses on human functioning and the multiple variables that affect function. Without incorporating rehabilitation professionals into the home care team, therapeutic exercise and other interventions that show increasing evidence in contributing to the well-being and continued functioning of an individual, might not be effectively used. This is especially true for patients who experience one or frequent falls, or who have such chronic diseases as Diabetes Mellitus and metabolic syndrome.

Including rehabilitation professionals in the Medical Home Model would help fulfill the Affordable Care Act's call for additional partnerships within the medical com-




munity. According to the Act, the Secretary of Health and Human Services will establish a program to provide grants to establish community-based interdisciplinary, inter-professional teams. The Institute of Medicine, a non-governmental and nonprofit organization which advises the nation on matters of health, seconds this approach. In its *Envisioning the National Healthcare Quality Report*, "patient-centered care" refers to health care that establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences, and that patients have the education and support they require to make decisions and participate in their own care.

Whether you are part of a health care system, agency or a private practice, you may well find yourself involved in the care of a patient in their home and making decisions about who else should be involved in care as part of the medical home team. With the ultimate goal of providing your patient excellent well-rounded care, inclusion of the physical, occupational and speech language pathologist as part of the medical home team or consultants is well founded. †

Matthew Mesibov, PT, GCS, is director of regulatory affairs and compliance for Fox Rehabilitation (www.foxrehab.org), the largest private practice of geriatric physical, occupational, and speech therapists in the United States. Reach him at 877-407-3422.

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Implementing a Care Transitions Program

By Sherry Dukes

In April 2010, Amedisys Home Health launched a home-based Care Transitions program, based on the principles of Dr. Eric Coleman's Health Coaching program and Dr. Mary Naylor's Living Independently for Elders program. Offered to patients at all 600 Amedisys Care Centers nationwide, Care Transitions aims to create a stronger continuum of care, reduce acute hospitalizations and empower patients to self-manage and take control of their health.

In order to ensure a coordinated and smooth transition from hospital care to home care, Amedisys realized there needed to be more involvement with patients while they were still in the hospital, during that period of time after the physician and discharge planner make a referral to home health, but prior to the patient's actual discharge from the hospital. Educating patients about their condition, the reason(s) for their hospitalization, the reasons for their home health, the medications they are taking and what the next steps are for managing their disease at home, leads to better outcomes and reduces preventable hospitalizations in the future. With these goals in mind, Amedisys created the Care Transitions program.

So, what exactly is Care Transitions, and how might it benefit a hospital or care system? At Amedisys, Care Transitions Coordinators work with their patients to:

- Effectively communicate with their physicians, home health clinicians and other health care providers
- Connect patients to their community so they will have ongoing support after the home health care provider leaves
- Use a personal health planner, called Bridge to Healthy Living, as a communication tool
- Self assess and track health data, leading them to determine what actions they need to take
- Identify symptoms and how to respond
- Set goals, build action plans to work toward goals and implement the plans to make changes in their life/health
- Find a medication system that works within the patient's environment and their mental and physical limitations
- Guide patients to do medication reconciliations anytime there is a change or adjustment in their medications
- Make physician appointments

Care Transitions encourages patients to take control of their health by changing their behaviors to positively impact their quality of life and health status. The Bridge to Healthy Living planner contains valuable health information, such as medication instructions, information about any necessary at-home treatment or assistance equipment, contact numbers for the patient's selected home health center and more.

With the planner and the guidance of the Care Transitions Coordinator, once the patient is home they will be more empowered to comply with doctor recommendations and medical advice. Care Transitions Coordinators also help patients schedule any follow-up physician appointments and ensure reliable transportation to and from the appointments. Patients are instructed to bring the Bridge to Healthy Living planner to all appointments because it serves as a record and point of reference for them to turn to when communicating with health care providers.

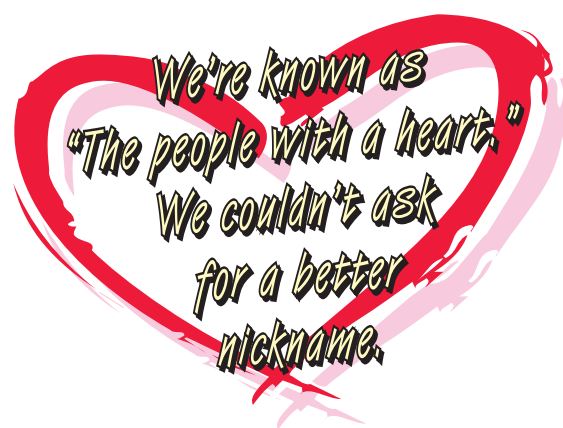
The value of Care Transitions has been reflected in a pilot project with the Georgia Quality Improvement Organization (QIO) and the Centers for Medicaid and Medicaid Services (CMS), where a local Amedisys agency successfully reduced the number of acute hospitalizations over a 12-month period. Amedisys'



local agencies that are trained on Care Transitions are also demonstrating success with the program and Amedisys is starting to see a decrease in acute care hospitalization rates. The program is also scalable, sustainable and highly cost-effective, since the process is incorporated into a patient's provided home health clinician visits.

Programs like Care Transitions promote a continuum of care which holds promise in alleviating some of the burden to America's overtaxed health care system. Amedisys is encouraged by the results so far and looks forward to further studying the benefits of Care Transitions. †

Sherry Dukes, RN, COS-C, is the National Director of Quality & Outcomes Education for Amedisys. She has worked for 15 years in the home health industry. The last seven years have been spent focused on quality and improving patient outcomes and quality of life, particularly in those that have chronic conditions. For more information, visit www.amedisys.com.



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Personal-Touch Home Health Services: Providing a Total Continuum of Care

By Lori Boone

A personal bond can develop between a patient and caregiver over time. So when the time comes for hospice care, an existing relationship can be priceless.

The ability to provide that total continuum of care is about to become reality for the local offices of Personal-Touch Home Health Services.

The national company, with more than 50 locations in 13 states, has a pool of about 3,000 nurses and approximately 12,000 paraprofessionals who assess patients' physical and mental status, monitor medication and dietary needs, administer appropriate treatment, and provide instruction to patients and families.

Locally, Personal-Touch provides services to nearly 1,000 people through offices in Pittsburgh, Butler, Beaver and New Castle.

Soon, the Pittsburgh region will become the second in the national network to establish a hospice care program.

"Our patients will have a continuum," said Maria Berzonski, Pittsburgh regional manager. Currently, the Pittsburgh regional offices offer home-health care with skilled staff and a home-health aide program. The programs allow people of all ages to remain comfortable in their own homes, with services designed to meet individual needs.

The addition of the hospice program, which is hoped for the end of the year, will allow patients to go through a full spectrum of services as they are needed, according to Berzonski. "We'll be able to take them from curative care to chronic care and then to palliative care," she said.

She said clients have requested the service for some time, and Personal-Touch is excited to be able to comply. "We get calls every day," she said. "There's a real demand for it."

In fact, she said, local employees also are anxious to be able to offer the service because they recognize the benefit to existing patients who already know, like and trust the caregivers.

June Fosnight, the Pittsburgh regional hospice clinical supervisor, previously worked in hospice care for two years and in long-term care for the previous 16 years. She said hospice care is her passion and believes it should be considered a calling rather than a profession.

"I just love being able to give back," Fosnight said, adding that there is a sense of accomplishment in helping someone to have the most dignity and best quality of life in their last weeks or days.



Fosnight is specifically seeking staffers who will provide the highest level of empathy to patients and their families. She said the continuum of care will set Personal-Touch apart.

"There are a lot of hospices out there, but not a lot offer a continuum of care," Berzonski said.

"That's a huge difference," Fosnight said of Personal-Touch's program. Patients get to know their caregivers, they become attached, and when the time comes for hospice care, they feel protected. The caregivers also know the person before his or her final illness and can provide more sensitive and personal care, she said.

"There's a comfort level," Fosnight said. "A lot of people start thinking of the staff as part of the family." And so does the staff, she said. "We absolutely add the 'personal touch,'" she said. "We're the people with a heart."

Personal-Touch's website currently doesn't include information about the new hospice program and won't until the licensing process is complete. Until then, people can contact the regional offices at (800) 773-1459 or (412) 681-0838 for more information.

Personal-Touch accepts payment through Medicaid, Medicare, insurance, managed-care programs, the Veterans' Administration, workmen's compensation, the Department of Aging or directly from the patient or family. A reimbursement specialist works with patients.

For more information, visit www.pthomecare.com. †



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Caring for a Growing Senior Population at Home

How the Wave of Aging Boomers is Impacting the Home Care Industry

By: Jon Weiner

Between 1946 and 1964, over 76 million children were born in the United States. These individuals would become known as the “Baby Boomers,” a generation that has and continues to have a huge impact on American society – particularly on the economic side. For the past six decades, Boomers have been a driving force behind a rapidly changing American economy, and now they are the catalyst shaping an expanding, diverse and changing in-home care industry.



A senior cooking at home.

The first of the Baby Boomers are now reaching their mid-to late sixties as the United States sits on the cusp of a dramatic shift in population demographics. According to the United States Census Bureau, there are currently about 37 million seniors in the U.S., which accounts for 12 percent of the population. Over the next two decades, that number is expected to grow to more than 70 million, meaning that as the last of the boomers reaches senior status one in five Americans will be over 65 years old.

Not only are baby boomers growing older, but they are living longer. The Centers for Disease Control and Prevention (CDC) has reported that the phenomenal rise in life expectancy is due to great medical and public health achievements throughout the 20th Century: more prevalent vaccinations against diseases, improved work places

safety, improvements in highway safety and the declining mortality rate from traditionally life-threatening diseases.

In-home care has been growing in popularity for some time among Boomers looking to provide care for their own aging parents and relatives. Research suggests that seniors now prefer to stay in their own homes rather than opting to relocate, pushing the demand for home care services to an all-time high.

“People today are living longer than previous generations, and the longer we live, the more likely we are to need some help staying independent,” said Tom Trent, owner of Senior Helpers based in Greensburg, a leading local in-home care provider serving Westmoreland and Eastern Allegheny counties.

“Seniors want to live at home where they are safe and comfortable, and we provide the extra pair of hands they need to make that want a reality,” he added.

In-home care providers offer as much or as little help as needed for a specific individual to enjoy a high quality of life as they age at home. These agencies employ professional caregivers to assist in a wide variety of activities, including household chores, bathing and dressing assistance, diet monitoring, transportation, errands and specialized Alzheimer’s and dementia care.

But something that in-home care providers are now realizing is that in addition to the care services they provide, they are now taking on an additional role as educators. Those seeking in-home care often don’t know about the different ways to pay for care as an aging parent or family member finds simple acts of daily living more difficult.

“Senior care is not an expense that most people think about in their finan-



cial planning, and it is absolutely vital to think about these costs in advance and save for it,” Trent said. “We talk with seniors and their families on a regular basis to make sure they are aware of things like long-term care insurance and other options that can pay for care when it’s time.”

There are plenty of options available for both senior care and funding to pay for it, which is why “Education in Aging” has become a daily part of the job for people like Trent and agencies like Senior Helpers.

“We are playing two roles, as an educator and a service provider,” he said. “With each passing year, the population is getting a little bit older and it’s becoming more and more important. In-home care is one of the fastest growing sectors of the U.S. economy, and the demand for our services is increasing every day, especially here in Western Pennsylvania.”

Jon Weiner is a freelance writer who frequently works with Senior Helpers and writes about health care and aging. He holds a degree in journalism from the University of North Carolina at Chapel Hill and a master's degree in communication from North Carolina State University. Senior Helpers has several locally owned and operated offices across Western Pennsylvania, including Tom Trent's based in Greensburg. For more information, visit www.seniorhelpers.com

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Home Health Care Aides Need Prescription for Efficiencies



By Rick Pontin

Communication is vital to maintain profitability and effectiveness in home health care agencies. Home Health Line, the nation's leading independent authority on home health care business, reports that up to 70 percent of agencies still rely on manual methods to track and schedule home health care aides' patient visits. These methods would be much more efficient if they were automated with a mobile solution.

HOME HEALTHCARE AIDES GET MOBILE

The integration of a mobile application provides aides real-time job related data and gives management greater control. Mobile applications close the gap between the mobile worker and the electronic system where patient data and information on the visit is held.

Agencies and aides work together more effectively with mobile software. Case managers can create daily schedules and patient care plans so, while the patient is at home, the aide can access treatment plans through their cell phones, track care activities and update information in real-time.

Quality-of-care also improves. Long-term patients can have the same care needs for months and the aide may not critically review the care plan at each visit. The care plan is now pushed to the handheld device, forcing the aide to confirm a series of care activities for each patient.

Mobile solutions reduce paperwork and increase security. The application prompts aides to record trip start and stop times as well as mileage and expense data. The walkie-talkie feature enables provides an additional measure of security for aides in the field and an increased level of responsiveness to patients.

Agencies also gain advantage from the solution's optional built-in GPS tracking capabilities, ensuring the office knows the location of every aide – allowing for dispatching aides in a timely matter to patient emergencies or to adjust quickly to changes.

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N.Y., area. Bob Aber, St. Joseph's director of information technology, and his team successfully deployed a home health management software solution that helped the agency realize \$67,000 in savings in just the first year.

The company started by rolling out the technology with a pilot group over four-months. St. Joseph's has since deployed the solution to more than 40 home health aides.

St. Joseph's has realized a significant financial ROI and expects additional gains in both patient and employee satisfaction. Previously, the care plan was paper driven, completed by the nurse at the time of the admission. During a subsequent visit, a different nurse may discover new information, requiring a change to the care plan. The nurse had to remember to change the plan in two places. Now, changes in the clinical package are uploaded automatically into the aide's handheld device.

Schedule changes have become streamlined. The team of aides is able to anticipate the inevitable changes caused by forces like severe weather.

St. Joseph's savings of \$67,000 during the first year of use was related directly to the two-way data communication that the solution delivers. With reduced reimbursements and skyrocketing costs, no agency can thrive without aligning the office and field staff. By providing a platform for connected care, agencies improve profitability, patient care and employee satisfaction. †

Rick Pontin is the CEO of Airclic and has over 25 years of senior-level experience in telecommunications technology. Based in Trevose, PA, Airclic is a global provider of software products that improve the performance of an organization's mobile supply chain, logistics and field services operations. The Company serves more than 500 customers worldwide.

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NETWORK From Page 1

How is a Patient Profile Put to Work?

Once you have an accurate profile of your core patient, you can begin the search for other areas (local, regional, national) where people that share these psychographic characteristics reside. Discovery of an area where large concentrations of people exhibit your core patient profile could indicate an excellent potential site for a new facility.

Geospatial technology plays a very important role in this analysis. Patients are always looking for more convenience, and analytic tools exist that can predict with great accuracy how far a patient will travel for services of any type. Combining your patient profile with a geospatial analysis will enable you to pinpoint those exact households – as well as the targeted patients within those household – who are excellent prospects for your organization.

The Benefits of Patient Profiling

By using a patient profile as the basis for a predictive model, you can uncover a wide range of useful, in-depth information about your trade area. When potential locations for new facilities are under consideration, a model can be used to predict the number of patient visits you can expect at each potential location. A model can also measure the impact of nearby competitors, and whether these competitors are likely to attract your core patient base.

In addition, patient profiling can prevent you from expanding too aggressively. Predictive models will illustrate whether a potential new facility will draw too great a number of patients from an existing facility, an occurrence known as “cannibalization.” Use of a patient model will enable executives to analyze any potential adverse effects that a planned facility will have on others nearby.

Numerous Applications

Predictive patient acquisition models hold many applications for your organization’s near-term and long-term growth and strategic planning efforts:

- Site Selection—providing the science you will need to prevent the opening of a bad location.
- Demand for Services—understand the need for specific medical services/specialties in a given area, as well as the degree of need.
- Land Banking—identify the ideal acreage for purchase today for future development.

- Convenient Care/Retail Clinics—prior to aligning with a specific host (supermarket, pharmacy), determine which one offers the best opportunity for success in reaching likely patients.
- Target Marketing—identify those households (as well as the individuals within the household) that are most likely to be receptive to your marketing message.

Healthy Results Begin With Your Patient

In this consumer-driven era when healthcare organizations are becoming increasingly “patient-centric,” it’s more important than ever to know exactly who your patients are, as well as what they want (and need). Perhaps the greatest benefit of patient profiling lies in the objective view it can provide you regarding your organization’s core patients. Often, healthcare professionals have strongly held beliefs about their patient populations that are not supported by the facts. Patient profiling can serve to support those gut feelings and intuition with science supported by cold, hard data.

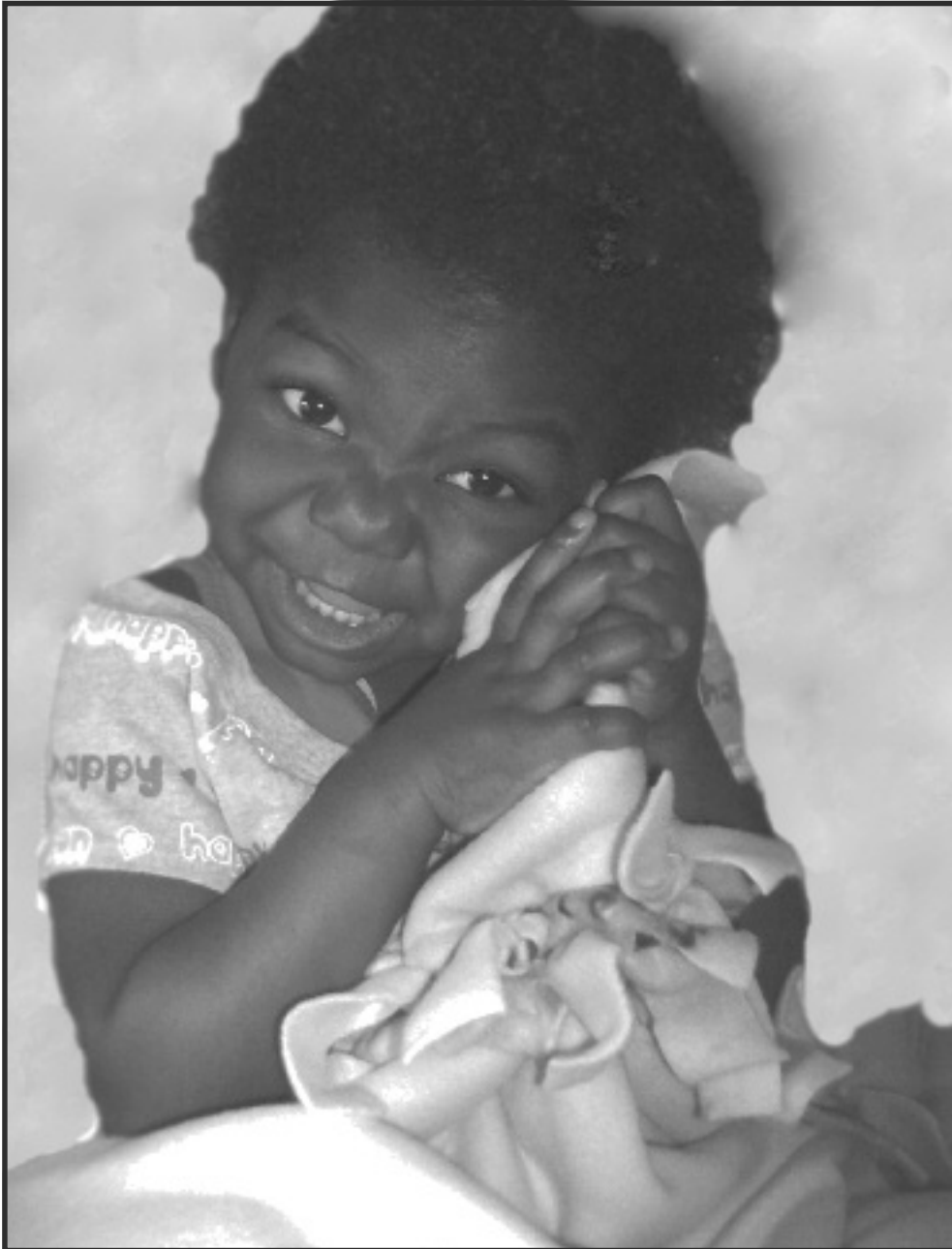
For all of these reasons, it seems clear that predictive patient modeling will have an increasingly significant impact on the financial health of medical organizations in the future. ↑

Dr. Kenneth Rabinoff-Goldman is the vice president of Buxton’s HealthCareID division. He is a member of the Medical Group Management Association (MGMA), Society for Healthcare Strategy and Market Development (SHSMD). Before joining Buxton, Ken operated a private practice of chiropractic care and nutrition in Albany, N.Y. for 22 years.



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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

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Kindred Hospital Pittsburgh - North Shore
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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.
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Resource Directory

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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 Bridgeville, 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
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Greensburg Ortho & Sports -724-216-9116
Greensburg West – 724-832-0827
Harrison City - 724-527-3999
Irwin/N Huntingdon- 724-863-0139
Jeannette - 724-523-0441
Latrobe - 724-532-0940
Ligonier - 724-238-4406
Lower Burrell/New Kensington- 724-335-4245
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
White Oak/McKeesport -412-664-9008

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Health Care Event & Meeting Guide

Breast Cancer Support Group

DuBois Regional Medical Center
Waiting Area of the Hahne Regional Cancer Center
Second Sunday of each month; 6:00-7:30 pm
This group is initiated through grant support of the Pittsburgh Affiliate of Susan G. Komen for the Cure and co-sponsored by the Cancer Caring Center.
Free registration. Call group leader, Alisa, at 814 375 3528.

Professional Development Series IX: Drug and Alcohol Problems in the Workplace

La Roche College McCandless Township main campus, Ryan Room, Zappala College Center
December 2
Networking: 6:30 to 7 p.m., followed by presentation from 7 to 9 p.m.
Cost per session is \$15.
Call 412-536-1193 or email jean.forti@laroche.edu

Second Annual Fundamentals of Neurocritical Care Symposium

Coral Gables, FL
December 4, 2010
Call 786.596.2398 or email juliez@baptisthealth.net

2011 Procedure Code Updates

Audio Seminar
December 7, 2010
www.ahima.org

National Healthcare Conference: Sepsis

Chicago, IL
December 7th or 8th, 2010
Call 720.291.4563 or email mjackson@vsybydesign.com

Best Practice: Non-Clinical Expense Management in a Clinical World

Audio Conference
Wednesday, December 8
1:15 PM EST-2:15 PM EST
\$75 for Amerinet Members; \$105 for Non-Members
To register, visit www.inquisit.org

Retina Service Silver Anniversary Celebration: Muse Prize Lecture

Fairmont Hotel, Pittsburgh
December 10
Call Siobahn Gallagher 412-647-2256 or email gallaghersa@upmc.edu

The Board's Role in Creating a Culture of High Quality

Pittsburgh Athletic Association, 5th Avenue, Oakland
December 10
Registration is required at HPI@pitt.edu or phone 412-624-3608

2010 Pittsburgh International Lung Conference: Understanding the Interface Between Asthma, Host Defense, and Mucosal Immunity

University of Pittsburgh William Pitt Student Union
December 10-11
Call Marisa Martin 443-451-7253 or email mmartin@strategicresults.com

Pittsburgh Lung Conference

William Pitt Union, University of Pittsburgh
December 10-11, 2010
To register, visit www.strategicresults.com/upitt/register.htm or email mmartin@strategicresults.com

4th Annual WISER Symposium on Nursing Simulation

December 12-13
Ashley Schuring, 412-648-6190 or E-mail: schuringar@upmc.edu

CY11 CMS OPPTS Updates

December 16, 2010
Audio Seminar
www.ahima.org

Advances in Wireless Technologies for Healthcare

Webinar
Hosted by American Hospital Association's Health Forum
Wednesday, December 15, at 2 p.m. EST
To register, visit www.healthforum.com/WirelessHealthcare.

24th Annual Rural Health Care Leadership Conference

Pointe Hilton Squaw Peak Resort in Phoenix, AZ.
January 30-February 2, 2011
Call 312-893-6897 or visit www.HealthForum.com/Rural

15th Annual UPMC Children's Ball, "Whirlwind City Tour"

Carnegie Science Center
March 19, 2011, 6-9 p.m.
All proceeds benefit the UPMC Health for Life Summer Camp at Braddock
Call Gina O'Malley at 412-647-4285 for more information.

35th Annual Andy Russell Celebrity Classic

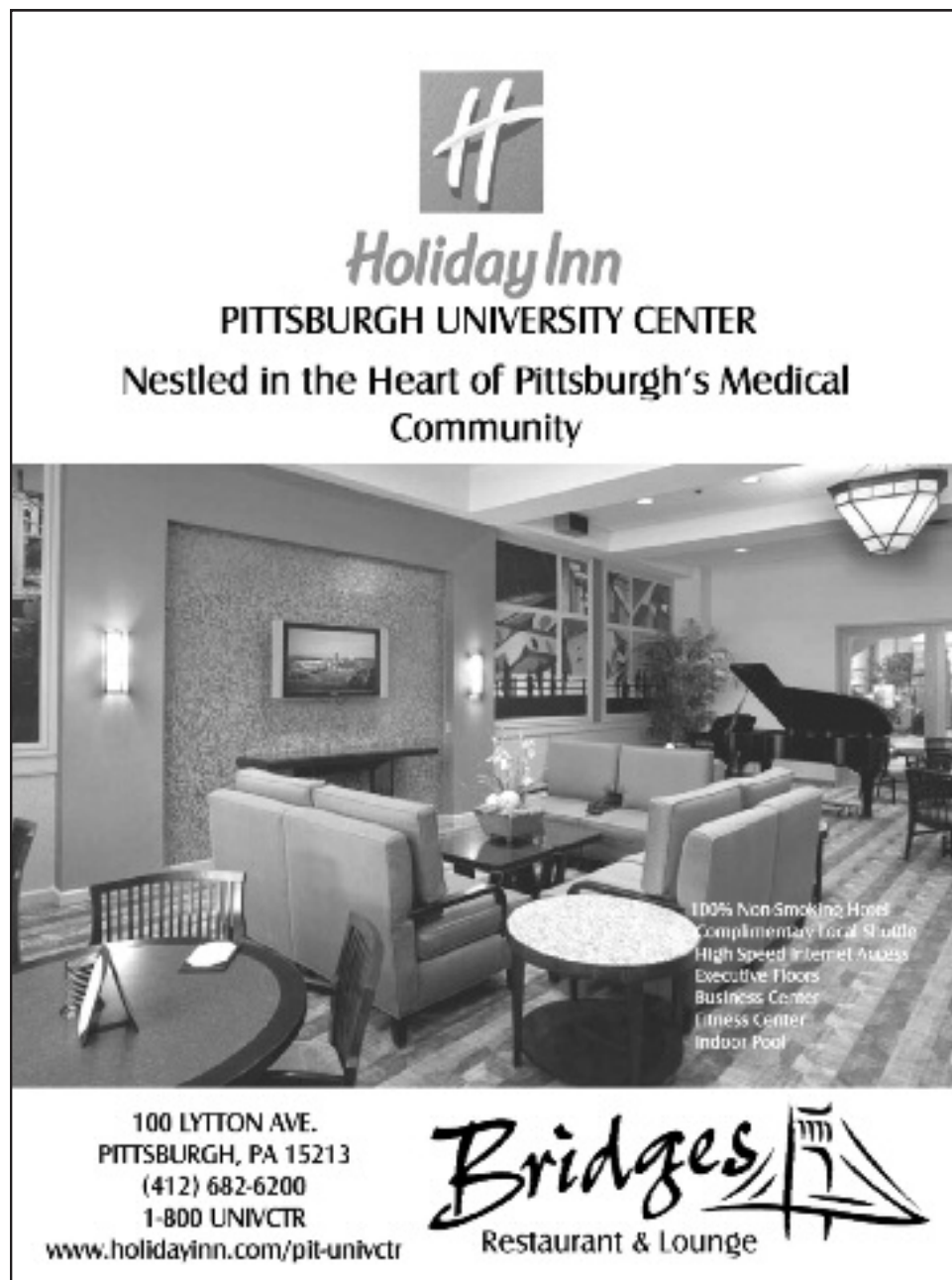
The Club at Nevillewood
May 19-20, 2011
Proceeds benefit the UPMC Department of Urology and the Andy Russell Charitable Foundation
For more information, contact Gina O'Malley at ogina@pmhsf.org or call 412-647-4285.

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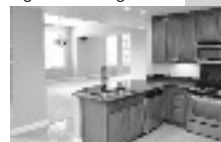


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MLS 828894 Downtown Living at the Carlyle! PRICED BELOW DEVELOPERS LIST!

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Jay Arnone
Realtor,
ABR
Multi-Million
Dollar
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Peters Township Maintenance Free Living

Located in the ever popular Williamsburg Commons community, this home offers an exciting open floor plan with a contemporary flair. Huge Kitchen with breakfast bar & wine rack opens open to vaulted Family Room. Two Master Suites. Log Burning fireplaces in both Living Room & Family Rooms. Lower Level Third Bedroom or Den. Custom amenities coupled with a quiet setting conveniently located to all Peters Township offers. MLS #849553



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Karen Marshall

Pine Township MLS # 845849

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Hampton MLS#835904

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Pine Township MLS# 849583

This gracious home of 4 bedrooms, 5 baths with cul de sac location features great attention to detail and magnificent gardens! The foyer offers a grand entrance with beautiful hard wood flooring, spacious dining and living rooms for entertaining. Kitchen features large island and granite counters. Master suite offers generous space to relax in. Lower level finished with wet bar and expansive game area for entertaining and walks out to patio area and great backyard! CALL TODAY! Call The Gloria Carroll Team at 412-367-8000 x242.



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

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MLS 840855 101 Center Avenue Aspinwall

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